MHRA
Regulating Medicines and Medical Devices

Responding to Inspection Findings

October 2013

Medicines and Healthcare Products Regulatory Agency

Guidance for responding to inspection findings

- Each finding will be contained within a numbered table, below a main category heading in the inspection report.

- Responses should be entered directly into the tables in the inspection report, which will be sent out in Microsoft Word format.

- The tables contain structured response fields, which include prompts to enter specific information to address both the identified deficiency and the root cause of the deficiency. Consideration should also be given to identifying and preventing other potential similar deficiencies within the pharmacovigilance system.

- The red text contained within the response fields should be overwritten.

- ‘Not applicable’ should be entered into the relevant field if the requested information is not appropriate for the finding in question.

Guidance for responding to inspection findings

We would like to receive **SMART** responses

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**ime Driven

SMART

Specific

- The Company should perform the necessary further assessments to identify the full extent of the finding.
- The Company must consider not only how to correct the identified deficiency but also the root cause of the problem.

Measurable

- The Company should clearly state what corrective and preventative actions it intends to take to address the finding.
- The specific deliverables from the proposed corrective and preventative actions should also be stated, e.g. updated work instruction, training record, etc.

SMART

Achievable / Realistic

- The Company should not make promises it cannot deliver on, as corrective and preventative actions will be followed up by an inspector at re-inspection.
- Companies must comply with the appropriate legislation and so should consider the best way to do so in the context of their business model.

Time Driven

- The Company should clearly state the timeline for the corrective / preventative action(s) for each finding.

Guidance for responding to inspection findings

Root Cause Analysis Identify the root cause(s) which, if adequately addressed, will prevent recurrence of the deficiency. There may be more than one root cause for any given deficiency.
Further Assessment Assess the extent to which the deficiency exists within the pharmacovigilance system and what impact it may have for all products. Where applicable, describe what further assessment has been performed or may be required to fully evaluate the impact of the deficiency e.g. retrospective analysis of data may be required to fully assess the impact.
Corrective Action(s) Detail the action(s) taken / proposed to correct the identified deficiency.
Preventative Action(s) Detail the action(s) taken / proposed to eliminate the root cause of the deficiency, in order to prevent recurrence. Action(s) to identify and prevent other potential similar deficiencies should also be considered.
Deliverable(s) Detail the specific outputs from the proposed / completed corrective and preventative action(s). For example, updated procedure/work instruction, record of re-training, IT solution.
Due Date(s) Specify the actual / proposed date(s) for completion of each action. Indicate when an action is completed.

Example inspection finding

Finding	C.4.1 Case Processing
30 serious, valid cases originating in the UK were identified for product Fakeomycin, which have not been reported on an expedited basis to MHRA, i.e. within 15 days from the date of receipt of the reports.	
Root Cause Analysis	
<<MAH to add text>>	
Further Assessment	
<<MAH to add text>>	
Corrective Action(s)	
<<MAH to add text>>	
Deliverable(s) <<MAH to add text>>	**Due Date(s)** <<MAH to add text>>
Preventative Action(s)	
<<MAH to add text>>	
Deliverable(s) <<MAH to add text>>	**Due Date(s)** <<MAH to add text>>

SMART responses

Finding	C.4.1 Case Processing
30 serious, valid cases originating in the UK were identified for product Fakeomycin, which have not been reported on an expedited basis to MHRA, i.e. within 15 days from the date of receipt of the reports.	
Root Cause Analysis	
The reporting algorithm in the global safety database for Fakeomycin was checked and was found to be incorrect for the UK territory. There are currently no quality control steps in place for the creation of reporting algorithms in the global safety database.	
Further Assessment	
This error has resulted in none of the serious cases originating in the UK being identified for expedited reporting to MHRA for this product. A review of all UK cases for Fakeomycin was conducted and 45 cases were identified which meet the criteria for expedited reporting but were not reported to MHRA on an expedited basis. No other competent authorities are affected. The reporting algorithms for all other products and territories were checked and found to be correct.	
Corrective Action(s)	
The 45 identified cases for Fakeomycin will be submitted to MHRA.	
Deliverable(s) 45 Fakeomycin cases reported to MHRA.	**Due Date(s)** Nov 2013
Preventative Action(s)	
The reporting algorithm for Fakeomycin has been corrected and validated. A QC checklist will be implemented for use by the database support team when creating and/or updating reporting algorithms in the global safety database, which will provide a mechanism for a secondary check of all variables within the algorithm.	
Deliverable(s) • Corrected Fakeomycin reporting algorithm. • Implementation of algorithm QC checklist.	**Due Date(s)** • Oct 2013 (completed) • Nov 2013

Non-SMART responses

Finding	C.4.1 Case Processing
30 serious, valid cases originating in the UK were identified for product Fakeomycin, which have not been reported on an expedited basis to MHRA, i.e. within 15 days from the date of receipt of the reports.	
Root Cause Analysis	
Not applicable.	
Further Assessment	
<<MAH to add text>>	
Corrective Action(s)	
The 30 identified cases for Fakeomycin will be submitted to MHRA in due course.	
Deliverable(s) <<MAH to add text>>	**Due Date(s)** <<MAH to add text>>
Preventative Action(s)	
A new process for expedited reporting of serious cases to MHRA will be developed by the end of 2013.	
Deliverable(s) As above.	**Due Date(s)** Dec 2013

- **Consideration should be given to the Root Cause and the full extent to which the issue exists**
- **Be specific with timelines**
- **Don't copy and paste text from Corrective / Preventative Actions into the Deliverables field – specify the outputs!**

Guidance for responding to inspection findings

- The EEA QPPV should indicate his/her approval of the responses. This can be achieved either by returning the inspection report containing the responses directly via the QPPV email address or by providing a signed letter or statement of approval.

- Responses are not required in relation to recommendations or observations.

- If the accuracy of information contained in the Inspection Report is challenged or if findings are disputed, then the respondent should enclose relevant documentary evidence supporting the responses. If a finding is not disputed, then documentary evidence is not required.

Guidance for responding to inspection findings

Do's

- Do respond on time – if there is going to be a delay let us know.
- Do clearly state what action(s) the Company intends to take (or has already taken) to address the finding.
- Clearly state the timeline for the action(s).
- Do provide relevant documentary evidence if you dispute any finding.
- Do what you say.
- If changing circumstances make this impossible, let us know and provide new timelines for action.

Guidance for responding to inspection findings

Don’ts

- Don’t over do it – answers should be concise and to the point. Additional documents provided should be kept to a minimum.
- Don’t under do it – sufficient detail should be provided to allow the inspector to assess the response.
- Don’t be afraid to ask.
- Don’t keep us in the dark.

If responses are not satisfactory then the inspector will contact you and request that further information is provided.

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