EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

8 May 2012
EMA/817618/2010
Human Medicines Development and Evaluation

European network of paediatric research (EnprEMA)

Recognition criteria for self assessment

The European Medicines Agency is tasked with developing a European paediatric network of existing national and European networks, investigators and centers with specific expertise in the performance of studies in the paediatric population.

Following a test pilot phase, public consultation and the outcome of the second workshop with participants of 28 networks and/or clinical trial centres in March 2010, recognition criteria have been finalised which will have to be fulfilled by existing networks to become a member of the European paediatric network. All networks wishing to become a member of EnprEMA are invited to perform self-assessment and to send the filled-in document to the European Medicines Agency.

The document should be sent to Merja.Heikkurinen@ema.europa.eu

END OF SELF-ASSESSMENT PERIOD	31 July 2010

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EnprEMA

European network of paediatric research at the European Medicines Agency

Recognition criteria for self-assessment

The European Paediatric Regulation (EC) No 1901/2006, as amended, calls for the fostering of high-quality ethical research on medicinal products for use in children. This should be achieved through efficient inter-network and stakeholder collaboration. To meet this objective, a European paediatric research network is to be formed of national and European networks, investigators and centres with specific expertise in performing drug trials in the paediatric population. General information can be found at:

http://www.emea.europa.eu/htms/human/paediatrics/network.htm

Minimum criteria that have to be fulfilled to be recognised as a member of the EnprEMA

This document defines 6 criteria with several subcategories (items) for self-assessment. The criteria and their items have been set up in a public process. Minimum criteria were defined that networks should fulfil to be recognised as a member of the EnprEMA. The defined minimum criteria are flagged with a superscript "**M**".

Irrespective of whether or not only minimum criteria / items are fulfilled, the full list of the criteria and items as well as the network identification should be completed to the extent possible.

Use of the document and application of the recognition criteria

The criteria should be reported for the highest level that the network currently attains. Networks should report on the status of the network, not on individual investigators or sites. For the purpose of this document, the highest level is called the reporting party.

The document should be filled in by the reporting party (once only per network), taking into account the guidance text provided for the various items within the respective criterion. For transparency in general and to permit public scrutiny of the self-assessment, the completed document should be made public by the reporting party, for example, on their website.

For the same purpose, the reporting party should also make publicly accessible the actual data on which the statements are based. For example, if numbers of paediatric trials are provided, references to clinical trial registration numbers could be made publicly accessible.

The self-assessment should be updated annually.

This document should be sent to the European Medicines Agency; it will be published on the EMA webpage.

Criteria for the recognition of an investigator, site* or network as a member of the EnprEMA*

* only when the investigator or the site is not part of a network

Identification M

Name	FINPEDMED- Finnish Investigators Network for Pediatric Medicines – Lastenlääkkeiden tutkimusverkosto, Clinical Research Institute HUCH Oy, Haartmaninkatu 8, FI-00290 Helsinki, FINLAND (Legal entity of FINPEDMED from 1April2012).	Include legal address, define acronyms
Type	National Network	Indicate type of reporting party, e.g. national or speciality network. May include short mission statement
Street	FINPEDMED Office* c / o University of Tampere, School of medicine The Paediatric Research Centre (PRC)	
Postal code	FIN-33014	
Town	Tampere	
Country	Finland	
Telephone 1	+358-50-5142646	
Telephone 2		
Mobile phone	+358-50-5142646	
Fax		
Web site	www.finpedmed.fi and www.finpedmed.com	If available (see criterion 4)
Email for general enquiries	FINPEDMED Office*	If available (see criterion 4)
Representative (main) contact	---	Include first and second name, email, telephone, address, as far as available
First name	Pirkko	
Second name	Lepola	
Telephone		
Mobile phone	+358-50-5142646	
Email	pirkko.lepola@uta.fi	
Further contact(s)	---	Include first and second name, email, telephone, address, as far as available
First name		
Second name		

Telephone		
Mobile phone		
Email		
The data in this document are 'current' as of	01/04/2012 with complete new office address	Provide the date when the criteria were last updated
State how this document can be accessed by the public	www.finpedmed.fi and www.finpedmed.com / European network EnprEMA	This should be a link to a webpage, but other means and formats to make public are possible

Description ***M***

Year of foundation	2007	Of the network, or of the investigator's or site's specific paediatric research activities
Paediatric age ranges of study participants covered by the network		
Preterm and / or term newborn	☒ Yes ☐ No	Newborn: from birth to less than 28 days of age
Infants from 1 month to less 24 months of age	☒ Yes ☐ No	
Children from 2 years to less than 12 years of age	☒ Yes ☐ No	
Adolescents from 12 years to less than 18 years	☒ Yes ☐ No	

Specialities / Conditions covered	Multispecialty; including the following specialties and subspecialties: Adolsecent medicine Allergology Anesthesia Endocrinology Cardiology Critical care Gastro-enterology Hemato-oncology Immunology Infectious diseases Metabolic medicine Neonatology Nephrology Neurology Psychiatry (Child Psychiatry, Adolescent Psychiatry, and Neuropsychiatry) Pulmonology Surgery Radiology Rheumatology Paediatric Rehabilitation Child Pain Management Paediatrics Paediatric Clinical Pharmacology Paediatric (Industrial) Pharmacy	ENPREMA will cover a range of different networks, from single speciality trials groups to those covering all paediatrics. If not all areas within one speciality are covered, specify conditions
Multispeciality? Specify	-	For example, oncology or infectious diseases
Speciality or disease specific? Specify	-	For example, cardiology only
Conditions covered? Specify	All conditions covered by specialties and subspecialties.	E.g. hypertension (within cardiology) or asthma (within respiratory diseases)
Procedure / intervention specific? Specify	-	For example, surgery, organ or stem cell transplantation
Number of collaborating countries	1 List all collaborating countries: -	State the number of collaborating countries. Indicate "1" if national; Indicate if Europe, outside of Europe, other……. (describe)

Number of collaborating centres	5 University Hospitals (all) in Finland List all collaborating centres: see links and addresses www.finpedmed.com	State the number of collaborating centres and provide a list of all collaborating centres (attachment or link possible)
Type of activity/studies		
Clinical studies	☒ Yes ☐ No	
Experimental research	☐ Yes ☒ No	
Other activity	• Doabilities • Feasibilities • Co-operation (investigators and research groups) • Assistance in drawing up research project plans • Protocol design and improvement • Planning paediatric clinical trials • Consultations and statements by clinical experts • Consultations by experts in clinical pharmacology • Other services relating to the development, research and registration of paediatric medicines * The network also offers video conference services, which facilitate communication and negotiations between different investigators and research units both at a national and international level. * Furthermore, the network gives recruiting assistance for research staff.	Describe type of activities other than clinical and/or non-clinical studies

Evidence for each criterion

How to provide evidence

1. The evidence for this self-assessment document should be based only on the activity of the network during in the last 5 years.
2. Evidence used in this document should have a reference (e.g., publication, annual or periodic report or internal network document).
3. The self-assessment document is to cover a range of different network types. It is recognised that some networks may not be able to accurately respond to every item. In such circumstances, state why it is not possible to respond.
4. The network is referred to as the "reporting party".

Criterion 1: Research experience and ability

Do not include planned trials, but only ongoing and completed trials.

1.1 Number of completed trials [M] Number of ongoing trials [M]	3 Refers only to the trials operated via FINPEDMED. Excludes trials performed by the network members/CTUs independently of the Network involvement Ongoing trials: 3 + 23 trials with unclear status - conducted by pahrmaceutical companies in Finland	Any interventional clinical trial, whether non-commercial, investigator-initiated, industry-sponsored or commercial, in which the reporting party actively took part. Minimum requirement ([M]): one ongoing or one completed trial.
1.2 Total number of participants actually recruited each year Proportion of eligible participants actually recruited each year Describe way of screening and participant recruitment	- The total recruitment potential of all age groups 0-17 (under 18) is approx. 1.0 million children in Finland (recruitment area of the network). Screening and recruitment is done primarly through the direct patient contacts from hospitals / paediatric clinics. Additionally by newspaper advertisments if needed.	Relevant to speciality specific networks. State total recruitment capacity for any interventional clinical trial, whether non-commercial, investigator-initiated, industry-sponsored or commercial, in which the reporting party actively took part. Which strategies or pathways are used to screen and recruit participants?
1.3 Total number of collaborating centres	5	For completed and ongoing (open) paediatric trials. Do not include sites in set-up.
Academic (investigator) initiated studies	---	Studies conducted independently from pharmaceutical companies (no sponsorship and no funding). There is a separate category (below) for industry-funded studies.
1.4 Number of ongoing and completed clinical trials	Absolute number: 1 Proportion of all studies: 20%	Paediatric interventional trials of any phase of the pharmaceutical development (phase I to IV, including therapy optimising

		trials if requiring authorisation by regulatory authority) (for other Paediatric trials unrelated to drug development see below)
1.5 Number of paediatric specialities covered by paediatric trials	1	Count specialities, without repetition, across all ongoing or completed paediatric trials
1.6 Number of paediatric conditions covered by paediatric trials	1	If not all areas within one speciality covered count conditions, without repetition, across all ongoing or completed paediatric trials
1.7 Number of other ongoing research studies / programs	1 registry based research ongoing	For example, epidemiological studies, outcome studies, translational research in which the reporting party is participating Include cohort studies but not audits. Research is defined as a project with a specific research question in which the participant/family provides formal consent.
1.8 Indicate the proportion of public funding	Proportion of academic initiated studies: 20% Proportion of budget: -	Indicate the proportion of the budget handled for completed and ongoing paediatric trials that is derived from public funding sources such as governmental programs, competitive public grants, university contributions
1.9 Number of registered study participants (all studies)	4 patients in one academic study. Other studies - patient number not available / not collected.	
Industry-sponsored trials	---	
1.10 Number of ongoing and completed trials	5 + 1 to be started + 23 trials with unclear status - conducted by pahrmaceutical companies in Finland.	Paediatric interventional trials of any phase of the pharmaceutical development (phase I to IV, including therapy optimising trials if requiring authorisation)

1.11 Number of paediatric specialities covered by paediatric trials	5+1+6 (unclear status trials)	Count specialities, without repetition, across all ongoing or completed paediatric trials
1.12 Number of paediatric conditions covered by paediatric trials	18	If not all areas within one speciality covered count conditions, without repetition, across all ongoing or completed paediatric trials
1.13 Number of registered study participants (all studies)	? Not known / not collected so far - information of the sponsor solely	

Criterion 2: Network organisation and processes

2.1 Existence of an identified contact person for external enquiries [M]	☒ Yes ☐ No Comments:	Enquiries from patients, parents, organisations, researchers, pharma-ceutical companies or regulatory authorities are co-ordinated or answered by a nominated contact person. Provide contact details in section "Identification" above.
2.2 Existence of an internal steering committee [M]	☒ Yes ☐ No Comments: Internal steering committee with external members.	Minimum requirement ([M]): either an internal steering committee (2.2) or an external advisory / steering committee (2.3).
2.3 Existence of an external advisory / steering committee directing the reporting party [M]	☐ Yes ☒ No Comments:	Minimum requirement ([M]): either an internal steering committee (2.2) or an external advisory / steering committee (2.3).
2.4 Existence of a website	☒ Yes ☐ No Comments:	If available, mention in "identification" above
2.5 Existence of newsletter	☒ Yes ☐ No Comments: electronic at webpage monthly	Newsletter of any format (electronic, surface mail), distributed actively to selected recipients.
2.6 Existence of an internal database(s) for disease, condition, treatment and / or outcome [M] If yes, please describe	☒ Yes ☐ No Comments / description: FINPEDMED has own internal Investigators Registry, which is closed and used only internally (i.e. all data is secured). Additionally, all trial requests, incl. sponsor information and detailed trial related information and documentation, is saved and compiled as statistics, which constitutes a FINPEDMED own statistical data base.	For example, data base or disease registry to facilitate planning or conducting future trials (may or may not contain individual patient data)
2.7 Provisions to ascertain data protection and data security [M]	☐ Yes ☒ No Comments:	Are provisions in place to ascertain patients' /study participants' data protection and data safety within network

2.1 Existence of an identified contact person for external enquiries [M]	☒ Yes ☐ No Comments:	Enquiries from patients, parents, organisations, researchers, pharma-ceutical companies or regulatory authorities are co-ordinated or answered by a nominated contact person. Provide contact details in section "Identification" above.
2.8 Procedure(s) to access the database by third parties	☐ Yes ☒ No Comments:	Are provisions in place that data can be shared for planning, conducting or analysing a trial(s)?
2.9 Access to external databases /registries	☒ Yes ☐ No Comments: Standardized processes in place at national level for access to relevant external national databases for research (same for network members as for other researchers). Not priviliged only for the network members.	For example, national databases that are not publicly accessible but to which the reporting party has open or privileged access; database(s) immediately relevant to area and / or scope
2.10 Standardised process to access an external database(s)	☒ Yes ☐ No Comments: Standardized processes in place at national level for access to relevant external national databases for research (same for network members as for other researchers).	Is a standardised process in place to access external/ national databases?

Criterion 3: Scientific competencies and capacity to provide expert advice

3.1 Number of peer-reviewed publications in the last 5 years Provide exact reference(s) Describe the network's contribution to publication(s)	By network itself: 0. Publications by network members: Several (not collected by the network).Note: Number of network members 89 (15February2012). None. Only help for study registration.	The publications should indicate that they are related to and reference the reporting party.
3.2 Number of competitive grants obtained in the last 5 years	0. As an non-legal entity, FINPEDMED cannot be a recipient for grants. Grants are handled by network members and the legal entities they represent.	Grants obtained by reporting party (exclusively or not).
3.3 Access to expert groups M	☒ Yes ☐ No Comments:	Indicate if the reporting party has specific access to established expert groups, such as learned societies
3.4 Capacity to answer external scientific questions M	☒ Yes ☐ No Comments:	Indicate if coordinated capacity (staff, process) is available to answer external scientific questions in relation to clinical trials during daily business.
Standardized procedures for assessment of:	---	
3.5 Site feasibility	☒ Yes ☐ No Comments: For sponsored trials companies follow own standardised procedures for assessment of feasibility, we have standardised procedure for linking sponsor with investigator/site for feasibility assessment.	This concerns the suitability of a site for conducting a given trial
3.6 Participant recruitment	☐ Yes ☒ No Comments:	This concerns provisions to regularly monitor recruitment progress for a trial.

3.7 Budget calculation for studies	☒ Yes ☐ No Comments: Not done by the network, but assisted together with the University Hospitals Research Organizations of the network conducting the trials.	This concerns, for example, quotes and prospective financial planning for a trial.

Criterion 4: Quality management

4.1 Documented adherence to Good Clinical Practice (GCP) guideline [M]	☒ Yes ☐ No Comments: All studies are conducted and monitored in compliance of all local and national laws and regulations, including EU directive for clinical trials	Declare whether studies conducted comply with the EU Directive 2001/20/EC on Clinical Trials.
4.2 Documented adherence to the ethical considerations for clinical trials in children [M]	☒ Yes ☐ No Comments: The document (referred beside) is implemented into the common Finnish ethical regulations through the application of FINPEDMED document formats of Informed Consents and Trial Information Sheets for different age groups, for clinical trials in paediatric population.	Indicate if documented data / information are publicly available on implementation of / provisions for special ethical requirements for the paediatric trial(s) according to the document "Ethical considerations for clinical trials on medicinal products conducted with the paediatric population".
4.3 Documented adherence to ethical considerations	☒ Yes ☐ No Comments: In Finland all Ethics Committees has pediatric expertise available for a trial approval process	Declare whether reporting party requests approval by an independent ethics committee with paediatric expertise for all studies conducted.
4.4 Availability of Standard Operation Procedures (SOP)	☐ Yes ☒ No If yes, provide reference to available SOPs	Indicate existence of SOP e.g. for study management, adverse events reporting etc.
4.5 Capacity to monitor studies (academic trials, industry sponsored trials) [M]	☒ Yes ☐ No Comments: For academic trials ICH GCP valid monitoring services are offered (in collaboration) by the University Hospitals Research Organizations	Indicate if the reporting party implements the monitoring of paediatric trials according to ICH 6 Good Clinical Practice Guideline.
4.6 Capacity to monitor performance of collaborating centres	☒ Yes ☐ No Comments: see above.	Indicate if the reporting party implements the monitoring of performance of collaborating centres.

4.7 Quality control and quality assurance, traceability and data safety [M]	☒ Yes ☐ No Comments: FINPEDMED operations are fully and methodically controlled - by QC, QA and Data Safety: All the operations and trial conduction are put into practise in the University Hospitals and Central Hospitals, where the QC, QA and Data Safety is executed in every sector of hospital patient care by internal Standard Operating Procedures (i.e. hospital directions). In Finland, all health care units treating patients has to follow uniform standards, laws and regulations, which are controlled by the authorities. e.g. Patient data is especially protected. FINPEDMED operates under these directions.	Indicate if this is implemented in the reporting party's remit.

Criterion 5: Training and educational capacity to build competences

5.1 Evidence of collaboration with regulatory authorities [M]	☒ Yes ☐ No Comments: Notification (by EudraCT) of interventional clinical trials must be done to The Finnish Medicines Agency Fimea. The opinion on the ethics is issued by The National Committee on Medical Research Ethics (unless delegated to a regional EC). Local clinical trial permission is given by each hospital. Processes are regulated by national laws, regulations and directions: (abbreviated names): Medical Research Act (488/1999) -> Amended: 10.9.2010/794, Medical Research Decree (986/1999), EU Clinical Trial Directive (2001/20/EU), EU Medicinal Product Directive (2001 /83/EU) and Amendment (2003/63/ EU), EU Investigational Medicinal Product Directive (2005/28/EU), EU Pediatric Regulation (EU 1901/2006) and Amendment (EU 1902/2006), FIMEA Regulation on Clinical Trials (1/2007), FIMEA Guideline on Reporting Adverse Drug Reactions (1/2005), Act on the Status and Rights of Patients (785/1992), The Constitution of Finland (731/1999), Child Custody Act (361/1983), Personal Data Act (523/1999), Act on the Openness of Government Activities (621/1999), Act of the Medical Use of Human Organs and Tissues (101/ 2001), Gene Technology Act (377/ 1995) and Degree (928/2004), EMEA guideline on conduct of pharmacovigilance for medicines used by the paediatric population, World Medical Association Declaration of Helsinki (2008), The National Committee on Medical Research Ethics SOP (2010) and Report on Children in Medical Research (2003), ICH Guideline E6 (R1) for Good Clinical Practice (135/1995), EU Commissions Guideline on Ethics for Pediatric Trials (2008), ICH Guideline E11 for Clinical Trials of Pediatric Population (2000)… United Nations Declaration of Children's Rights (1989) United Nations Universal Declaration	Indicate awareness of regulatory requirements for developing medicines; for example, implementation of guidelines from regulatory authorities.

5.2 Capacity to provide competent consultation to regulatory authorities	☒ Yes ☐ No Comments:	Indicate the capacity of the reporting party to provide expert advice to regulatory authorities. For example, nominations into standing scientific committees to regulatory authorities, registration(s) as authorities' external expert(s).
5.3 Formal meetings for clinical trials If yes, provide number	☐ Yes ☒ No Comments: FINPEDMED does not manage trials of the network members	For example, investigator meetings, trainings specific to a given ongoing or planned trial.
5.4 Training courses given over the last 2 years [M] If yes, provide number	☒ Yes ☒ No Comments: 3 trainings during years 2007-2009, no training during years 2010-2011: only supportive information to members on new trainings / courses /congresses. Planned new trainings for investigators during ongoing period 2012-2013.	For example, training specific to a trial or in general for trial(s), with external participants or from the reporting party. Minimum requirement (M): training courses either given (5.4) or received (5.5).
5.5 Training courses received over the last 2 years [M] If yes, provide number	☒ Yes ☐ No Comments: Regular (yearly based) administrative training of clinical trials for Executive Secretary of FINPEDMED	For example, training specific to a trial or in general for trial(s), with external participants or from the reporting party. Minimum requirement (M): training courses either given (5.4) or received (5.5).
5.6 Promotion of participation in clinical trials in countries with limited resources Provide list of countries	☐ Yes ☒ No Comments:	Indicate if support for such trials is provided by the reporting party.

Criterion 6: Public involvement M

Minimum requirement (M): involvement in at least one of the below items.

6.1 Involvement of patients, parents or their organisations in the protocol design	☒ Yes ☐ No Comments: Involvement of parent representative in work to designing national patient information sheets and informed consents to paediatric trials. Involvement of children in development of picture cards for providing age appropriate trial / clinical care information to children.	Indicate if public stakeholders are /have been involved
6.2 Involvement of patients, parents or their organisations in creating the protocol information package	☐ Yes ☒ No Comments:	Indicate if public stakeholders are /have been involved
6.3 Involvement of patients, parents or their organisations in the prioritisation of needs for clinical trials in children	☐ Yes ☒ No Comments:	Indicate if public stakeholders are /have been involved