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Committees and Inspections

Annual report of the Good Clinical Practice Inspectors Working Group 2016

Adopted by the GCP IWG on 2 June 2017

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1. Introduction

This document is the ninth annual report of the GCP IWG¹. This group was established in 1997 under the scope of Article 57(1)(i) of Regulation (EC) No. 726/2004.

The GCP IWG focuses on harmonisation and coordination of GCP related activities at EU² level. The group's role and activities are described in more detail in its [mandate](#), which was revised in 2013, the [work plan](#) and also in [volume 10](#), chapter IV of the publication "The rules governing medicinal products in the European Union".

The group supports the coordination of the provision of GCP advice and maintains a dialogue with other groups such as CHMP³, CVMP⁴, CMDh⁵, PhV IWG⁶, GMP/GDP IWG⁷ and other groups, as needed, on areas of common interest.

This annual report is set out in line with the format and objectives of the 2016 [work plan](#).

2. Meetings

The plenary GCP IWG meetings took place on:

- 01-02 March 2016
- 07-08 June 2016
- 07-08 September 2016
- 28-29 November 2016

Meetings with interested parties:

- A meeting between the GCP IWG subgroup and Novartis took place on 29 February 2016.
- A meeting between the GCP IWG subgroup and TransCelerate took place on 17 June 2016.

During 2016, the following GCP inspectors' subgroups/working parties were involved in the discussion of specific topics and drafting documents:

- GCP IWG/CMDh working party (refer to section 7.5), 2 face to face meetings, 2 adobe connect teleconferences and one extraordinary teleconference to discuss major CRO⁸ issues were organised in 2016;
- GCP IWG/CHMP assessors subgroup (refer to section 4.1), 1 face to face meeting took place in June 2016;
- GCP IWG TMF⁹ subgroup (refer to section 5, 5th bullet point), 3 adobe connect teleconferences were held in 2016;
- GCP IWG subgroup, on the preparation of the functional aspects of the EU portal and database required by the new Clinical Trials Regulation (EC) No 536/2014, in relation to clinical trial supervision including inspections and the handling of serious breaches (refer to section 5 and

¹ Good Clinical Practice Inspectors Working Group

² European Union

³ Committee for Medicinal Products for Human Use

⁴ Committee for Medicinal Products for Veterinary Use

⁵ Coordination Group for Mutual Recognition and Decentralised Procedures - Human

⁶ Pharmacovigilance Inspectors Working Group

⁷ Good Manufacturing Practice/Good Distribution Practice Inspectors Working Group

⁸ Clinical Research Organisation

⁹ Trial Master File

section 6.3), 8 teleconferences were organised during the 2Q of 2016 and 1 face to face meeting to discuss the procedure to manage serious breaches and the guidance for clinical trial sponsor on what is expected to be reported as a serious breach;

- GCP IWG subgroup on ATMP¹⁰ for the revision of ATMPs GCP guideline in the context of the new Clinical Trials Regulation (refer to section 6.5), 2 teleconferences were organised during 2016 to discuss the revision of the ATMPs guideline;
- GCP EMA inspection reporting procedure subgroup (refer to section 4.1, 2nd bullet point), 11 teleconferences were organised in 2016 to work on the revision of the IR¹¹ templates and the reporting procedure.

3. Inspections conducted in support of the centralised procedure and under national programmes

3.1. CHMP requested inspections

3.1.1. General overview

In total, 85 GCP inspections were requested by CHMP and carried out by the inspectorates of the EU Member States in 2016. However, it should be noted that several inspections requested in the last 3 months of the year 2015 were conducted in 2016 and some inspections requested in the last 3 months of 2016 will be carried out in 2017. The data in this report relates to inspections carried out in 2016.

In figure 1, the number of inspections carried out in 2016 is shown by region and type of inspection. Most inspections were carried out in the EU/EEA¹²/EFTA¹³ (42%) followed by inspections in the USA (28%) and the Middle East/Asia/Pacific (20%).

¹⁰ Advanced Therapy Medicinal Products

¹¹ Inspection Report

¹² European Economic Area

¹³ European Free Trade Association

Figure 1: Inspections conducted per region and type of inspection

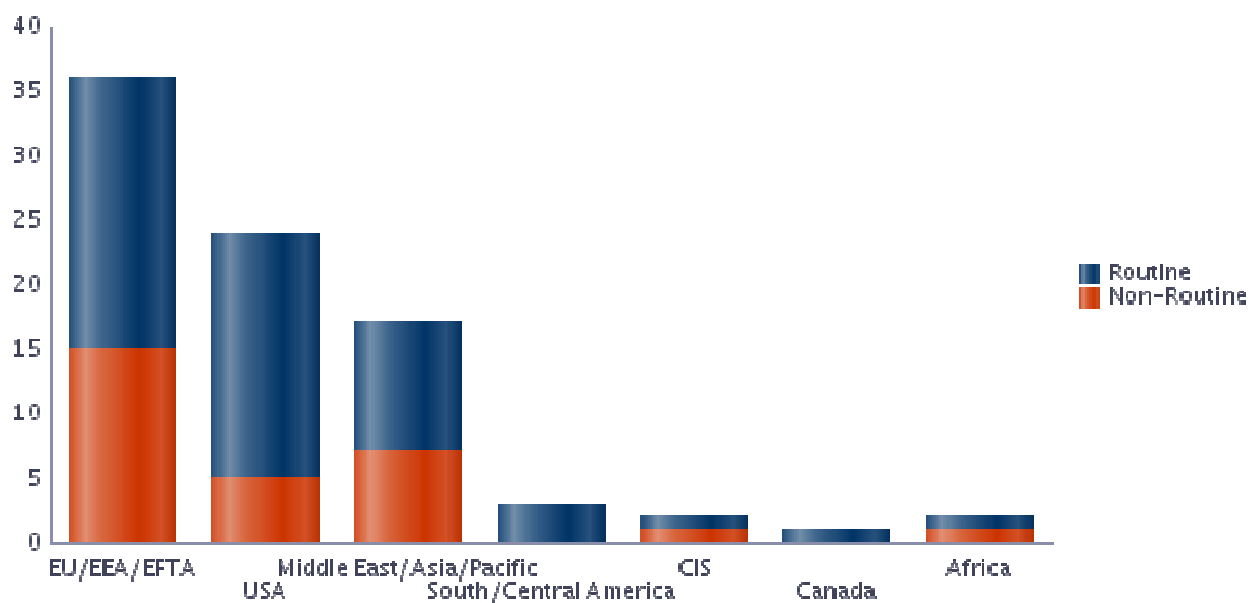


Table 1: Number of inspections conducted per region and type of inspection.

Region	Non-Routine	Routine	Total
EU/EEA/EFTA	15	21	36
USA	5	19	24
Middle East/Asia/Pacific	7	10	17
South/Central America		3	3
CIS	1	1	2
Africa	1	1	2
Canada		1	1
Total in all regions	29	56	85

Figure 2: Inspections conducted per type of site

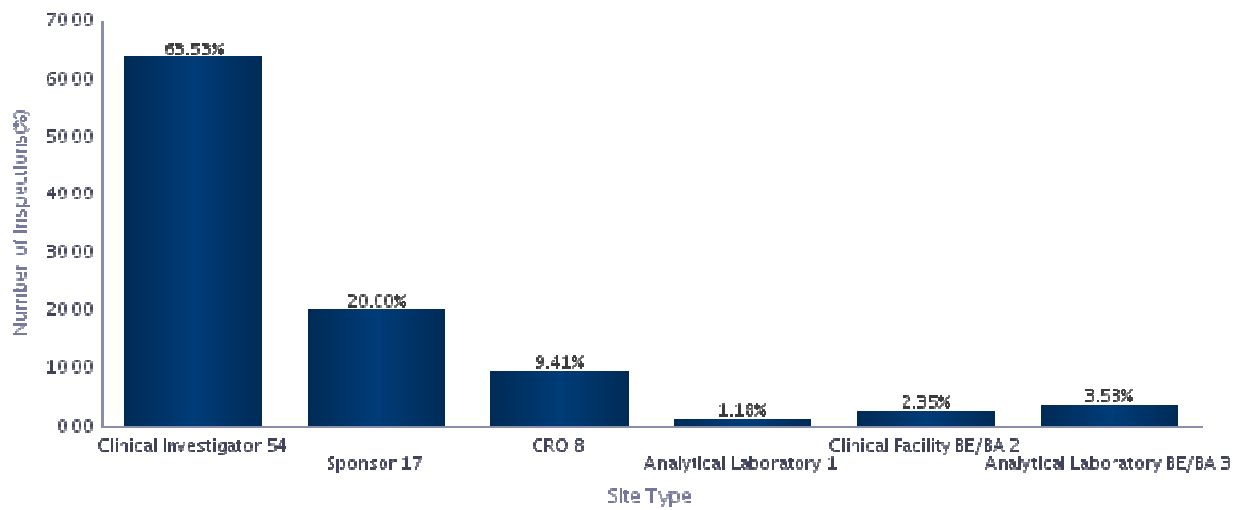


Figure 2 represents the number of inspections conducted in 2016 per type of site. Most of the inspections were conducted at the clinical investigator sites, followed by the sponsor site, CRO, analytical laboratory of BE/BA¹⁴ studies, clinical facility of BE/BA studies and analytical laboratory.

¹⁴ Bioequivalence/Bioavailability

3.1.2. Categorisation of findings

A total of 1033 deficiencies, comprising 93 critical (9%), 558 major (54%) and 382 minor (37%) were recorded for the 85 CHMP requested inspections conducted in 2016.

The main findings observed in the 2016 inspections are detailed below in accordance with the GCP categorisation of findings agreed by the GCP IWG.

Figure 3: Number of findings with regard to the main categories graded by critical, major and minor

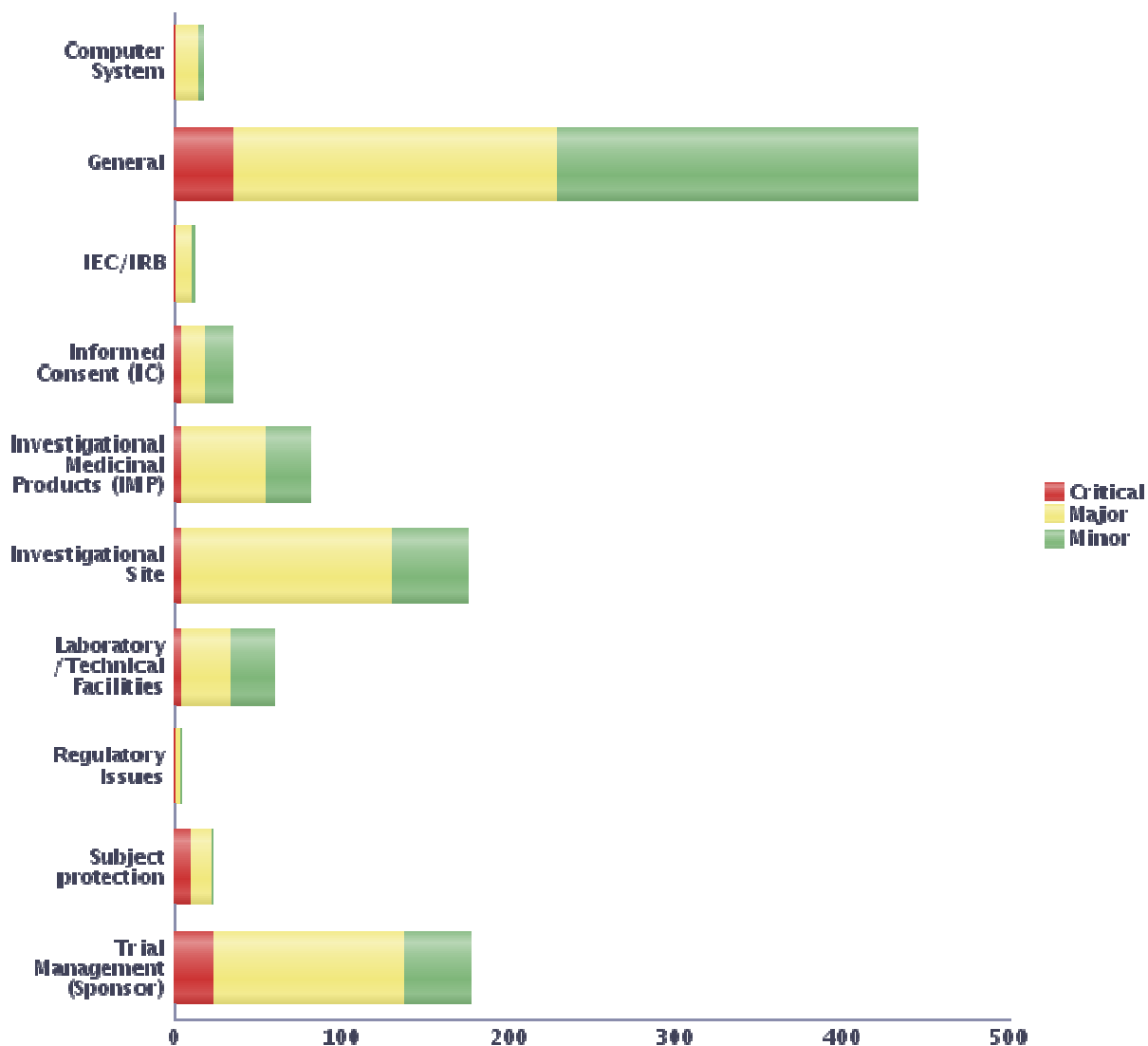


Table 2: Number of findings per sub-category of the top 3 main categories (general, trial management and investigational site) graded by critical, major and minor.

Number of findings per sub-category of the top 3 main categories (general, trial management and investigational site) graded by critical, major and minor					
Deficiency category name	Deficiency sub-category name	# Inspected deficiencies			# Inspected deficiencies total
		Critical	Major	Minor	
General	Contracts/agreements	4	22	11	37
	Direct access to data	2	6	2	10
	Essential documents	19	79	87	185
	Facilities and equipment		3	16	19
	Organisation and personnel	2	18	16	36
	Qualification/training	2	16	24	42
	Randomisation/Blinding/Codes IMP	1	11	6	18
	Standard Operating Procedures	2	17	19	38
	Source documentation	4	21	35	60
General total		36	193	216	445
Trial management (sponsor)	Audit	4	4	5	13
	Clinical Study Report	1	14	7	22
	Data management	8	26	6	40
	Document control	-	6	9	15
	Monitoring	11	47	9	67
	Protocol/Case Report Form/diary/questionnaires design	1	14	5	20
	Statistical analysis	-	1	-	1
Trial management (sponsor) total		25	112	41	178
Investigational site	Protocol compliance (assessment of efficacy)	-	2	-	2
	Protocol compliance (others)	2	25	9	36
	Protocol compliance (safety reporting)	-	37	5	42
	Protocol compliance (selection criteria)	1	25	7	33
	Reporting in CRF/diary	2	35	25	62

Number of findings per sub-category of the top 3 main categories (general, trial management and investigational site) graded by critical, major and minor

Investigational site total		5	124	46	175
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Examples of cross section (critical, major, minor) findings in the top sub-categories of the main three categories "general", "trial management" and "investigation site" are listed below:

General

Essential documents:

- lack of essential documents e.g. receipt of IMP¹⁵ shipment to site, records of blood samples shipment to the central laboratories;
- incomplete documentation (e.g. incomplete screening list);
- lack of contemporaneous independent copy of the CRF¹⁶ filed on site.

Source documentation:

- discrepancies between source data and data reported in the CSR¹⁷;
- missing source documents;
- lack of document specifying location of source data.

Qualification/training:

- incomplete training documentation;
- lack of training of study personnel on trial related procedures.

SOPs¹⁸:

- lack of evidence that sponsor SOPs have been followed and used;
- SOPs not updated as required;
- sponsor failure to implement an efficient quality management system.

Contracts/agreements:

- incomplete contracts in place;
- responsibilities not clearly defined;
- lack of consistency between contract and protocol.

Organisation and personnel:

- incomplete site personnel signature log;
- tasks performed by staff not authorised to do so.

¹⁵ Investigational Medicine Product

¹⁶ Case Report Form

¹⁷ Clinical Study Report

¹⁸ Standard Operating Procedures

Trial management

Monitoring:

- monitor has not identified number of deficiencies on site;
- inadequate monitoring activities performed at site;
- lack of escalation process to resolve issues identified by monitor;
- monitor not following monitoring plan;

Data management:

- inappropriate system for reporting protocol violations;
- laboratory reports were submitted late to the site;
- data management activities were only undertaken after the clinical conduct of the trial was completed;
- the decisions made by the DSMB¹⁹ were not communicated to the site.

Clinical study report (CSR):

- inconsistencies between source data and data reported in the CSR;
- inaccurate information reported in CSR;
- relevant information missing in the CSR.

Protocol/CRF²⁰/diary/questionnaires design:

- insufficient design of the study protocol e.g. no instructions related to concomitant medication or unscheduled visits;
- the design of the CRF is not suitable to accurately collect the data specified within the protocol.

Document control:

- lack of version/date on the document;
- late introduction of amendments in the study.

Investigational site

Reporting in CRF/diary:

- several discrepancies between source data such as medical history, concomitant medication etc. and the CRF for a sample of subjects;
- corrections on CRF not signed and dated;
- data not reported in CRF in a timely manner.

Protocol compliance (safety reporting):

- not all adverse events reported to the sponsor as required per protocol;
- instructions for SAE²¹ follow-up reports not followed;

¹⁹ Data Safety Monitoring Board

²⁰ Case Report Form

²¹ Serious Adverse Event

- inadequate SAE documentation and reporting.

Protocol compliance (others):

- IMP and concomitant medication protocol deviations;
- protocol visits were not performed within the visit windows specified in the protocol;
- the sponsor established and used a system of prospectively accepting deviations from the protocol;
- insufficient maintenance of blinding of IMP.

Protocol compliance (selection criteria):

- violation of a number of inclusion criteria for some patients;
- final decision about eligibility not always documented in hospital records.

3.2. GCP inspections performed under national programmes

The CHMP GCP inspections are just a small part of the total number of inspections performed by the EU/EEA inspectors as there are many others performed as part of their national programmes in the following contexts:

- oversight of the conduct of clinical trials in Europe;
- marketing authorisation applications (MRP²², DCP²³ or national procedures).

The following statistics are based on information obtained from EudraCT²⁴ and include the CHMP requested inspections.

Table 3: Inspections conducted per region

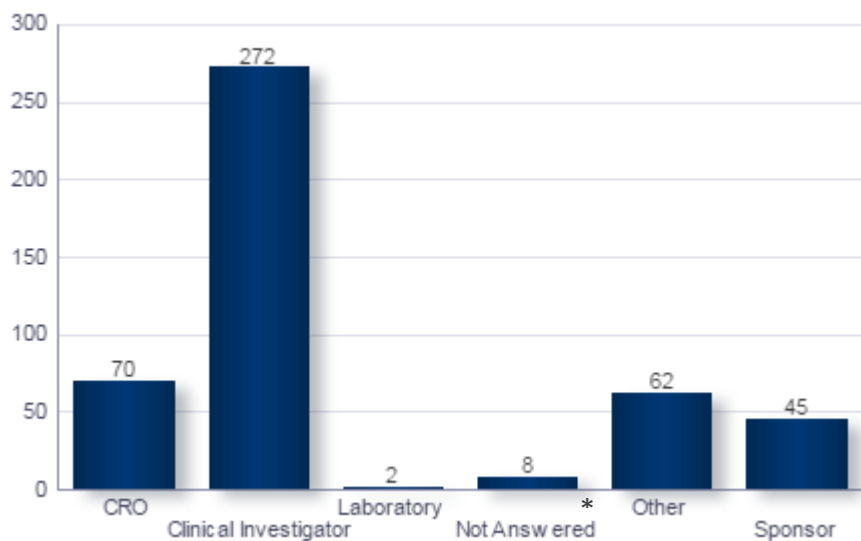
Region	Number of inspections conducted in 2016
EU/EEA	410
North America	16
Rest of the world	33
Total in all regions	459

²² Mutual Recognition Procedure

²³ Decentralised Procedure

²⁴ European Clinical Trials Database

Figure 4: Number of inspections conducted per type of site

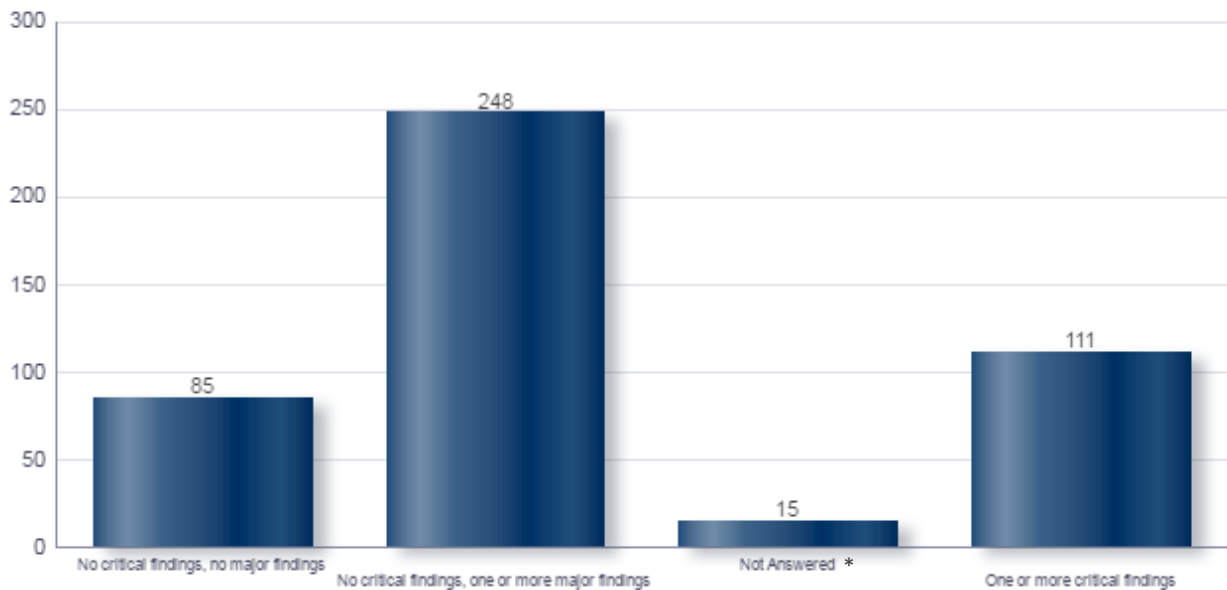


* The information has not been provided in EudraCT

Table 4: Trial specific vs. non-trial specific conducted inspections

Type of inspections	Number of inspections conducted in 2016
Trial specific	223
Non-trial specific	217
Not answered (information not provided in EudraCT)	19
Total	459

Figure 5: Inspection outcome in relation to the number of critical and major findings



* The information has not been provided in EudraCT

4. Harmonisation topics

4.1. Procedures and guidance documents

- The GCP inspectors/CHMP clinical assessor’s subgroup carried out a project to further analyse the details of individual inspection outcomes and their impact on CHMP opinions, and suggestions for improvement in the communication between inspectors and assessors. This project was based on the results of an analysis performed in 2015 on the impact of GCP inspection findings on CHMP opinions and procedural outcomes.
- The GCP inspectors’ subgroup has finalised the revision of the reporting procedure [INS-GCP-4](#).
- IR/IIR template²⁵: the wording of the section on the impact of inspection findings has been aligned with the document on points to consider on GCP inspection findings and the B/R²⁶ balance. Based on the new template the inspectors should provide a conclusion on whether the inspection findings are likely to influence/ may influence/ are less likely to influence the benefit-risk evaluation.

4.2. Inspection cooperation

- Cooperation between the Member States:
 - in 2016 the majority of the inspections requested by the CHMP were joint inspections involving inspectors from at least two Member States. However, 11 inspections were carried out by one Member State only.
- Cooperation with 3rd countries:

²⁵

- [Appendix 1 to INS-GCP-4 procedure for reporting of GCP inspections requested by the CHMP: GCP inspection report](#)
- [Appendix 2 to INS-GCP-4 procedure for reporting of GCP inspections requested by the CHMP: GCP integrated inspection report](#)

²⁶ Benefit/Risk

- observers from countries outside the EU have always been invited to observe the EU GCP inspections performed in those countries in the context of the centralised procedure. In 2016, out of the 49 inspections performed outside the EEA, at least 18 GCP inspections requested by the CHMP were observed by 3rd country regulatory authorities, including Belarus, China, Japan, the Russian Federation, South Africa and the USA.
- during 2016, 5 inspections were performed jointly with the USA.

4.3. GCP training and development

4.3.1. 2016 EU GCP Inspectors Working Group Workshop

In 2016 the EU GCP Inspectors' Working Group workshop took place in London on 17-19 October 2016. Participants included 115 inspectors from the EU/EEA/EFTA and third countries (Argentina, Austria, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Ghana, Greece, Hungary, Ireland, Italy, Japan, Latvia, Lithuania, Malaysia, Malta, Moldova, Montenegro, the Netherlands, Nigeria, Norway, Poland, Portugal, Saudi Arabia, Slovak Republic, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, Uganda, Ukraine, United Kingdom, USA, Zambia and Zimbabwe).

The 2016 workshop had a duration of two and a half days and covered the following topics:

- Inspections of ATMP- inspectors' and assessors' perspectives:
 - Specifics of ATMPs in clinical trials and examples of findings
 - Factors that affect the risk-benefit balance
- Inspections of oncology trials- inspectors' and assessors' perspectives:
 - Factors that affect the risk benefit balance in oncology trials
 - Oncology trials: examples of inspection findings
- Optimising the writing of inspection findings and conclusions of inspection reports:
 - Report writing
 - Assessors' perspective
- Topics of interest discussed at GCP IWG meetings:
 - Presentation of topics & Q&A
- Inspection findings- impact and grading:
 - EU and international perspectives & Q&A

Three break-out sessions were included with discussion points on the different topics covered in the agenda:

- discussions on case studies on inspections of ATMPs and oncology trials
- practise with writing inspection findings - case studies
- case studies/discussion points on grading of findings with practical examples

4.3.2. 2016 EU GCP bioequivalence inspections forum

- A BE Forum took place in London on 19 October 2016 in the afternoon. 27 participants including BE senior inspectors from EU/EEA, from World Health Organization (WHO) and US FDA²⁷ were present. The following topics were covered:
 - Data integrity – data patterns/trends
 - Feedback on inspections related issues
 - FDA BE inspections (bioanalytical part)
 - Open discussion on:
 - Joint inspection in the context of BE inspection
 - GCP compliance

4.3.3. On-line GCP inspectors' basic training course

In 2016, the EMA on-line GCP inspectors' basic training course was announced to inspectors from EU/EEA and third countries. Participants included 99 inspectors from Argentina, Bosnia and Herzegovina, Brazil, Canada, Chinese Taipei, Czech Republic, East African Community, Germany, Ghana, Italy, Japan, Latvia, Macedonia, Malaysia, Malta, Mexico, the Netherlands, Nigeria, Norway, Poland, Portugal, Republic of Rwanda, South Korea, Spain, Uganda, Ukraine, United Kingdom, United Republic of Tanzania, USA and World Health Organization.

Two webinars took place on:

- 17 May 2016 with the participation of 23 EU inspectors.
- 19 May 2016 with the participation of 28 non-EU inspectors.

These webinars were organised and chaired by the Agency and 7 senior EU GCP inspectors coordinated and led the different sessions. A number of general questions were discussed as well as the specific exercises which were sent to the participants in advance of the webinar. Following the webinar the participants were asked to complete a quiz and certificates were issued to those who passed. The course will be repeated at least once in 2017 and is to remain accessible to non-EU inspectors.

4.3.4. GCP IWG meetings

During the GCP IWG meetings held in 2016, the following topics were addressed:

- preparing for the implementation of the new Clinical Trials Regulation by providing expert support to the European Commission on GCP related matters and inspections;
- revising the current, and developing new, EMA GCP inspection procedures and guidelines in relation to the implementation of the new Clinical Trials Regulation;
- update on the revision of the ICH-E6 GCP guideline and discussions/provision of comments on the new addendum;
- discussion on GCP compliance interpretation and ethical issues identified during inspections;
- discussion and development of peer review of product/company inspection related issues (bioequivalence and non-bioequivalence studies);

²⁷ US Food and Drug Administration

- developing and monitoring opportunities for joint inspections;
- discussion and response to queries received from stakeholders;
- discussion on how to optimise the use of inspection resources;
- update on EudraCT development.

5. Topics of interest

- The group agreed and endorsed the outcome of the following meeting with stakeholders:
 - Joint meeting of the GCP IWG and interested parties on EDC²⁸ systems and risk based monitoring in clinical trial which took place on 30 November 2015.
- The group has been working on a new Questions & Answers document covering the following topics:
 - contractual arrangements with e-vendors²⁹ (published on EMA website in January 2017)
 - patients' data integrity.
- The group has contributed to the revision of the GCP inspection procedures and guidance documents, available in [EudraLex Volume 10](#), in order to be aligned with the requirements of the new Clinical Trials Regulation (EU) No 536/2014.

In this context, the following guidance documents have been revised:

- Guidance for the preparation of good clinical practice inspections
- Guidance for the conduct of good clinical practice inspections with Annexes (I-VII, except III and V)
- Guidance for the preparation of good clinical practice inspection reports and communication of inspection findings
- Guidance for coordination of GCP inspections and cooperation between GCP inspectors, the reference and concerned member states and CMD(h), in the context of the evaluation of the GCP compliance of marketing authorisation applications for mutual recognition and decentralised procedures
- A GCP IWG subgroup on guidance on risk proportionate approaches in clinical trials worked on the development of a new document to provide guidance to commercial and non-commercial sponsors and examples of risk adaptations in clinical trials, with a focus on low-intervention clinical trials, as defined in the Clinical Trials Regulation (EU) No. 536/2014. The document on [risk proportionate approaches in clinical trials](#)³⁰ has been published in August 2017.
- A GCP IWG subgroup has been working on the draft [guideline on clinical trial master file](#)³¹. The document was published for consultation during the second quarter of 2017.

²⁸ Electronic Data Capture

²⁹ [Q8. What are the pitfalls to be aware of regarding contractual arrangements with vendors for electronic systems in connection with clinical trials? New January 2017](#)

³⁰ [Risk proportionate approaches in clinical trials](#)

³¹ [Draft guideline on GCP compliance in relation to trial master file \(paper and/or electronic\) for content, management, archiving, audit and inspection of clinical trials](#)

- A GCP IWG subgroup has been working on two documents on serious breaches. [The draft guideline for the notification of serious breaches of Regulation \(EU\) No 536/2014 or the clinical trial protocol](#)³² has been published for public consultation in May 2017.

6. Collaboration with European Commission

6.1. Clinical trial legislation and related guidance documents

- The group was regularly updated at its meetings, by the European Commission, on the progress of the following documents:
 - The development of the Commission Implementing Regulation on the detailed arrangements for the good clinical practice inspection procedures pursuant to Article 78(7) of Regulation (EU) No 536/2014 of the European Parliament and of the Council on clinical trials inspection procedures including the qualifications and training requirements for inspectors
 - Commission Delegated Act on principles and guidelines on good manufacturing practice for investigational medicinal products and on inspection procedures, pursuant to the first subparagraph of Article 63(1) of Regulation (EU) No 536/2014
 - Detailed Commission guidelines on good manufacturing practice for investigational medicinal products, pursuant to the second subparagraph of Article 63(1) of Regulation (EU) No 536/2014
 - Good Manufacturing Practice for Advanced Therapy Medicinal Products pursuant to Article 5 of Regulation (EC) No 1394/2007

6.2. EudraCT database

The new features of EudraCT version 10.3.0.0 were released during 2016.

The importance to update EudraCT with data on EMA and national GCP inspections in a timely manner was emphasised at a number of meetings.

6.3. EU portal and database

During the GCP IWG meetings the inspectors were regularly updated on the status of the development of the new EU portal and database. A GCP IWG subgroup has been involved in the preparation of the functional aspects of the EU portal and database, in particular in relation to gathering the business requirements for the inspection module and working on the process to handle serious breaches to be reported by clinical trial sponsors. The inspectors are expected to be involved in a later stage in the testing of the EU Inspection Module.

6.4. EU enlargement

Bosnia and Herzegovina, Kosovo under UNSC Resolution 1244/99, The Former Yugoslav Republic of Macedonia, Montenegro and Serbia were invited to attend the GCP IWG meetings held in 2016 as observers.

³² [The draft guideline for the notification of serious breaches of Regulation \(EU\) No 536/2014 or the clinical trial protocol](#)

6.5. Regulation on advanced therapies

- The GCP IWG continues with the monitoring of the implementation of GCP guidelines on ATIMPs³³ in clinical trials of advanced therapies.
- The subgroup of GCP inspectors/assessors continues working on the revision of the “Detailed guidelines on good clinical practice specific to advanced therapy medicinal products”.

7. Liaison with other EU groups

7.1. GMP/GDP IWG

The GCP IWG maintains a dialogue with the GMP/GDP Inspectors Working Group on areas of common interest. During 2016 a subgroup of GMP and GCP inspectors continued to discuss GMP related issues in the new Clinical Trials Regulation.

7.2. PhV IWG

The GCP IWG maintains a dialogue with the Pharmacovigilance Inspectors Working Group on areas of common interest and in particular concerning pharmacovigilance issues observed in relation to GCP inspections.

7.3. CTFG

Collaboration on areas of mutual concern in the area of supervision of clinical trials conducted in the European Union.

7.4. CHMP

The GCP IWG maintains a dialogue with the CHMP on areas of common interest and in particular on matters related to good clinical practice and GCP inspections.

7.5. CMDh

The GCP IWG and the CMDh, mainly through the GCP/CMDh working party, have contributed to:

- The preparation of the 2016 risk based programme of routine GCP inspections of the CROs most often used in the conduct of bioequivalence trials included in a marketing-authorisation application in the mutual recognition and decentralised procedures.
- The discussion of processes for:
 - CRO inspections coordination;
 - exchange of information on BE trials/CRO inspections;
 - communication of inspection findings;
 - improving the exchange of information between inspectors and assessors;
 - selection of trial/sites for inspection.

³³ Advance Therapies Investigational Medicinal Products

7.6. Heads of Medicines Agencies

See section 7.3

7.7. Joint meetings with interested parties

Preparation of the next joint meeting on e-source data/ electronic data capture systems tools in clinical trials between the GCP IWG and interested parties is planned to take place in June 2017.

7.8. Paediatric Committee (PDCO)

Communication on inspection issues with the PDCO continued in 2016 with the exchange of information on inspections of clinical trials with a paediatric population.

8. Liaison with international partners

8.1. Regulatory agencies from outside the EEA

- The EMA and the FDA have a collaboration initiative since 2009 in the area of GCP³⁴. This collaboration was extended to bioequivalence, together with some of the EU member states³⁵.
 - During 2016 there were 6 regular teleconferences of the EMA-FDA collaboration, 3 teleconferences as part of the EMA-FDA-BE collaboration and 22 teleconferences product/company specific.
 - As part of the initiative 13 inspections have been observed, 5 have been performed jointly.
 - One European inspector attended the BIMO³⁶ training organised by the FDA and four FDA inspectors attended the Workshop organised by the GCP IWG. Two FDA colleagues also attended the BE Forum.
 - During 2016, 192 documents were exchanged, including 56 Inspection Reports.
 - Three FDA CDER representatives took part in the September 2016 GCP IWG meeting. They also contributed to the discussions on GCP and inspection issues during the meeting. In the margins of the IWG meeting, a separate meeting took place between the FDA representatives and EMA to explore further how to progress the collaboration between the two Agencies, including areas for improvement.
- PMDA³⁷ (Japan):
 - Three PMDA representatives attended the training organised by the GCP IWG.
 - PMDA requested officially to join the FDA-EMA initiative. A face to face meeting took place on the margins of the GCP IWG Workshop to discuss, together with the FDA, the process of PMDA of joining the FDA-EMA Initiative.

³⁴ [Announcement of the EMA-FDA GCP Initiative](#)

³⁵ [Terms of Engagement](#)

³⁶ Bioresearch Monitoring Program

³⁷ Pharmaceuticals and Medical Devices Agency

8.2. International initiatives

- The GCP IWG was informed on a regular basis about the progress of the drafting of the Addendum to ICH E6 and provided its comments both as part of the internal ICH members' consultation as well as part of the public consultation.
- PIC/S³⁸ GCP and GPV working group was formed in July 2014 and reports into the PIC/S Sub-Committee on Expert Circles. The primary purpose of the group is to facilitate technical cooperation and harmonisation of practices (including the development of guidance and training material), capacity building and information sharing in the area of GCP and GVP³⁹ inspections. The group's membership includes representatives from Argentina, Australia, Belgium, Canada, Chinese Taipei, Denmark, France, Hungary, Israel, Italy, Switzerland, Slovenia and the UK.

The group also coordinates the PIC/S GCP and GPV joint visit programme, where three visits are carried out by groups of three inspectors from different PIC/S participating authorities over a period of 24 months. The purpose of the visits is to:

- provide further training for inspectors through the exchange of experience between them;
- provide the means of harmonising inspection procedures and developing inspection guidance;
- ensure and maintain mutual confidence between inspectors of PIC/S participating authorities.

Since its formation, 14 joint visit groups have been set up; 7 for GCP, 6 for Human GPV and 1 for Veterinary GPV. Out of these 14 groups, 7 have completed their cycle of visits and closed, 7 are still open. The JVP groups include participants from 15 EU and 5 non-EU countries.

During the course of 2016, the group held 2 meetings, including 1 face to face meeting in November 2016. During these meetings the group reviewed the conclusions and recommendations from the joint visit reports to identify future project work.

- Capacity building in China and India. Some EU inspectors along with the Agency have provided mentorship through participation in training courses organised in countries outside EU/EEA (four events in 2016).

For details of the activities of the GCP IWG for next year see the [work plan](#) for 2017.

³⁸ Pharmaceutical Inspection Cooperation Scheme

³⁹ Good Vigilance Practice