REPORT AND RESPONSES

Audit Findings – what next?

Audit Findings – practical issues!

Audit response

- **Timelines**
  - **External: Defined externally**
  - **Internal: SOP- Internal Audit process**
- **Response Format**
  - **Report template**

Purpose of the Audit Response

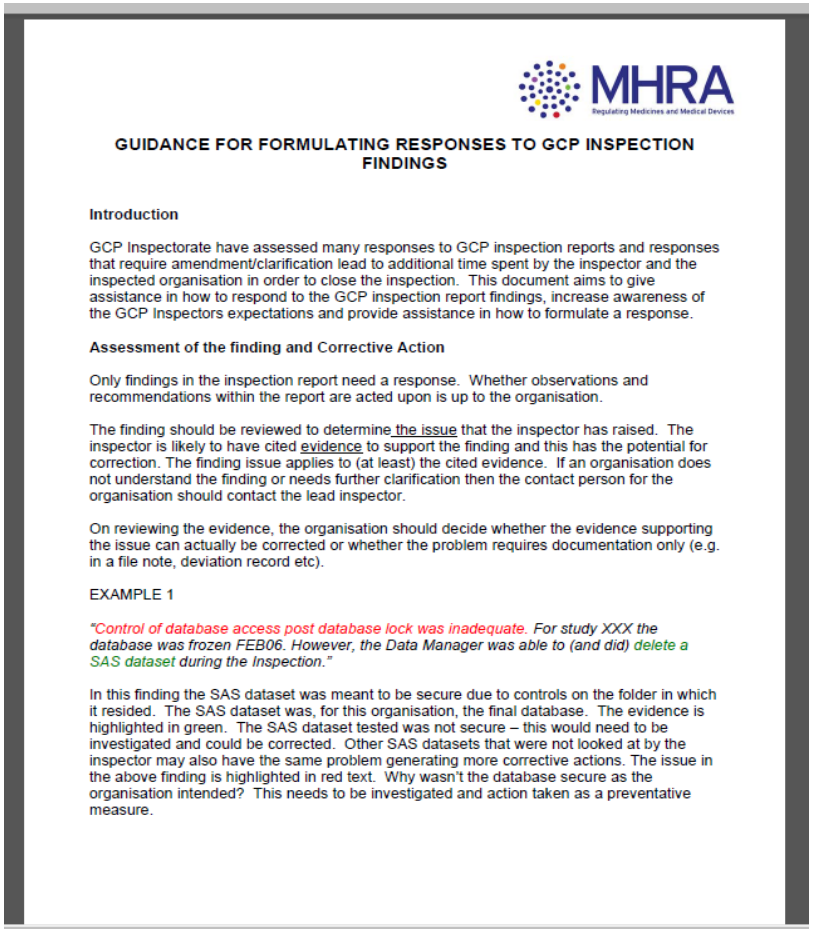
Viewed differently within organisations

- **Onerous task to stay compliant?**
- **Keep the Auditors/Inspectors satisfied?**
- **A required outcome necessary to close the audit?**

Or

Driving Quality Improvement

How to Address the Findings/Response



MHRA
Regulating Medicines and Medical Devices

GUIDANCE FOR FORMULATING RESPONSES TO GCP INSPECTION FINDINGS

Introduction

GCP Inspectorate have assessed many responses to GCP inspection reports and responses that require amendment/clarification lead to additional time spent by the inspector and the inspected organisation in order to close the inspection. This document aims to give assistance in how to respond to the GCP inspection report findings, increase awareness of the GCP Inspectors expectations and provide assistance in how to formulate a response.

Assessment of the finding and Corrective Action

Only findings in the inspection report need a response. Whether observations and recommendations within the report are acted upon is up to the organisation.

The finding should be reviewed to determine the issue that the inspector has raised. The inspector is likely to have cited evidence to support the finding and this has the potential for correction. The finding issue applies to (at least) the cited evidence. If an organisation does not understand the finding or needs further clarification then the contact person for the organisation should contact the lead inspector.

On reviewing the evidence, the organisation should decide whether the evidence supporting the issue can actually be corrected or whether the problem requires documentation only (e.g. in a file note, deviation record etc).

EXAMPLE 1

"Control of database access post database lock was inadequate. For study XXX the database was frozen FEB06. However, the Data Manager was able to (and did) delete a SAS dataset during the Inspection."

In this finding the SAS dataset was meant to be secure due to controls on the folder in which it resided. The SAS dataset was, for this organisation, the final database. The evidence is highlighted in green. The SAS dataset tested was not secure – this would need to be investigated and could be corrected. Other SAS datasets that were not looked at by the inspector may also have the same problem generating more corrective actions. The issue in the above finding is highlighted in red text. Why wasn't the database secure as the organisation intended? This needs to be investigated and action taken as a preventative measure.

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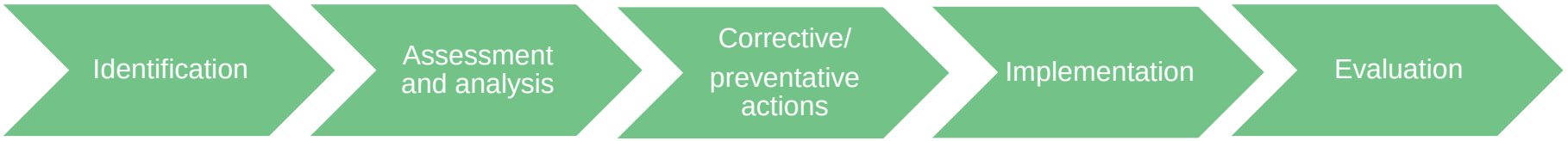
ECMC

Audit Response: Corrective and Preventative Actions (CAPAs)

- **Correction:** ***An action taken to eliminate the non-conformity***
- **Corrective Action:** ***An action taken to eliminate the cause of the non-conformity***
- **Preventative Action:** ***An action taken to eliminate the potential causes of a non-conformity and prevent the occurrence of the problem***

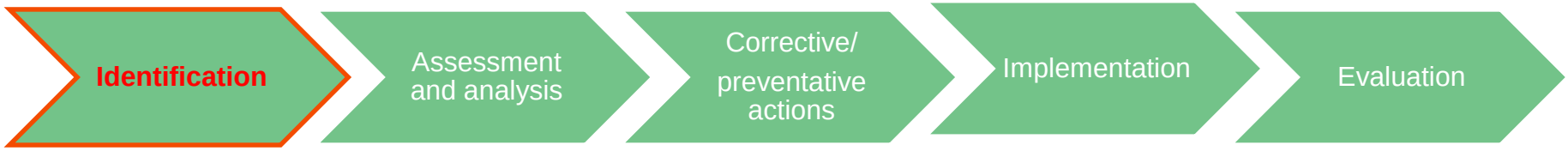
CAPA: The process

- **A CAPA should be regarded as a non-conformance management process**
- **It focuses on investigating, understanding, and correcting non-conformances while attempting to prevent their recurrence**



REPORT AND RESPONSES

Identification of the finding(s)



Discovery

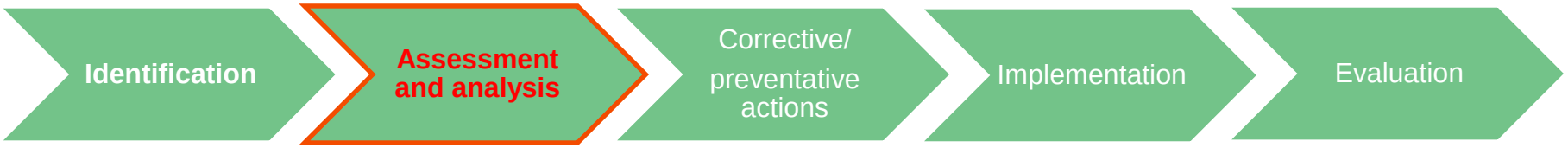
- **Internal Audits**
- **External Audits**
- **Regulatory Inspections**

Documentation

- **Accurate, complete description of the event**

REPORT AND RESPONSES

Assessment of the finding(s)



- **Review the finding to understand the issue raised**

- **Seek further clarification if required – promote an open environment**

Investigation and Analysis of the Finding

Analysis of the findings

- **Understanding of how or why the deviation occurred**
- **Understanding the circumstances at the time of the deviation**
- **Determination of other studies, processes or individuals involved**
  - **-Is the finding isolated or is it systematic**
  - **-Could other trials be affected?**
- **Root cause: distinguish between observed finding and fundamental cause**

REPORT AND RESPONSES

Preventing recurrence of the finding(s)

Corrective actions

- *Can the issue be corrected? Not always possible!*
- Does the issue require immediate correction?

  Examples

  -Products or samples quarantined

  -Equipment removed from service

  -Test results withheld

Preventative Actions

- Scope
- Provide details e.g. planned amendments to SOPs, details of training
- Prevent recurrence
- Improve processes/ procedures
- Maintain quality and compliance

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REPORT AND RESPONSES

Corrective and Preventative actions contd.

SMART responses

- **Specific**
- **Measurable**
- **Achievable**
- **Realistic**
- **Time Driven**

Response Report Template

Details of finding/non-conformance:

The IMP recall procedure had not been tested

Response	Corrective Actions	Due Date	Preventative Actions	Due Date	Action completion check (QM to sign and date)
The XXX Trust acknowledges that the IMP recall procedure has not been tested. The IMP recall procedure is described in SOPXXX "Complaints and product recall", however, on review this currently has no requirement for testing	*A mock recall will be carried out following Part 1 and 2 of preventative action, according to the revised SOPXXX.*	*DD/MM/YY*	*SOPXXX will be updated by the SOP review team to contain a requirement for regular testing of the IMP recall* *Training of relevant personnel in SOPXXX (and documentation of this) will be provided by "Job title"* *Compliance with the regular testing requirements of SOP XXX will be determined by audit by the internal QA group.*	Completed by *DD/MM/YY* *Completed by DD/MM/YY* *The first audit is planned for DD/MM/YY*	

Review of Audit response

External audits/Inspections

- **Reviewed by Auditor/Inspector**
- **Feedback normally provided if unacceptable**

Internal Audits

- **Auditor /Quality Manager may play a key role**
- **Driven by management**
- **Team effort**

REPORT AND RESPONSES

Audit response completed– what next?

Implementation

- **Who is responsible for tracking of CAPA implementation?**
- **Built into the CAPA template or separate tracking sheet**
- **Verification of implementation and completion of all actions – documented evidence: Definition of audit close out**
- **NB: CAPA implementation checked at next Inspection by MHRA**

REPORT AND RESPONSES

Have changes been effective?

Evaluation

Was the corrective action effective?

- **How are you going to evaluate?**
  - **Post-corrective action audit**
  - **Monitoring activities?**
- **Timeframe for evaluation**
- **Documentation of results – dissemination of outcome**
- **Failed outcome – RE-EVALUATE**

REPORT AND RESPONSES

To summarize…

- Define the problem
- Investigate the issue
- Identify the cause
- Identify effective solutions that prevent recurrence
- Implement the recommendations
- Observe the recommended solutions to ensure effectiveness

What are the benefits of using a CAPA approach

- **CAPA is one of the most critical components of a comprehensive Quality Management system.**
- **It drives Quality Improvement; without CAPA an audit becomes a fault finding exercise only**