### VIII Congreso Colombiano de Investigación Clínica



#### Taller « Preparacion para Inspecciones y Auditorias »

#### Workshop « Preparation for inspections and audits »

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#### The views expressed here are those of the author and do not

#### necessarily represent or reflect the views of Sanofi Pasteur.

# **Preparation for inspections and audits**

#### **Presentation plan**

#### **Quality Assurance**

Definition

Quality Assurance (QA) versus Quality Control (QC)

#### **Audits**

Definition and objective

Audit procedures

Audit types

Selection criteria for an audit

Main topics reviewed during an audit

Investigator site audit objectives, preparation, conduct, follow-up and closure

#### Inspections

Definitions, objectives and types of inspections

Inspections procedures: FDA – EMA - Comparison of manuals

Guidance from other Regulatory Authorities

Sponsor inspection preparation

Sponsor organizational aspects

Investigator site inspection preparation and progress

#### **Audit versus Inspection**

#### Conclusion

# **Preparation for inspections and audits**

## **QUALITY ASSURANCE**

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# **Quality Assurance definition**

ICH E6 – November 2016

### 1.46 Quality Assurance (QA)

All those planned and systematic actions that are established to ensure that the trial is performed and the data are generated, documented (recorded), and reported in compliance with Good Clinical Practice (GCP) and the applicable regulatory requirement(s).



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# **Quality Assurance versus Quality Control**

ICH E6 – November 2016

### 1.47 Quality Control (QC)

The operational techniques and activities undertaken within the quality assurance system to verify that the requirements for quality of the trial-related activities have been fulfilled.

### 5.1 Quality Assurance and Quality Control

5.1.1 The sponsor is responsible for implementing and maintaining quality assurance and quality control systems with written SOPs to ensure that trials are conducted and data are generated, documented (recorded), and reported in compliance with the protocol, GCP and the applicable regulatory requirement(s).

# **Quality Assurance versus Quality Control**



# **Quality Assurance versus Quality Control**

### Quality Assurance - QA

- Is independent from operational functions
- Cannot be judge and jury
- Is not directly involved in operational activities and decision-making
- Evaluates Quality Control (QC) systems in place
- QA activities are not on the critical path of processes
- QA plays a consultation role:

evaluation + advice + recommendation

# **Preparation for inspections and audits**



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### Audit definition and objective ICH E6 – November 2016

### 1.6 Audit

A systematic and independent examination of trial related activities and documents to determine whether the evaluated trial related activities were conducted, and the data were recorded, analyzed and accurately reported according to the protocol, sponsor's standard operating procedures (SOPs), Good Clinical Practice (GCP), and the applicable regulatory requirement(s).

### Audit definition and objective ICH E6 – November 2016

#### 5.19 Audit

If or when sponsors perform audits, as part of implementing quality assurance, they should consider:

#### 5.19.1 Purpose

The purpose of a sponsor's audit, which is independent of and separate from routine monitoring or quality control functions, should be to **evaluate trial conduct and compliance** with the protocol, SOPs, GCP, and the applicable regulatory requirements.

### Audit procedures ICH E6 – November 2016

### 5.19.3 Auditing Procedures

(a) The sponsor should ensure that the auditing of clinical trials/systems is conducted in accordance with the **sponsor's written procedures** on what to audit, how to audit, the frequency of audits, and the form and content of audit reports.

(b) The sponsor's **audit plan** and procedures for a trial audit should be guided by the importance of the trial to submissions to regulatory authorities, the number of subjects in the trial, the type and complexity of the trial, the level of risks to the trial subjects, and any identified problem(s).

### Audit procedures ICH E6 – November 2016

### 5.19.3 Auditing Procedures

(c) The observations and findings of the auditor(s) should be documented.

(d) To preserve the **independence and value of the audit function**, the regulatory authority(ies) **should not routinely request the audit reports**. Regulatory authority(ies) may seek access to an audit report on a case by case basis when evidence of serious GCP non-compliance exists, or in the course of legal proceedings.

(e) When required by applicable law or regulation, the sponsor should provide an **audit certificate**.

# Audit types



# Selection criteria for an audit

#### System / Process audit

Quality review on previous audits (trending analysis)

Changes in procedures, processes, organization and responsibilities

Important and high number of interactions in the whole process/system

Inspection observations

Process identified as critical from an impact analysis on the global processes

Operation management's motivated request

#### Site / Study specific audit

Pivotal study: based on development plan and registration strategy

Technical difficulties or technological specificities (non standard)

Particular study design, primary evaluation criteria

New country for the sponsor New investigator site for the sponsor New indication for the sponsor

Vulnerable subjects population

Previous audit results on same study or previous studies on same project

Motivated request from sponsor clinical teams (deviations to protocol, GCP non compliances, difficult site...)

# Main topics reviewed during an audit

Responsibilities	<ul> <li>Who does what, when, where and how?</li> <li>&gt; Job description, organizational chart</li> <li>&gt; Line of communication</li> <li>&gt; Flow of products</li> <li>&gt; Facilities and equipment</li> <li>&gt; Decision making process</li> </ul>
Rules	Are there Procedures and Working Instructions? Are they applied?
Documentation	Are activities described in writing? Is information collected documented in writing? Is traceability assured in order to reconstruct the events?
Verification	Is QC performed?

# Investigator site audit objectives

- Ensure the study is conducted in compliance with the protocol, ICH GCP guidelines, local and international regulations and the SOPs
- Ensure the subjects/patients are appropriately protected
- Evaluate whether the source documents and source data are Attributable, Legible, Contemporaneous, Original, Accurate, Complete (<u>ALCOAC</u> principle)
- Verify that the monitoring team adequately interacts between the sponsor and the investigator
- Give recommendations and advices for quality improvement purposes
- Prepare the site to Health Authorities inspections

Two steps approach for an investigator site audit In-house audit (Review of TMF, study data and events, personal records of monitoring team) On-site audit with local CRA attendance

Auditees: monitoring team + investigator team

# Investigator site audit preparation and in-house audit











# Pause 1

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## **Preparation for inspections and audits**

### INSPECTIONS

### **Definitions – Objectives and Types**

# ICH E6 – November 2016

#### **1.29 Inspection**

The act by a regulatory authority of conducting an official review of documents, facilities, records, and any other resources that are deemed by the authority(ies) to be related to the clinical trial and that may be located at the site of the trial, at the sponsor's and/or contract research organization's (CRO's) facilities, or at other establishments deemed appropriate by the regulatory authority(ies).

### EMA Inspection definition DIRECTIVE 2001/20/EC

The *act by a competent authority of conducting an official review* of documents, facilities, records, quality assurance arrangements, and any other resources that are deemed by the competent authority to be related to the clinical trial and that may be located at the site of the trial, at the sponsor's and/or contract research organisation's facilities, or at other establishments which the competent authority sees fit to inspect.

### **FDA Inspection definition** COMPLIANCE PROGRAM GUIDANCE MANUAL (CPGM) - Chapter 48

The objectives of the BIMO Program\* are: \* Bioresearch Monitoring Program

- To protect the rights, safety, and welfare of subjects involved in FDAregulated clinical trials;
- To verify the accuracy and reliability of clinical trial data submitted to FDA in support of research or marketing applications; and
- To assess compliance with FDA's regulations governing the conduct of clinical trials.
- The purpose of this compliance program is to provide instructions to the field and Center personnel for conducting inspections of sponsors, contract research organizations (CROs), and monitors, and recommending associated administrative/enforcement actions.

# Inspection objectives and types

#### **Objective of a GCP inspection**

• Verify that studies were conducted according to GCP, regulations, protocol and related documents and that the data are reliable and verifiable

#### **Types of GCP inspections**

- Pre Approval Inspection (PAI)
- Sponsor inspection
- Investigator site inspection
- Contract Research Organizations (CROs) inspection
- Bioequivalence inspection (clinical & bio-analytical part)

# **Preparation for inspections and audits**

## **INSPECTIONS**

**Procedures** 

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# **Inspection procedures**

#### EMA procedures and guidance for GCP inspections

Coordination, preparation, conduct, reporting of:

- Routine inspections
- Inspections triggered by issues arising during the assessment of the dossier or by other information such as previous inspection experience.
- Usually requested during initial review of a Marketing Authorisation Application
- Could arise post-authorisation
- Investigator site
- Sponsor and CRO
- Clinical Laboratories
- Computerized Systems
- Phase I units

**EMA GCP Inspections procedures** 

#### FDA Compliance Program Guidance Manual (CPGM)

CPGM details the inspection process : who, what, how In **Bioresearch Monitoring (BIMO)** Compliance Programs – Chapter 48

Program #	Compliance program
7348.001	In vivo Bioequivalence
7348.808	Non clinical laboratories
7348.809	IRB
7348.810	Sponsors, CROs and Monitors
7348.811	Clinical Investigators

#### **FDA Compliance Manuals**

### **Inspection procedures FDA Compliance Program Guidance Manual**

FOOD AND DRUG ADMINISTRATIO COMPLIANCE PROGRAM GUIDANCE MANUAL	PROGRAM	7348.810					
CHAPTER 48 - Bioresearch Monitoring							
SUBJECT: SPONSORS, CONTRACT RESEARCH ORGANIZATIONS AND MONITORS REVISION:		IMPLEMEN DATE March 11, 2 COMPLETI Continuing	011				
DATA	REPORTING						
PRODUCT CODES	PROGRAM ASSIGNMENT CODES		ODES				
FACTS does not require product codes for Bioresearch Monitoring Inspections	09810 Food Additiv	09810 Food Additives					
	41810 Biologics (Hi Gene Therapi	41810 Biologics (Human Cellular, Tissue, and Gene Therapies)					
	42810 Biologics (Bl	42810 Biologics (Blood and Blood Products)					
	45810 Biologics (Va Products)	45810 Biologics (Vaccines and Allergenic Products)					
	48810 Human Drug	48810 Human Drugs					
	68810 Animal Drug	68810 Animal Drugs					
	\$3\$10 Medical Dev	ices					

#### FIELD REPORTING REQUIREMENTS:

For domestic inspections, copies of all establishment inspection reports (EIRs), complete with attachments, exhibits, and any post-inspectional correspondence are to be submitted promptly to the Center contact, who is generally the reviewer in the Center's Bioresearch Monitoring (BIMO) program identified in the assignment.

For foreign inspections, all original EIRs, complete with attachments, exhibits and any related correspondence are to be submitted promptly to the Center contact identified in the assignment.

All EIRs should be completed in accordance with Field Management Directive (FMD) No. 86, Establishment Inspection Report (EIR) – Inspection Conclusions and District Decisions (http://www.fds.gov/CCCUInspections/Field/ManagementDirective/ucm061430.htm). When a Form FDA 483, "Inspectional Observations" (483), is issued, a copy should be forwarded to the Center contact (by facsimile, e-mail, or placement in the appropriate shared folder, as agreed to with the Center), generally no later than 3 business days.

DATE OF ISSUANCE: 3/11/2011 FORM FDA 2438, (disatronic-09/2003) COVER-PAGE 1 of 1

- Chapter 48: Bioresearch Monitoring
- Inspection of Sponsors, CRO and Monitors

### Part III – Inspectional

- Sections C L
- Sections M S, as applicable
- A copy can be obtained through the web address below:
  - <u>http://www.fda.gov/downloads/ICECI/EnforcementActions/Bioresear</u> <u>chMonitoring/ucm133770.pdf</u>

### **Inspection procedures FDA Sponsor / CRO inspection scope** (1/2)

- An FDA Inspection will include the following topics per the manual:
  - A and B are general information about inspection procedure
  - **C.** Organization and Personnel
  - **D.** Registration of Studies on Clinicaltrials.gov
  - **E.** Selection and Monitoring of Clinical Investigators
  - **F. Selection of Monitors**
  - **G.** Monitoring Procedures and Activities
  - H. Quality Assurance (QA)
  - I. Safety/Adverse Event Reporting
  - J. Data Collection and Handling
  - **K.** Record Retention

Were records kept for the right period of time?

L. Financial Disclosure

### **Inspection procedures** FDA Sponsor / CRO inspection scope (2/2)

- An FDA Inspection will include the following topics per the manual: (as applicable)
  - **M. Electronic Records and Electronic Signature**
  - N. Test Article \_\_\_\_\_ = Investigational products
    - o. Devices
    - P. Emergency Research

Studies described in 21 CFR 50.24 in which an IRB may approve an investigation without requiring ICF

- Q. International Data Human Drugs and Biologics
- R. Nonclinical Laboratory Studies
   Only applicable to nonclinical studies
   S. Sample Collection
   Refers to:

   US site inspected by non-US Health Authority
   Non-US site inspected by FDA

### **Inspection procedures EMA Sponsor / CRO inspection**



The European Medicines Agency Inspections

> London, 20 September 2007 EMEA/INS/GCP/197221/2005

Procedure no.: INS/GCP/3/IV

#### ANNEX IV

TO PROCEDURE FOR CONDUCTING GCP INSPECTIONS REQUESTED BY THE EMEA:

SPONSOR SITE AND/OR CONTRACT RESEARCH ORGANISATIONS (CRO)

GCP Inspectors Working Group

Applies to: EMEA, EU/EEA Inspectorates					
Summary of scope: This procedure compiles the main aspects that are to be verified at sponsor site or at CRO performing sponsor's trial related duties during a GCP inspection requested by the EMEA					
Keywords: GCP Inspection, Sponsor, CRO	Public				
Supersedes: N/A	·				
Finalisation	Date				
Adoption by GCP Inspectors Working Group	5 September 2007				

- INS-GCP-3 Annex IV
   "Procedure for conducting GCP inspections requested by the EMA- Sponsor Site and/or CRO"
- A copy can be obtained through the web address below:
  - <u>http://www.ema.europa.eu/docs/en\_GB/document</u> <u>library/Regulatory\_and\_procedural\_guideline/20</u> 09/10/WC500004470.pdf

### Inspection procedures EMA Sponsor / CRO inspection scope

- EMA Inspection will include the following topics per the manual:
  - Organization and Personnel
  - Facilities and equipment
  - Sponsor/CRO Operation Procedures
  - Implementation and termination of the Clinical Trial
  - Monitoring
  - Investigational Medicinal Product
  - Safety and adverse events reporting
  - Data handling and clinical trial report (CTR)
  - Clinical trial documentation and archiving
  - Audit

## **Comparison of manuals – Sponsor/CRO inspection**

EMA inspection will include the following topics per the manual :	Corresponding Section in FDA Compliance Manual:				
2.1 Organization and Personnel	C) Organization and Personnel				
2.2 Facilities and equipment	M) Electronic Records a conder.				
<ul> <li>2.2 Facilities and equipment</li> <li>M) Electronic Reconcernational Report of Point Po</li></ul>					
3.3 Investigational Medicinal Product	N) Test Article				
3.4 Safety and adverse events reporting	I) Safety/Adverse Event Reporting				
3.5 Case Report Form data verification					
3.6 Data handling and clinical trial report (CTR)	J) Data Collection and Handling				
3.7 Clinical trial documentation and archiving	K) Record retention				
3.8 Audit	H) Quality Assurance				

### **Inspection procedures FDA Compliance Program Guidance Manual**

FOOD AND DRUG ADMINISTRATIO		PROGRAM 7348.811		Chapter Monitori
PRO	GRAM 7348.811			
CHAPTER 48- BIO	ORESEARCH MONITOR	RING		
CLINICAL INVESTIGATORS AND SPONSOR-INVESTIGATORS				Inspection
Date of Issuance: December 8, 2008 Guidance for FDA Staff				investiga
SUBJECT: Clinical Investigators and Sponsor Investigators IMPLEMENTATION DATE December 8, 2008				
REVISION:		COMPLETION DATE Continuing		Part III -
DAT	A REPORTING			
PRODUCT CODES PROGRAM ASSIGNMENT CODES				<ul> <li>Sectio</li> </ul>
FACTS does not require product codes for Bioresearch Monitoring Inspections	09811 Food Additives			
	41811 Biologics ( Cell; Gene Transfer)			
	42811 Biologics (Blood)			A copy c
	45811 Biologics (Vaccines)			
	48811 Human Drugs			the web a
	68811 Animal Drugs			• http://www
	83811 Medical Devices			/Bioresear

48: Bioresearch Ing

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  - Inspectional
    - ons C R
  - an be obtained through address below:
    - v.fda.gov/downloads/ICECI/EnforcementActions chMonitoring/ucm133773.pdf
#### **Inspection procedures FDA Clinical Investigator inspection scope** (1/2)

- An FDA Inspection will include the following topics per the manual:
  - **C.** Authority and administration for studies involving human drugs, biologics, and devices
  - D. Protocol for human drug, biologic or device study
  - E. Institutional review board (IRB) for human drug, biologic or device study
  - F. Human subjects' records
  - G. Other study records
  - H. Financial disclosure
  - I. Electronic records and electronic signatures

#### **Inspection procedures FDA Clinical Investigator inspection scope** (2/2)

• An FDA Inspection will include the following topics per the manual:



#### **Inspection procedures EMA Investigator Site inspection**



London, 20 September 2007 EMEA/INS/GCP/197219/2005

Procedure no INS/GCP/3/I

#### ANNEX I

TO PROCEDURE FOR CONDUCTING GCP INSPECTIONS REQUESTED BY THE EMEA:

INVESTIGATOR SITE

#### GCP Inspectors Working Group

Applies to: EMEA, EU/EEA Inspectorates		
Summary of scope: This Procedure compiles the main aspects that are to be verified at an investigator site during a GCP inspection requested by the EMEA		
Keywords: GCP inspection, Investigator site	Public	
Supersedes: N/A		
Finalisation	Date	
Adoption by GCP Inspectors Working Group	5 September 2007	

- INS-GCP-3 Annex I "Procedure for conducting GCP inspections requested by the EMA – Investigator site"
- A copy can be obtained through the web address below
  - <u>http://www.ema.europa.eu/docs/en\_GB/document</u> <u>library/Regulatory\_and\_procedural\_guideline/20</u> 09/10/WC500004458.pdf

#### **Inspection procedures EMA Investigator Site inspection scope**

- EMA Inspection will include the following topics per the manual:
  - Legal and administration aspects
  - Organisational aspects:
    - Implementation of the trial at the site
    - Facilities and equipment
    - Management of biological samples
    - Organisation of the documentation
    - Monitoring and auditing
    - Use of computerised system
  - Informed consent of trial subject
  - Review of the trial subject data
  - Management of the investigational medicinal product(s)

#### **Comparison of manuals** – Investigator Site inspection

EMA inspection will include the following topics per the manual :	Corresponding section in FDA Compliance Manual:
2. Legal and administration aspects	E) Institutional review board (IRB) for human drug, biologic or device study
C) Authority and administrations of since the second secon	
<ul> <li>P) Establishmento mathematical</li> <li>Q) International inspections</li> </ul>	M) Monitoring
	R) Sample collection
4. Informed consent of trial subjects	F) Human subjects' records
5. Review of the trial subject data	D) Protocol for human drug, biologic or device study
6. Management of the IMP	J) Test article control

### **Preparation for inspections and audits**

## INSPECTIONS

#### Guidances from other Regulatory Authorities

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#### **Guidances from other Regulatory Authorities**

Countries	Website of HA, inspection guidance
Australia	http://www.tga.gov.au No inspection manual identified
Brazil	http://www.anvisa.gov.br Boas Práticas Clínicas: Documento das Américas – Annexo 4 <u>http://www.anvisa.gov.br/medicamentos/pesquisa/boaspraticas_americas.pdf</u>
China	CFDA – Regulatory Guide http://eng.sfda.gov.cn/WS03/CL0755/
Colombia	https://www.invima.gov.co No inspection manual identified
Honduras	http://www.dgrs.gob.hn No inspection manual identified
Indonesia	http://www.pom.go.id/new/index.php/home/en No inspection manual identified

#### **Guidances from other Regulatory Authorities**

Countries	Website of HA, inspection guidance
Japan	PMDA https://www.pmda.go.jp/english/review-services/index.html No GCP inspection manual identified
Malaysia	http://www.bpfk.gov.my Guidelines for Good Clinical Practice (GCP) Inspection: http://portal.bpfk.gov.my/view_file.cfm?fileid=909
Mexico	<u>http://www.cofepris.gob.mx</u> Refer to Buenas Prácticas Clínicas: Documento das Américas – Annexo 4 http://www.anvisa.gov.br/medicamentos/pesquisa/buenaspracticas_espanol.pdf
Philippines	http://www.fda.gov.ph No inspection manual identified
Singapore	http://www.hsa.gov.sg Guideline on GCP Compliance Inspection Framework: http://www.hsa.gov.sg/content/hsa/en/Health Products Regulation/Clinical Trials/Overview/ Regulatory_Guidelines.html
Thailand	http://www.fda.moph.go.th/eng/index.stm No inspection manual identified



# Pause 2

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### **Preparation for inspections and audits**

### INSPECTIONS

#### **Sponsor preparation**

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#### How to prepare yourself



## Preparation for <u>all</u> sponsor departments

Job Description, CVs, qualifications, training matrix/records

Organization charts

#### List of SOPs

- current and effective per trial
- per department

#### Preferred partners/CRO

- List of CROs per trial
- Availability of a presentation describing:
  - CRO selection process
  - WOTL and contracted activities
  - CRO oversight and trainings
- List of SOPs used by CROs per trial

#### Who will face an inspector?



#### **Sponsor departments involved**

#### **Clinical department**

- Monitoring
- Clinical Development
- Medical Writing
- Translation
- Clinical Documentation
- Clinical Data Manager
- Biostatistics

Pharmacovigilance - PV

**Regulatory Affairs - RA** 

**Clinical Supply Chain - CSC** 

**Central Laboratory** 

### Clinical dept. – Monitoring



#### Clinical dept. – Monitoring Ethics Committee & Health Authorities



#### Clinical dept. – Monitoring IP management





### Clinical dept. – Medical Writing

The following questions may concern protocol, ICF, IB, CSR and CTD

What is the document development process?

# Describe the production of the document

How are documents approved?

Describe the management of amendments Do you QC these documents and how is it documented?

What is the role of a medical writer vs an electronic document specialist?

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### Clinical dept. – Translation

Describe the process for study documents translation

Explain the translators selection process. (vendors, freelance)

What happens if an external translator provides a bad translation?

Is there a QC process of translated documents?

How is it documented?

How are the needs for translation of study documents evaluated?

How do you identify a translation in edoc?

In which situation would Translation not be involved?

#### Clinical dept. – Clinical Documentation



#### Clinical dept. – Clinical Data Management

How does Clinical Data Management work within the Clinical Team?

Describe the process for the eCRF creation and update

Is there a business continuity / disaster recovery plan (Database crash, eData -Capture (EDC) problem)? Can you describe the query process

How do you identify and obtain additional information from sites on reported events?

> How do you confirm closure of all queries?

Describe lock/unlock process

If any unlock, what were the reasons?

Describe Clinical Data Management roles

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### Clinical dept. – Biostatistics



### Pharmacovigilance PV

Describe the management of SAEs

Explain the process of reconciliation between clinical and PV databases

Explain the governance model implemented with the CRO managing SAEs from clinical trials Can you explain the process for unblinding when reporting to HA?

Can you explain how Safety Management Team meetings are operating?

Describe the process for Data Safety Update Report (DSUR) writing

> Describe interaction with Regulatory Affairs for DSUR submissions

Can you explain your role in updating the IB?

#### **Regulatory Affairs - RA**



#### **Clinical Supply Chain**

To what location were the unused IP returned at the end of an investigator's participation / end of study?

Who is responsible for developing the labeling text?

Who has final approval on the labeling text?

Describe the flow of IP from the manufacturing site to receipt by the local depot

Describe the packaging process (How? Where?) Can global IP accountability be fully reconciled with available documentation?

#### **Central Laboratory**

Describe the process of data transfer / reconciliation to the clinical database

How do you make sure that a subject agrees to have his samples processed? How do you manage sample identification reconciliation issue?

> How do you select external laboratories?

> > How do you oversee their activities?

How do you ensure the laboratory is blinded?

How do you ensure that laboratory technicians are trained to perform the test?

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### **Preparation for inspections and audits**

### INSPECTIONS

#### **Sponsor organizational aspects**

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### **Preparation of inspectors arrival**

#### Warn reception desk and security about inspectors' arrival

- Ensure inspectors identities will be verified
- Ensure the inspection team leader (QA) is alerted upon inspectors arrival

#### Inspection team leader (QA) meets the inspectors

- Ensure inspection track is determined in advance and followed as planned
- Ensure offices and desks on inspectors path are clean, offices doors are closed (clean desk policy)

#### Never leave the inspectors alone

- Prepare a list of persons who will have lunch with inspectors
- Ensure inspectors have no direct contact with other collaborators

#### Rooms for interviewees

- Ensure rooms are booked for interviewees coming from different sponsor sites than the site hosting the inspection
- Ensure the war room is not overcrowded

#### Why prepare organizational aspects?



#### **Inspection room team**



### **Inspection room (IR)**



### War room (WR)

#### War room = back room = stage room

- If several inspection teams in IR, same organization in WR
- Have a war room leader (QA) for each inspection team
- Every document/person goes through the WR before entering IR



Administrative Support

- •Prints, copies, staples, stamps and logs all documents provided to inspector
- •Maintains an overview of status requests (paperboard, eroom...)



Document Coordinator

Obtains a copy of requested SOPs
Organizes and manages the responses with impacted people



Coach

- •Prior to talking with inspector
- •Helps with stress
- •Provides advice as to how to answer questions

A war room can be set up if needed at the sponsor's to support site inspections

#### War room flow



## **Inspection progress**

Opening meeting	<ul> <li>Institutional presentations</li> <li>R&amp;D presentation (organizational charts)</li> <li>Security / Safety instructions</li> <li>Training (eTMF)</li> </ul>
Debriefing / Closing meeting	<ul> <li>Each day, inspectors will normally hold a debriefing meeting</li> <li>On the last day, closing meeting</li> <li>Attendees selected with inspectors agreement</li> <li>Inspectors will share findings, remarks</li> </ul>
Internal debriefing	<ul> <li>Held every day after inspectors left</li> <li>Open to anyone impacted by the inspection</li> <li>Remind action plan for the following day</li> <li>Anticipate inspectors requests</li> </ul>
Daily summaries	<ul> <li>Written, gathered and circulated by QA</li> <li>Based on notes taken during the inspection</li> </ul>

### After inspection report reception

#### Inspection report

- As soon as received by clinical team, the report is shared with QA
- If needed a translation in English may be requested
- The Clinical Team and QA:
  - prepare response letter to inspectors within agreed timelines
  - define the corrective and preventive actions: develop objective answers based on documented evidence
  - define timelines for CAPAs implementation
- The Clinical Team submits final response letter and CAPAs to QA before communication to inspectors
- The Clinical Team ensures that all CAPAs are implemented on due time and documented

#### The Clinical Team remains available until inspection closure


# Pause 3

### **Preparation for inspections and audits**

### INSPECTIONS

### Investigator site preparation

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#### US FDA will normally contact the Sponsor first \* but if you are contacted (\*for out of US inspections)

#### Confirm the following with the Inspector

- The full name and department along with full contact details of the person calling.
- Ask (politely) why? (Is it a routine purpose or directed inspection?)
- Who will be coming? (*Record the name(s) of inspector(s*))
- When?
- How long?
- Scope of the inspection (*which study or which studies*?)
- Any specific requests to prepare in advance?
- Can a Sponsor representative be allowed to attend?

#### **REMINDER:**

Please notify the Sponsor as soon as you are contacted by any Agency

### Following an inspection announcement letter

Sponsor notification	<ul> <li>PI immediately informs the Sponsor of the inspection announcement</li> <li>PI provides a copy of the announcement letter</li> <li>Sponsor sets up an inspection support team</li> </ul>
Former inspection verification	<ul> <li>Was the site already inspected?</li> <li>PI checks inspection reports, findings and CAPAs</li> <li>Were others sites inspected by the same Agency?</li> <li>Sponsor checks inspection reports, findings and CAPAs</li> </ul>
Inspectors' expectations	<ul> <li>PI and sponsor work together on inspectors' requests</li> <li>PI asks for clarification if needed</li> </ul>

# How can an investigator site be inspection ready at anytime?

Conduct the trial in compliance with:	<ul> <li>protocol</li> <li>ICH GCP</li> <li>regulatory requirements</li> </ul>
Produce and maintain source documents to permit evaluation of:	<ul><li> the conduct of the trial</li><li> the quality of the data produced</li></ul>
Keep and maintain files:	<ul> <li>in an orderly and chronological manner</li> <li>in designated cabinets with restricted access</li> </ul>
Ensure that processes in place at the site are:	<ul><li> logical</li><li> traceable</li><li> well documented</li></ul>

# How to prepare the site facilities for an inspection?

Clean and tidy facilities	<ul> <li>Meeting rooms, offices, trial-related rooms</li> <li>Remove confidential files, personal belongings, post-it notes, personal screen savers</li> </ul>
Information on notice boards	<ul> <li>Do not display passwords, trial related issues, humorous posters</li> </ul>
Inspection room	<ul> <li>Large enough to accommodate inspectors and relevant site, CRO and Sponsor staff</li> <li>Free of any documentation not requested by the inspectors</li> <li>Telephone/internet access for inspectors</li> </ul>
Tour of the facilities for the inspectors	<ul> <li>Organize the tour of the trial-related areas (reception desk, physical examination wards, blood sample and IP administration areas, waiting rooms)</li> <li>Never leave the inspector alone</li> </ul>

#### **Prior to Inspection**

- Ensure that all affected departments are aware and inspection ready e.g. pharmacy, laboratory etc.
- Conduct mock inspection interviews with relevant staff members

   e.g. using typical questions from inspectors see examples listed hereafter

#### Ensure all necessary documents are readily available

Have a plan for showing the inspector any Electronic Medical Records and systems e.g. arrange for EMR access, if the system allows limited access to a particular study

- If limited access is not possible, designated staff should always be with the Inspector to show these data
- Never leave the Inspector alone with an unlocked computer system and ensure passwords are protected
- Prepare a list of all studies performed by the PI (see pages 13 of 45 of CPGM).
   a. Protocol number; b. Protocol title; c. Name of sponsor d. Study dates.

#### Note: if the Sponsor is allowed by the Agency to be present

Have a separate room for preparing requests, discussions and for phoning out if needed

# What are inspectors looking for? (1/9)

#### PI and Site Staff

- PI's oversight of the site (and satellite sites if applicable)
  - Adequate resources and facilities
  - Appropriate delegation of study related tasks
- Regular and documented meetings with site staff
- PI and site staff have proper knowledge of the study
- PI keeps an up-to-date knowledge of the subjects' progress in the trial
- The study is completed as per protocol requirements
- The archiving process

#### List of site staff working on the study

- Study task delegation
- Signatures and initials
- Site specific organizational chart

# What are inspectors looking for? (2/9)

#### Training / Qualifications of site staff

- The site staff is trained and informed on the trial specifics
- They are qualified by training and education for the tasks delegated to them

#### Site resources

- Site workload: number of ongoing clinical trials
- Staff workload is manageable to give adequate time to the study

#### Relationship with the sponsor

- Communications between PI and sponsor e-mails, monitoring visits and CAPAs follow-up
- Sponsor oversight of the trial
- Monitoring of the progress of the trial

# What are inspectors looking for? (3/9)

#### Ethics committees' approvals and communications

- Approvals conditional or final
- Institution Review Board / Ethics Committee is compliant with ICH E6
- Correspondences with PI
- Periodic updates by PI

#### Regulations and requirements

• Health Authorities communications

# What are inspectors looking for? (4/9)

#### Source documents and source data

- All subjects medical records are present / available (paper and/or electronic)
- Source documents and source data are Attributable, Legible, Contemporaneous, Original, Accurate and Complete (ALCOAC principle)

#### Data collection

- Accuracy of data in CRFs / completeness with source documents Electronic Medical Charts: may request validation information (secured access, 21CFR part 11 compliant)
- Secure archiving of paper medical charts (storage facility) during and post trial
- Confidentiality / data privacy
- Data validation by the sponsor during monitoring visits (source data verification, corrections / queries)
- Data integrity throughout data collection and transfer phases

# What are inspectors looking for? (5/9)

#### Subjects

- Informed consent / assent procedures (all original signed forms)
- Subjects' primary physician/pediatrician information
- Compensation / indemnity
- Compliance with protocol
- Source documentation management and completeness
- Adverse events reporting to sponsor, IRB/EC and HA according to local procedures
- Emergency procedures
- Compliance with randomization/blinding procedures

#### Safety reporting

- SAE reported within required timeframes
- Causality assessment done & documented
- Forwarding of safety reports to IRB/EC
- SAE subject follow-up through to recovery

# What are inspectors looking for? (6/9)

#### Investigational Products (IP)

- IP management on site
  - Shipment documentation to the site
  - Dispensation
  - Room or location of IP preparation before administration, injection
  - Accountability
  - Returns, disposals / destructions
  - Implementation and maintenance of blinding procedures

#### • IP storage area

- Cold chain management
  - Temperature records
  - Process in case of cold chain break
- Restricted access to storage area
- Dedicated space to quarantine study IP

#### • Equipment

- Maintenance records for fridges, cold room...
- Temperature monitoring device calibration

# What are inspectors looking for? (7/9)

#### Blood samples

#### Blood samples management on site

- Blood samples collection
  - Documentation
  - Room for blood sample collection
- Shipments to sponsor

#### • Blood samples storage area

- Cold chain management
  - Temperature records
  - Process in case of cold chain break
- Restricted access to storage area

#### • Equipment

- Maintenance records for centrifuges, freezers...
- Temperature monitoring device calibration

# What are inspectors looking for ? (8/9)

#### **Investigator Site File**

- CVs
  - Site staff CVs up to date
  - Pediatric and emergency training to be covered

#### Training records and related documentation

- GCP training (documented on CVs, certificates, attendance logs...)
- Study specific trainings (investigators meetings, eCRF...)
- Applicable site/hospital procedures (subjects registration, local lab, IP destruction...)

#### • Availability of up to date study documents (including version and date)

- Protocol, protocol signature
- Investigator Brochure
- Operating Guidelines IPs, samples, cold chain management...
- e-CRF Completion Guidelines...

# What are inspectors looking for ? (9/9)

#### **Quality Features of Documents**

- Inspectors expect the following:
  - Documents record 'quality' data accurate, reliable and complete
  - Documents are permanent
  - Documents are legible
  - Documents are version controlled
  - Documents are easy to photocopy

Sites should NOT recreate or revise documents for an inspection

- How and by whom was the site contacted to initiate the study?
- What is the hospital specialization and structure?
- What training has been given for the study (i.e., protocol, ICH-GCP)?
- Do you have regular training on ICH-GCP?
- How many studies are you currently involved in?
- What has to be in place before you can start the study (i.e., IRB/EC approvals)?
- Who was involved in the conduct of this trial?
- What were your responsibilities and how were these delegated is this documented?
- How were subjects recruited in the study?
- Who obtained consent from subjects?

- Please explain the consent process. Do you have an SOP for this process?
- How do you check the subject eligibility?
- What about re-screens?
- Are you involved in any IRB/EC submission?
- Do you notify the subjects' General Practitioner/Primary Physician about the study? If so: How?
- Please explain the screening process.
- What is the role/involvement of the PI in a particular study?
- How do you as PI maintain oversight of the study?
- (How often) Do you discuss the study with the PI?

- How do you communicate with the sponsor?
- How do you handle study medication?
- How do you manage temperature control for study medication?
- What do you do in case of a noted temperature excursion?
- Who is responsible for IPs accountability?
- Use of IVRS system (if applicable): What is it used for? Who is responsible for updates/has access?
- What is the SAE reporting procedure?
- How do you manage AEs?
- What is the process for SUSAR reporting? How were relevant safety updates communicated to the site?
- What is the process for unblinding subjects?

- How do you record data?
- What does your source data comprise of, how is it organized and maintained?
- Who handles queries and sign off?
- What are the arrangements for long-term storage/archiving?
- What process do you have in place in case of an emergency?
- How are storage conditions monitored?
- How often do you see the monitor?
- Have there been any problems with the conduct of this study?
- How often do you speak to pharmacy / staff in charge of IPs?
- Did you have any issues with the central lab/eCRF/IVRS?
- Was the site audited in the past?

#### Additional questions if eCRF/eSource data (electronic records) are used

- What training did you receive on eCRF use?
- Who enters which data into the system?
- How often does the PI review the data?
- How do you ensure that passwords are protected?
- How does the monitor review data (esp. e-source)?
- Is the eSource (electronic subject records) system validated?
- Does it maintain an audit trail? Can you access the audit trail?
- How was source data verification done by the monitor?

#### **Additional question for Research Nurse**

• What is process for taking blood samples? (Or other trial-specific examinations for which the nurse is responsible, e. g. X-ray, MRT, TB test)

#### Interview of Pharmacist / Site staff in charge of IPs

- How are you trained on the trial and kept informed of changes during the trial?
- What are you checking for when you first receive the IPs?
- How do you confirm receipt?
- What training did you receive on IVRS/IRT use?
- Who enters which data into the system? Password protection?
- Please describe the IPs dispensing procedure.
- Was re-labeling performed, if so how?
- What is the process for unblinding?
- How do you document IPs accountability?
- What happens with the returns of IPs?
- How is IPs destruction handled?
- How are storage conditions monitored?
- What happens if a temperature excursion occurs?

### **Preparation for inspections and audits**

#### Investigator site preparation

### **Inspection progress**

### On the first day of inspection...

Inspectors arrival on site	<ul> <li>Reception desk checks inspectors identities</li> <li>Escort the inspectors to the inspection room</li> <li>Inspectors identification / credentials from the Agency will be presented (but do not take copy as it is illegal)</li> </ul>
Opening meeting	<ul> <li>Brief presentation by PI</li> <li>Introduction by inspectors</li> <li>Scope of inspection</li> <li>Sponsor representative may be present on site during the inspection if all parties agree</li> </ul>
Hospitality and availability	<ul> <li>Provide basic hospitality during all inspection days (coffee, tea)</li> <li>PI and staff availability are critical during inspection, verify expectations and accommodate inspector's requests as much as possible.</li> </ul>

Be aware of data protection	<ul> <li>Unless specifically requested by the inspectors, copies of Source Documents given to inspectors should be <u>anonymized</u> (no personal identifiers)</li> <li>Copies of SDs requested by inspectors must be anonymized for those retained by Sponsor.</li> </ul>
<b>Inspection</b> flow	<ul> <li>No original documents may be taken by the inspectors.</li> <li>Take minutes/notes on what is requested: <ul> <li>what questions are asked</li> <li>how they were answered</li> <li>what documentation was provided (if applicable),</li> <li>make extra copies of documents requested</li> <li>track if possible</li> <li>store in a designated binder</li> </ul> </li> <li>This will also help the sponsor's clinical team to support you in answering any requests/findings.</li> <li>Sponsor / CRO can support but will not be directly involved with inspectors unless specifically requested</li> </ul>

Debriefing meeting	<ul> <li>Each day, inspectors will normally hold a debriefing meeting</li> <li>Inspectors will share findings, remarks</li> <li>The PI may clarify with the inspectors any observation raised that may be inaccurate or incorrect</li> </ul>
Internal debriefing	<ul> <li>Every day, after the inspectors leave the site</li> <li>PI, site staff and sponsor will hold a debriefing meeting to: <ul> <li>review findings and remarks from the inspectors</li> <li>prepare action plan for the following day</li> </ul> </li> </ul>
Daily summaries	<ul> <li>Written, gathered and circulated by Sponsor representative</li> <li>Based on notes taken during the inspection and from debriefing meeting</li> </ul>

# Closing meeting

#### • The PI will clarify with the inspectors:

- Any observation raised that may be inaccurate or incorrect
- The inspection report availability
- The timelines for responses to inspectors

#### • The FDA can provide a Form FDA 483 to the PI:

- It is issued when the Inspectors observed any conditions that, in their judgment, may constitute violations of the Food Drug and Cosmetic (FD&C) Act and related Acts.
- Request clarifications where needed and provide corrections at this time if something is inaccurate.

After the Closing meeting

- The PI and/or Sponsor will prepare minutes of the closing meeting
- Sponsor and PI will analyze the inspectors' remarks and findings

#### • If given a Form FDA 483,

- notify the Sponsor immediately (if absent)
- work with the Sponsor to provide a response to then inspectors within 15 business days of the inspection
- Prompt response may alleviate or decrease the severity of a potential Warning Letter.

#### If not issued a Form FDA 483,

- inform the Sponsor immediately (if absent)
- your site still may receive later a communication from the FDA such as an Untitled Letter (different from a Warning Letter as it does not include a statement warning that failure to promptly correct a violation may result in an enforcement action)
- provide the Sponsor with all documentation/reports issued from the inspectors



# Pause 4

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### **Preparation for inspections and audits**

### **Inspection etiquette**

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#### **Inspectors expectations**



#### Inspection Do's: General behaviour





### Inspection Do's: Documents



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# Inspection Do's: Answers

Provide information quickly and efficiently	<ul> <li>If you do not know the answer, just say so</li> </ul>
Give concise and unequivocal explanation	<ul> <li>Answer "yes" or "no" when appropriate</li> </ul>
Provide only information within the scope of the inspection	<ul> <li>Provide only requested information</li> </ul>
Understand the meaning of the question prior to answering	<ul> <li>Ask for clarification if question is not understood</li> </ul>
There is nothing wrong with silence	Remain silent if inspector is silent
Show interest in comments and recommendations	<ul> <li>Portray your will to improve your knowledge</li> </ul>

# **Inspection Don'ts**

Panic	• Keep calm
Leave the inspector unaccompanied	He might come across something you don't want him to see
Refuse to collaborate	<ul> <li>You might give the impression that you have something to hide</li> </ul>
Assume that the inspector is naïve, uninformed or inexperienced	It will backfire on you
Let the inspector think there are exceptions	He might think procedures are not followed properly
Questions the colleagues work, blame someone or make excuses	You should be confident in yourself and your co-workers
Question the inspector findings	Act as a professional

# **Inspection Don'ts**

Answer if you don't know	Tell him someone else will answer his question	
Answer questions in advance	Let him come to the point	
Give vague or incomplete answers	• That could lead the inspector to draw inaccurate conclusions	
Guess at answers or use the words 'I think', 'I assume', 'I guess'	Remember, portray confidence!	
Make conversations within blanks	There is nothing wrong with silence	
Prevent inspector from looking at a document	<ul> <li>That could lead the inspector to think something is wrong</li> </ul>	
Let the inspector find himself a document	All documents provided to him must be tracked	

# **Inspection Don'ts**

Assume inspectors don't understand your native language	Keep remarks far from inspectors ears	
Express an opinion and show the issues	Let him draw his own conclusion	
Point out errors identified during the session	• This is his job	
Provide a document without recording it	Documents have been lost this way	
Comment on the quality of data reviewed	<ul> <li>It is his job to find what is wrong, our job is to make sure everything is fine</li> </ul>	
Let the inspector access a computer system under an unauthorized regular user ID	<ul> <li>No tracking would be possible in such occasion</li> </ul>	
Speak about future improvement plans	<ul> <li>Inspectors are interested in the current situation</li> </ul>	

### Preparation for inspections and audits

### **AUDIT versus INSPECTION**

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# **Audit versus Inspection**

AUDIT	INSPECTION
Independent Quality Audit is part of the Quality System of the Sponsor	Official act conducted by Regulatory Authorities
Auditors	Inspectors
Detection of <b>non-conformities</b> / Evaluation of the <b>Quality system</b>	Observation of <b>non-compliances with</b> <b>Regulations</b>
<ul> <li>Audit reports</li> <li>for Auditees &amp; Sponsor management</li> <li>Continuous improvement</li> <li>Recommendations and action plans</li> </ul>	<ul><li>Official Inspection Report</li><li>Mandatory requirements:</li><li>Responses</li><li>Action plans</li></ul>
<ul> <li>May result in notification of misconduct</li> <li>Ethics Committees</li> <li>Regulatory Authorities</li> </ul>	Inspection Reports from Authorities may result in <b>legal actions</b>

### Preparation for inspections and audits

Be ready anytime and anywhere ! To be ready for Audits and Inspections: Ensure compliance with GCP and regulations during daily activities



# Thank you !

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