Medicines & Healthcare products Regulatory Agency

MHRA
Regulating Medicines and Medical Devices

Implementation of the CTR in the UK

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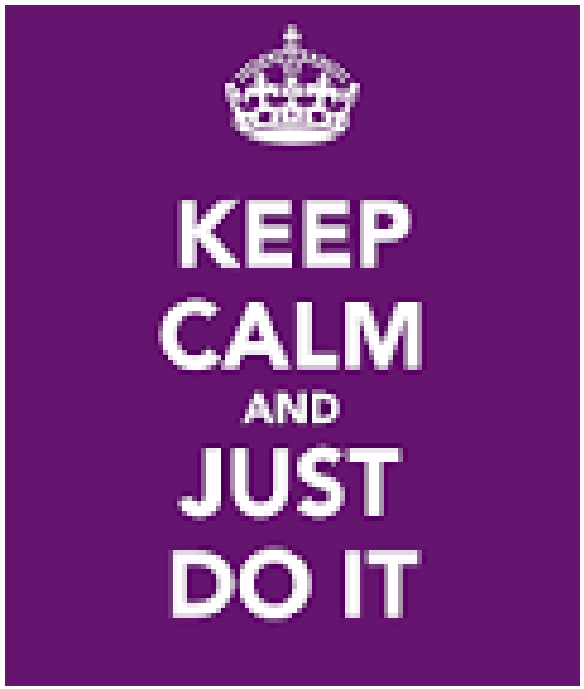
It’s a Regulation



Member State considerations

- New legislation development
  - EU
  - UK
- IT systems & process development
  - EU
  - UK

Implementation: EU groups

- **Commission Ad hoc group**

  Support the Commission in the preparation of the delegated & implementing acts and in the revision of guidelines/documents.
- **EMA Portal groups**

  Development of IT systems to support the implementation of the CT Regulation (ex: workflow, data analysis….)
- **CTFG**

  Enlargement and improvement of the VHP

  Assist the Commission & EMA in the practical implementation of the new Regulation

  To create common approach on safety assessment and reporting
- **EU CTR Coordination Group**

  Commission / EMA Portal Group / CTFG

  Ensure objectives defined and monitored; avoid duplication of work
- **Clinical Trials Coordination & Advisory Group (CTAG)**

  Not yet established

Secondary EU legislation & guidance

- Delegated act (GMP),
- Implementing acts (modalities for inspection, collaboration on assessment of safety data)
- Guidelines/FAQs (GMP, sharing data on a voluntary basis, risk based approaches, etc.)
  - UK leading on IMP/Auxilary Medicinal Product Guidance
  - UK/Germany lead on Risk Proportionality Guidance

New legislation development

Current legislation: CT Directive 2001/20 and implementing National legislation SI 2004.1031 will be repealed

CTR text refers to:

- Member States shall…
- Member States may…

UK legislation development

- Establish Ethics Committees
  - Articles 2(11), 4
- Appeal mechanism for decisions on clinical trial applications
  - Articles 8(4), 14(10), 19(2), 20(7) and 23(4)
- Legally designated representative for incapacitated persons and minors
  - Articles 2(20), 31, 32 and 35
- Incapacitated subject
  - Article 2(19), Article 31

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UK legislation development

- Minors
  - Article 2(18), 32
- Interview prior to informed consent
  - recital 30, Article 29(2)c
- Investigator
  - Article 49
- Auxiliary medicinal products
  - Article 59(3)
- Authorisation of manufacturing and import (+ inspection)
  - Article 61

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UK legislation development

- Fees
  - Article 86 and 87
- IMPs free of charge
  - Article 92
- Inspections
  - Articles 61(6), 63(4), 78
- Sanctions, penalties
  - Article 94

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UK legislation development

Current status:

- Instructions to lawyers in draft

Next steps

- Legal text drafting
- Consultation Q1 2016
- Re-drafting
- Internal approvals
- Parliamentary approvals
- Publication Q4 2016

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EU Portal & Database

- System being developed by EMA
- Input from Member States and stakeholders (F2F and TC)
- Number of subgroups:
  - Sponsor driven activities
  - Member State driven activities
  - Inspections
  - User access
  - Public view

- **Key issue:** additional workload and resources

UK IT Development

- Development of national IT solutions
  - New MHRA Database
  - Facilitate MHRA/HRA collaboration
  - Facilitate ethics input into assessment and decision processes
  - Interface with EMA portal

- Current Status
  - Awaiting finalisation of EU preparations (interface etc)
  - Initial discussions underway

Implementation – UK starting point

- MHRA has dedicated CTU staff, dbase and work-management system
- Nationally coordinated Ethics Service (common SOPs and processes, centralised training, central booking)
- Fully electronic working MHRA & Ethics databases
- Integrated Research Application System (MHRA & RECs)
- Memorandum of Understanding (MHRA & RECs)
- REC numbers 220 → 60 over last 15 years

Challenges

- Communications complexity
- Ethics workload only 20% CTIMP (but need common processes)
- Stakeholder communication and training
- Timeframes
- Harmonisation of working practices across EU
- Resource

Opportunities

- Simpler, consistent and more streamlined process for sponsors
- Adoption of common processes and approaches by NCAs and Ethics committees
- More harmonised decision making across EU
- Potential for ‘light touch’ assessment for multi-state trials – better use of resources
- Fee earning potential for reporting MS role
- Increased numbers of trials attracted to EU

How will the Regulation affect early phase studies?

- The scope of the legislation has not changed. It still applies only to interventional studies of medicinal products.

- Mainly same considerations as for other phases (introduces concept of ‘low-intervention’ trial)

- Early phase investigator shouldn’t see much change to conduct of a trial. It is the application and reporting processes that have been streamlined.

How will the Regulation affect early phase studies?

- Aim is for UK to remain a preferred location in EU/global for early phase trials

- What commercial sponsors need is certainty
  - authorisation timelines
  - decision making
  - costs

- Early Phase trials tend to be mono-national
  - greater national control over process

How will the Regulation affect early phase studies?

Timelines:

- Directive: 30 days for initial assessment, ~14 days to respond to a GNA and final determination by day 60.

In the UK we have a voluntary target of 14 days average for initial assessment for phase 1 studies.

- Regulation: 45 days for initial assessment, max 31 days added if further information is required. Final decision on trial (part 1 and 2) through portal within 5 days→ total 81 days (add 50 more if ATMP)

UK will maintain a competitive timeline for early phase studies for a mono-national trial. (Need to consider input from Ethics)

In Summary

- A lot of work to do, both at EU and national level
- Limited resource availability

- Potential is great if we get it right!

Thank You

Any Questions?