Medicines & Healthcare products Regulatory Agency

MHRA

Pharmacovigilance Inspection Metrics Report April 2020 – March 2021

1. Introduction

During the period 01 April 2020 to 31 March 2021 (2020/21), the MHRA's Good Pharmacovigilance Practice (GPvP) inspectorate conducted 37 inspections of 36 marketing authorisation holders (MAHs). The purpose of these inspections was to examine compliance with existing EU and national pharmacovigilance regulations and guidelines.

The GPvP inspection model has been evolving since 2019. MAHs are selected for inspection using a revised risk-based methodology that aims to increase inspection coverage for the highest risk products and pharmacovigilance systems. This risk-based methodology is aligned with the principles outlined in Good Vigilance Practice (GVP) Module III and takes into account the critical pharmacovigilance processes outlined in GVP Module I. The methodology facilitates the selection of appropriate pharmacovigilance systems, products and non-interventional studies to inspect, and these routine inspections are included in an annual schedule, alongside inspections triggered due to previous critical findings or intelligence received by the inspectorate ('for cause' inspections). Section 3 of this report introduces the new GPvP inspection model, which consists of four discrete arms which focus on different pharmacovigilance activities and includes a breakdown of inspection outcomes for 2020/21 which will illustrate the evolution of the inspection programme.

The UK's national inspection programme for this reporting year was adapted to take into account the impact of the COVID-19 pandemic. Appropriate measures were taken to ensure inspections could continue remotely during the pandemic, ensuring the safety of all staff involved, and also to recognise the impact on businesses adapting to the sudden pressures and changes brought on from a COVID-19 environment. An overview of the GPvP inspectorate response to the COVID-19 pandemic has been included in Section 4 of this report.

In addition, the UK exited the EU on 31 January 2020 and, up until 31 December 2020, inspections continued to be conducted in accordance with EU regulations and guidance as the transition period was in effect and Union law continued to apply. Since the end of the transition period, inspections have been conducted in accordance with the Human Medicines Regulations 2012 (as amended) and GVP Module III, as modified by the 'Exceptions and modifications to the EU guidance on good pharmacovigilance practices that apply to UK MAHs and the licensing authority'[1] (published 21 December 2020).

This report contains data relating to all 37 inspections conducted during 2020/21. Information on the types of inspection, inspection findings over time and the data from each inspection arm have been examined.

Findings identified during inspections were graded as critical, major or minor; the definitions for which are included in Appendix I.

A list of abbreviations used throughout this report is provided in Appendix III.

[1] Exceptions and modifications to the EU guidance on good pharmacovigilance practices that apply to UK marketing authorisation holders and the licensing authority

2. Overview of inspections conducted

Of the 37 inspections conducted in 2020/21, five inspections were triggered to assess the resolution of critical findings from previous inspections, 16 were triggered due to intelligence received, and 16 were scheduled and conducted in line with the routine national inspection schedule based on an updated risk-based methodology. As part of those routine inspections, five were of MAHs that had never before been inspected by the MHRA (initial inspections), whilst the remaining 11 inspections were routine re-inspections of MAHs. All inspections for this reporting period were conducted remotely due to the impact of the COVID-19 pandemic.

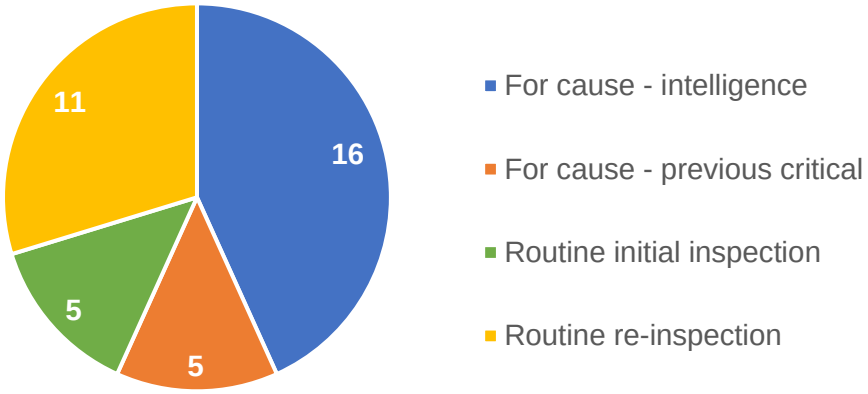

Figure 1 - Number of inspections conducted by type

23 inspections were of innovative pharmaceutical companies and there were 13 inspections of generics organisations. There was one inspection of a company that focused on both generic and innovative products.

A total of five critical, 59 major and 76 minor findings were identified during this reporting period. A reported finding can often comprise multiple separate non-compliances, grouped according to a high-level legislative requirement or according to cumulative pharmacovigilance impact (under which many breaches of legislation could have been identified). There were four inspections where no findings were reported; these inspections had a targeted scope, focusing on one specific technical area. Figure 2 provides a breakdown of the types of inspection and the number and distribution of findings reported by grading.

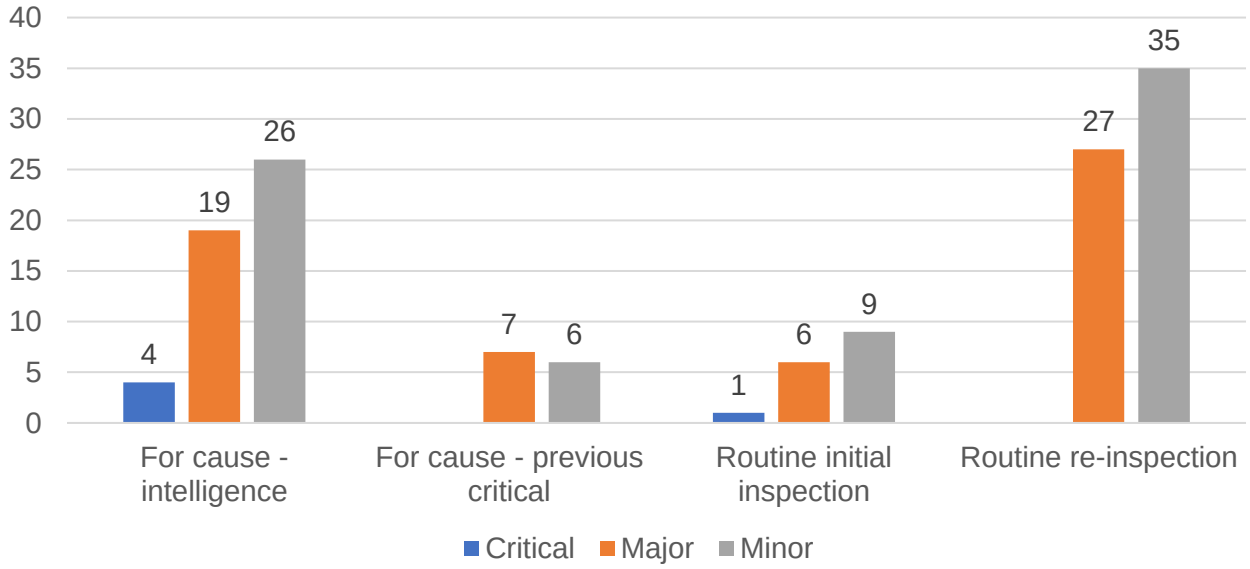

Figure 2 - Number of inspection findings by inspection type

When compared to the previous reporting periods, the average number of findings per inspection (irrespective of grading) over time has decreased. For 2019/20, this was at an average of just under six findings per inspection but for 2020/21 this was approximately four, as demonstrated in Figure 3 below.

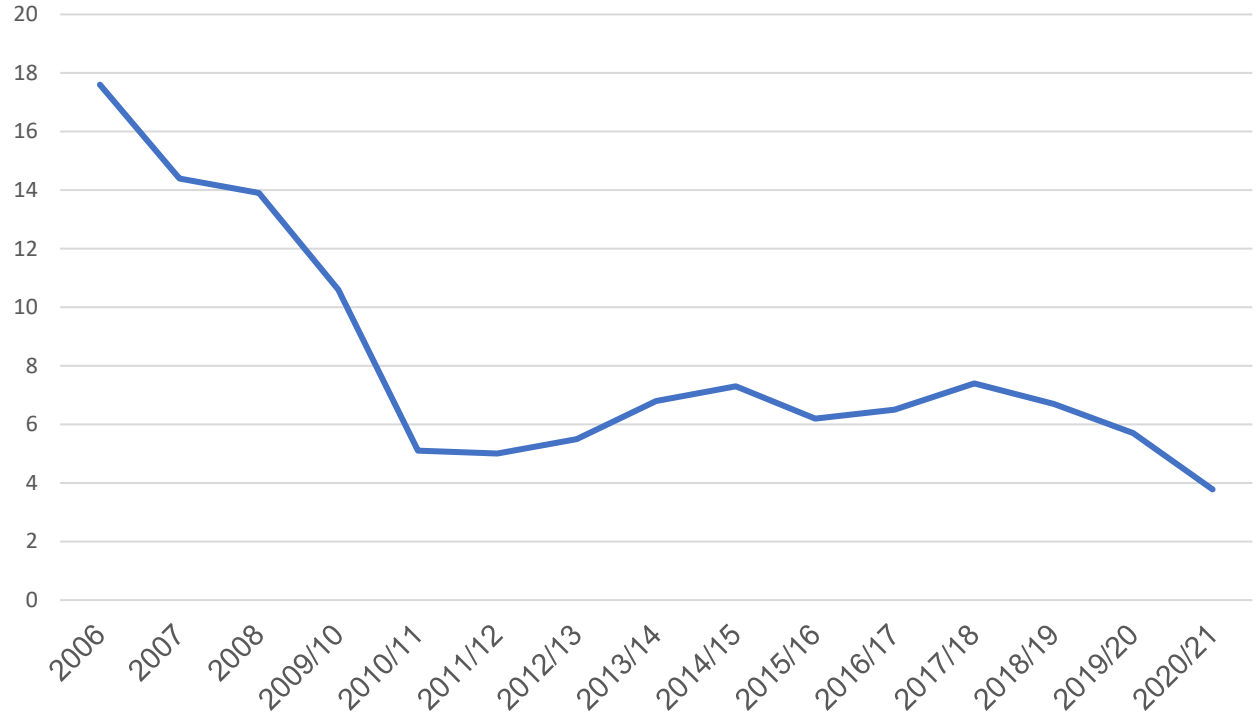

Figure 3 - Average number of findings reported per inspection over time

A review of the findings reported each year by grading was completed and is presented in Figure 4.

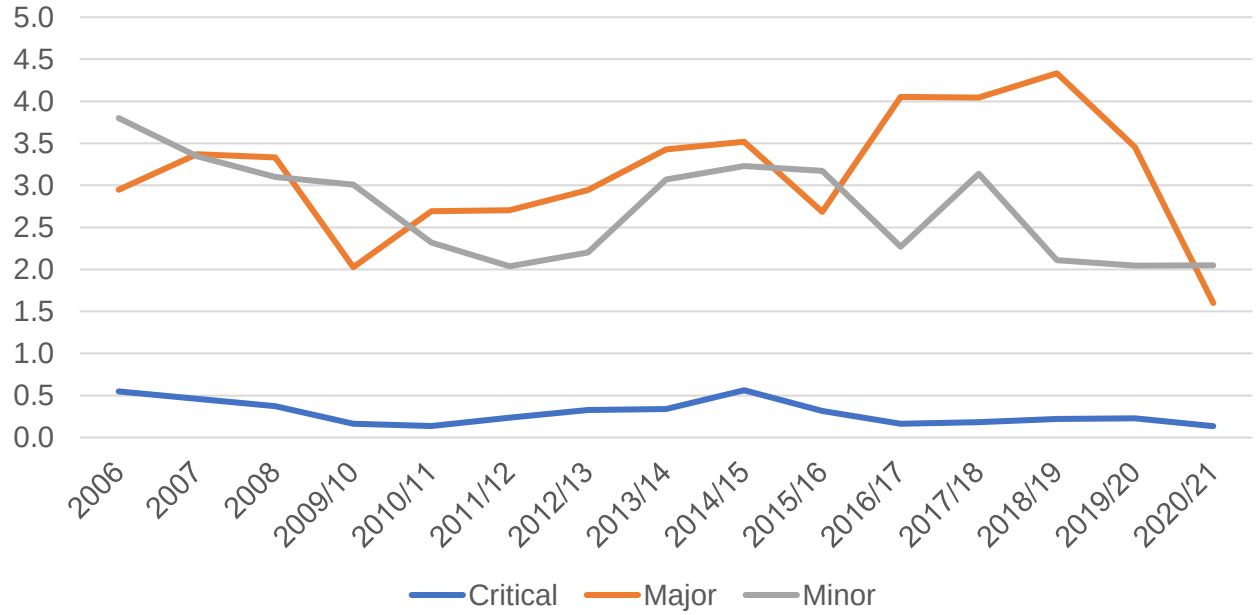

Figure 4 - Average number of findings by grading reported per inspection over time

Over the years, the average number of critical findings has remained stable, but the average number of major findings reported per inspection has fluctuated, peaking at just over four in 2018/19 and dropping to 1.6 for the current reporting period. The decrease in the number of major findings reported per inspection in 2020/21 could be attributed to the fact that the inspections conducted

during this period had more targeted objectives and a reduced scope, which was as a result of the following:

- A change in the GPvP inspection model, as described in Section 3, which facilitates a more targeted approach to inspection activity focused on different aspects of the pharmacovigilance system.
- The COVID-19 pandemic, which resulted in the prioritisation of specific for cause inspections, as well as high-risk routine inspections conducted in line with the priorities of the MHRA's Vigilance and Risk Management of Medicines division and the regulatory flexibilities that were introduced in April 2020.

The average number of minor findings reported per inspection has also historically fluctuated but between this reporting period and the last, the average number has remained consistent at around two.

Breaking down the inspection findings by topic area, as shown in Figure 5, the highest proportion of findings regardless of grading were in relation to the quality management system, comprising 28%, or 39 of 140 findings. This was followed by risk management with 22% (31 out of 140) of all findings reported, and ongoing safety evaluation with 21% (29 out of 140). These three topics also had the highest proportion of findings in 2019/20.

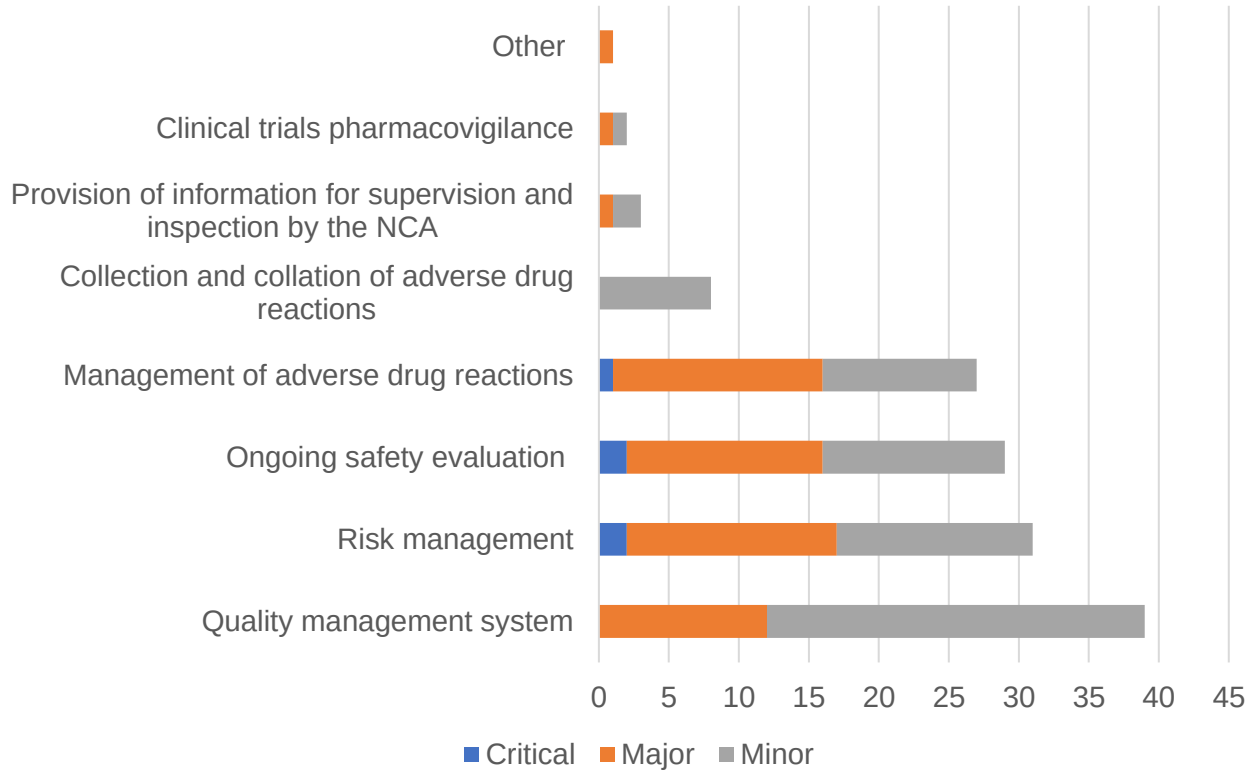

Figure 5 - Findings by topic area for 2020/21

In total between 01 April 2012 and 31 March 2021, 99 critical findings were reported. For the current reporting period, five critical findings were identified from five inspections. This is consistent with the previous four reporting periods, despite a higher overall number of inspections conducted during this reporting period compared to previous reporting periods. The number and distribution of critical inspection findings across different inspection topics since April 2012 is shown in Figure 6. For the purposes of this report, findings have been grouped by overarching topics across the pharmacovigilance system. The nature of findings covered by each topic is provided in Appendix II.

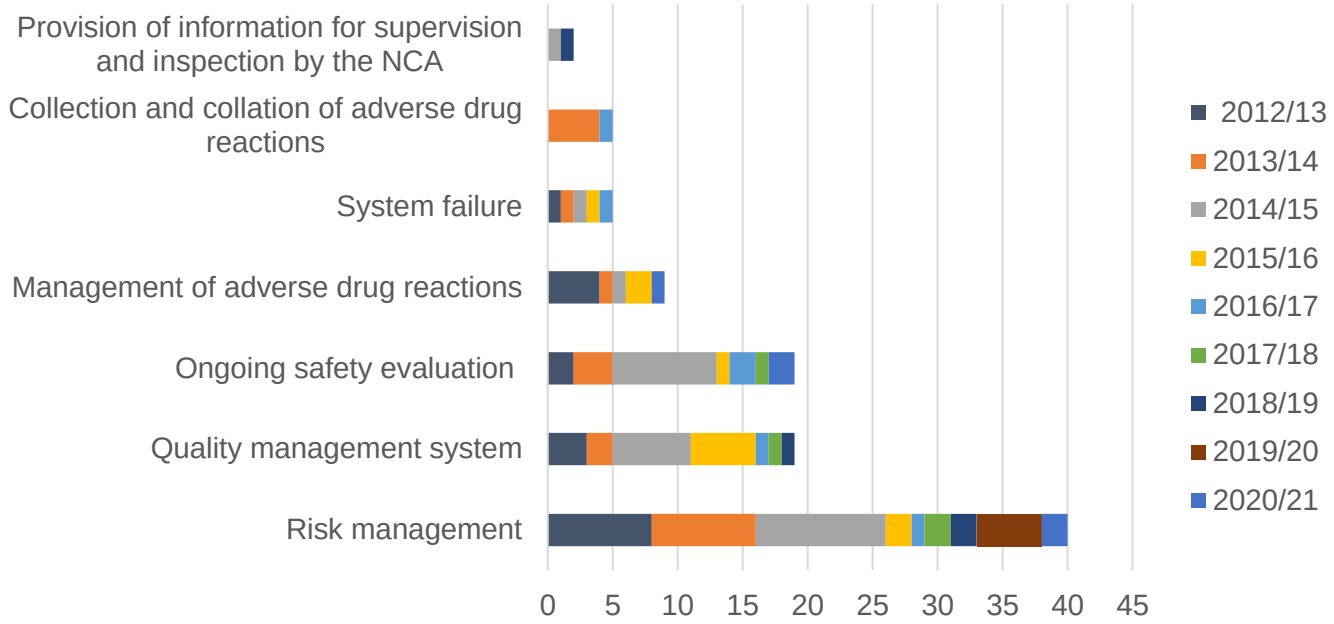

Figure 6 - Number and distribution of critical findings across topics

Risk management remains the topic for which the largest number of critical findings has been reported overall. The two critical findings associated with this topic reported during 2020/21 related to the maintenance of reference safety information and additional risk minimisation measures (aRMMs). This is consistent with the last three reporting periods where critical findings were also raised against these risk management subtopics. Ongoing safety evaluation is another topic where critical findings have frequently been reported in the past, and two of the critical findings reported during 2020/21 were in this area. For this reporting period, a critical finding was also reported against management of adverse drug reactions (ADRs) - the first time a critical was reported in this area since 2015/16.

3. Introduction of revised inspection model and review of findings

The inspection programme has evolved since 2019, with focused inspection scopes under discrete inspection arms; this evolution is seen within the inspection metrics for 2020/21. Below is an introduction to this updated model where routine risk-based inspections are scheduled under one of four inspection arms after applying tailored risk-assessment methodologies. Each inspection arm has a specific objective and includes specific technical topics within its scope.

Routine pharmacovigilance activities

Objective: To assess whether the MAH has the ability to identify, characterise and report new or changed risks for their medicinal products.

- Collection and collation of safety data
- Management of ICSRs (post-authorisation spontaneous and solicited sources)
- Periodic safety update reports
- Signal management and reporting of important identified risks
- Compliance management by the MAH (e.g. QPPV supervision, performance monitoring, audit)

Routine risk management and safety communication

Objective: To assess whether important safety updates have been communicated to patients and healthcare professionals in the UK, either through the authorised product information, direct healthcare professional communication (DHPC) or educational materials.

- Maintenance of reference safety information
- Implementation of approved changes to product information
- Safety communication, including DHPCs and educational materials

Additional risk minimisation measures (aRMMs)

Objective: To assess whether aRMMs are being implemented in accordance with the agreed risk management plan (RMP).

- Tailored to individual risk management systems
- aRMMs can include controlled access programmes, controlled distribution systems and pregnancy prevention programmes, as examples.

Non-interventional post authorisation safety studies (NI-PASS)

Objective: To assess whether NI-PASS are being conducted in accordance with the approved study protocol and that safety data is collected and reported appropriately.

- Study-specific inspections with visits to UK investigator sites as necessary

The prioritisation of inspections in 2020/21 was heavily influenced by the COVID-19 pandemic. For cause inspections were prioritised, as were routine inspections that were focused on areas considered to be of highest risk to patients and public health.

Going forward, a separate risk assessment will be undertaken for each inspection arm so that appropriate prioritisation of pharmacovigilance systems, products and non-interventional studies can be given. In order to develop the annual inspection schedule, these assessments will be e reviewed

together with other intelligence available to the GPvP inspectorate, and inspections for pharmacovigilance systems, products or studies considered to be the highest risk will be prioritised under each inspection arm. Where appropriate, individual inspections can include more than one of the objectives above in order to make the best use of resources.

As shown in Figure 7, in 2020/21, regardless of inspection type, there were 25 inspections focused on routine pharmacovigilance activities, six for routine risk minimisation, five for additional risk minimisation and one for NI-PASS. This is due to the prioritisation of inspections of routine pharmacovigilance activities as described in Section 4.

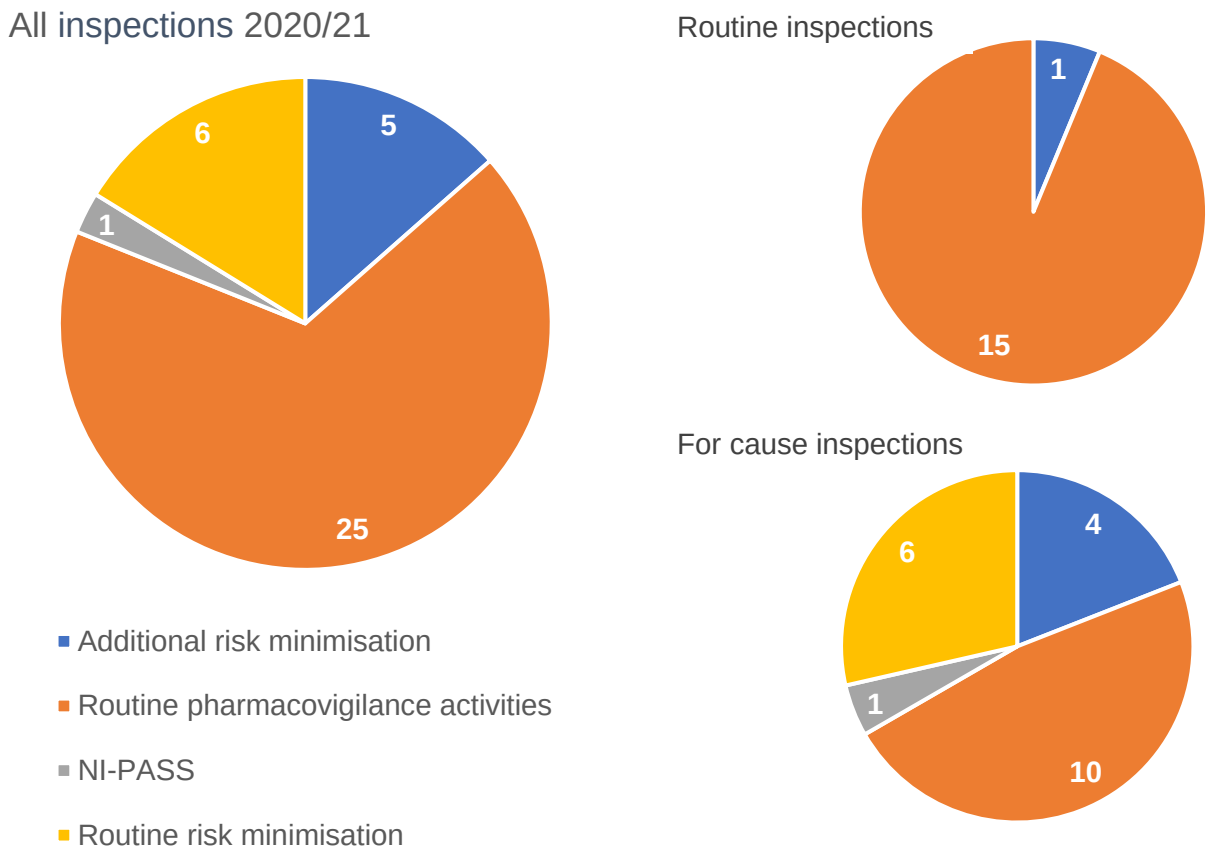

Figure 7 – Breakdown of inspections completed in 2020/21 by type and by inspection arm

There were 16 routine inspections conducted in 2020/21, 15 from the routine pharmacovigilance activities arm, and one from the aRMM arm. There were no routine inspections of routine risk minimisation and NI-PASS for this reporting period. 21 for cause or 'triggered' inspections were conducted in 2020/21 due to a previous critical finding or intelligence obtained by the GPvP Inspectorate.

For the 16 routine inspections conducted, findings were only reported in the inspections conducted under the routine pharmacovigilance activities arm; one critical finding, 33 major findings and 44 minor findings were reported.

For the 21 triggered inspections, findings were identified across all inspection arms as displayed in Figure 8.

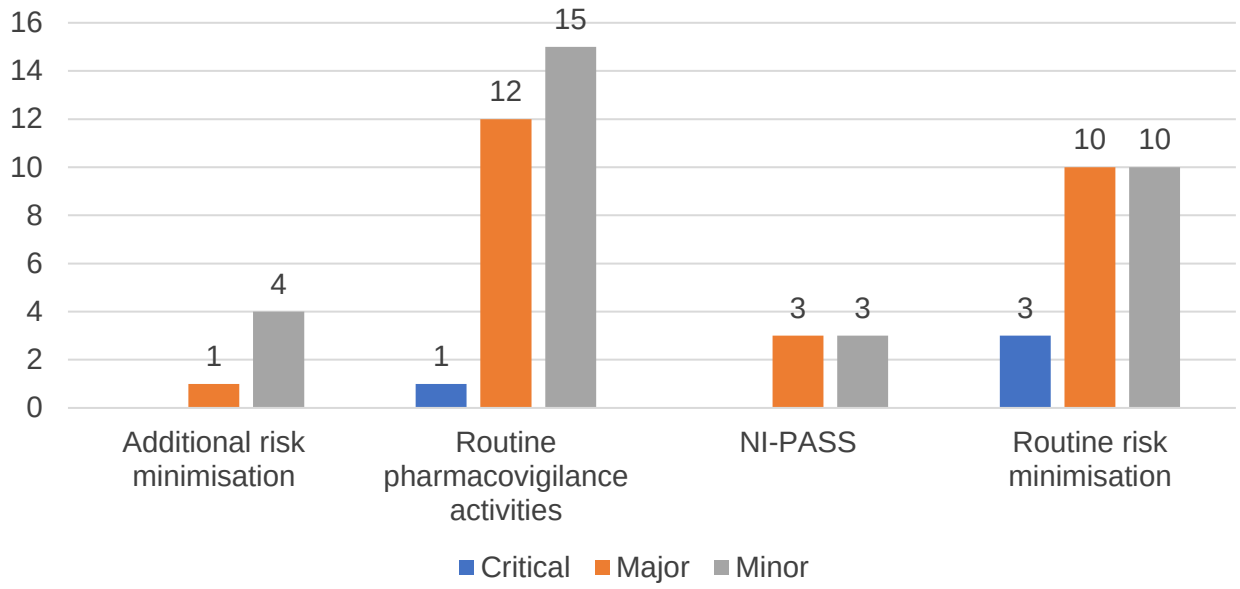

Figure 8 - Findings reported under each inspection arm for triggered inspections

The inspections conducted under each inspection arm and the resulting findings were further reviewed and are discussed in sections 3.1 to 3.4.

3.1 Routine pharmacovigilance activities

Of the 15 routine inspections conducted under this arm in 2020/21, there was one critical finding, 33 major findings and 44 minor findings reported. The split of inspection findings by grading across inspection topics is presented in Figure 9.

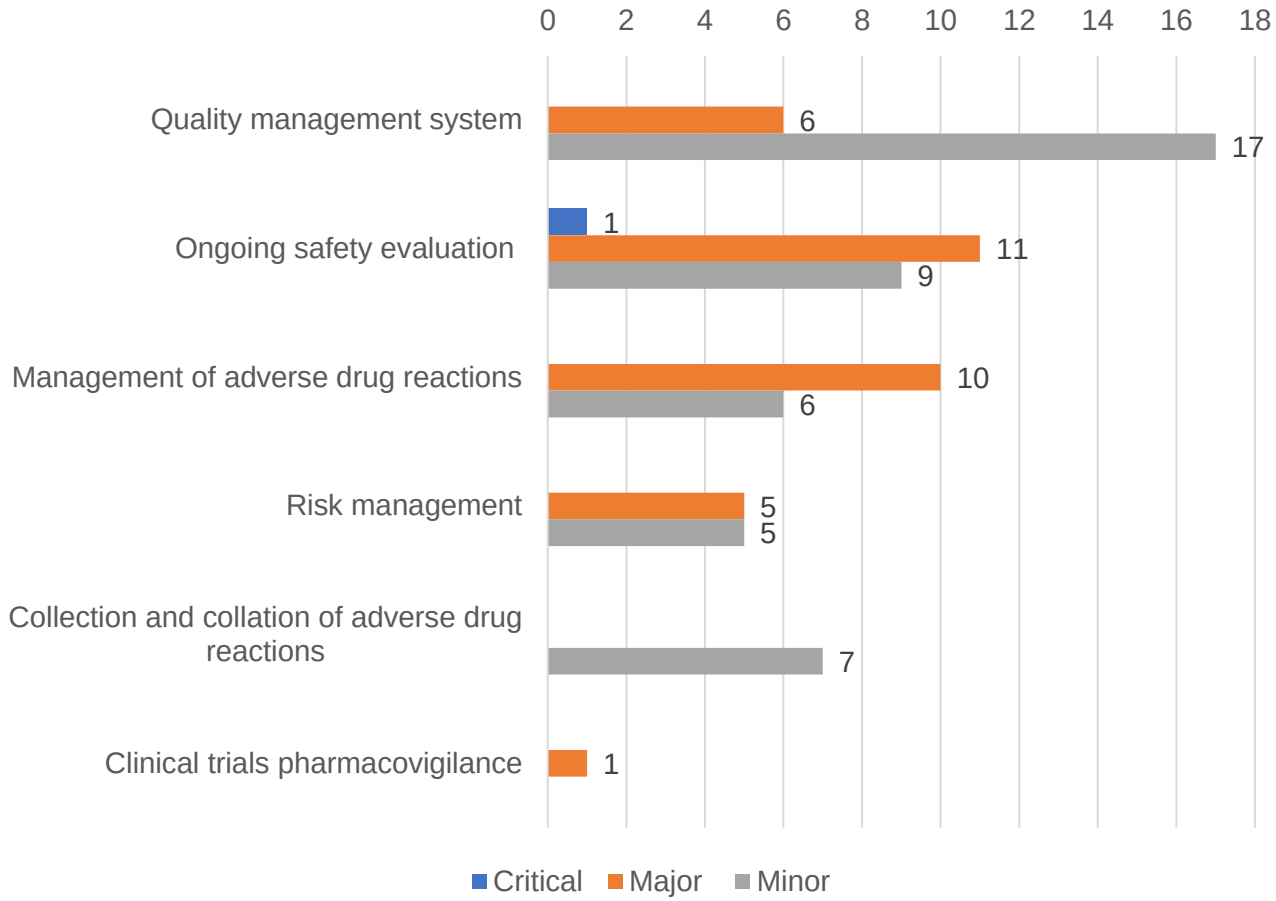

Figure 9 - Findings identified from routine inspections under the routine pharmacovigilance activities arm

The majority of findings reported within the routine pharmacovigilance activities inspection arm were against the quality management system, with 23 findings reported in total. Within this topic, most findings were reported under the subtopic of audit and deviation management, including CAPA management. Such findings included:

- Significant delays to issue pharmacovigilance related audit reports, leading to delays in investigating associated non-compliance.
- No documented audit strategy or risk-based assessment for audit planning.
- Critical pharmacovigilance processes or internal pharmacovigilance processes were not taken into account for the audit strategy.

21 findings were reported against ongoing safety evaluation. The greatest number of major findings (11) were also reported in this topic, as deficiencies were identified with signal management processes and periodic safety update reports (PSURs). For management of ADRs, 16 findings were reported and all but one of these findings were related to the subtopic of case processing (data entry, coding, assessment, follow-up and reporting). One major finding was reported against clinical trial pharmacovigilance.

As for triggered inspections, 10 were conducted under this arm from which one critical finding, 12 majors and 15 minor findings were reported. A breakdown of the findings reported by topic area for these triggered inspections is presented in Figure 10.

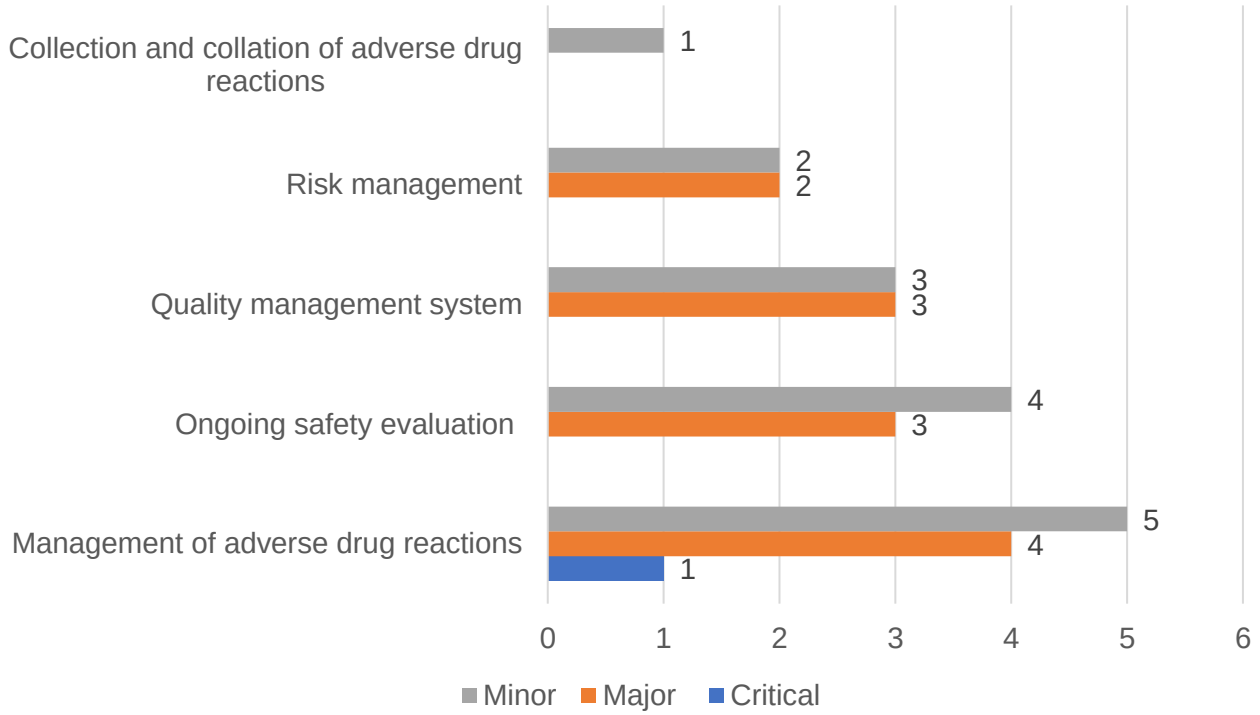

Figure 10 - Findings identified from triggered inspections where routine pharmacovigilance was covered

Of the triggered inspections, the areas where the greatest number of findings were reported were management of ADRs (specifically for case processing activities), ongoing safety evaluation and the quality management system. This is similar to the observations made for the routine inspections conducted under this arm.

3.1.1 Critical findings

Two critical findings were reported in 2020/21 under the routine pharmacovigilance activities arm. One was in the area of ongoing safety evaluation, reported from a routine initial inspection. The other critical finding was reported in the area of management of ADRs, from a triggered inspection based on intelligence obtained by the GPvP inspectorate.

Ongoing safety evaluation – signal management

There were fundamental weaknesses in the MAH's pharmacovigilance processes that contributed to a delay in identifying and rectifying a specific safety issue with a product. This represented a breach of the MAH's legal obligation to "evaluate all information scientifically, consider options for risk minimisation and prevention and take appropriate measures as necessary", in accordance with Article 104(2) of Directive 2001/83/EC, as amended.

Multiple elements contributed to the critical finding, with deficiencies identified as detailed below:

- Despite the receipt of numerous product quality complaints regarding a product, which had a significant impact on patient safety, the MAH did not raise a signal of a potential product quality issue or consider whether there was a need to take further measures based on the

effectiveness of aRMMs that had been put in place to manage the risk of the reported product quality issue.

- During a review of product complaint reports (as part of an investigation into the specific safety issue), relevant reports describing a similar safety issue were not considered.
- The data available in the software used to conduct signal detection activities was inaccurate, as reports relating to the specific safety issue that had been correctly re-coded were not re-submitted to the signal detection platform.
- Product technical complaints with associated adverse events (AEs) or reported use in special situations for the product had not been entered into the safety database for a number of years. Consequently, these reports were not considered for routine signal detection or for submission to EudraVigilance. There was also no retrospective review of relevant reports to identify potential important safety information.
- The MAH did not conduct complaint trend analyses as required by their procedures.
- There was a lack of detail in the procedural documentation for signal detection activities which led to a non-standardised process to document the review, analyses and decisions made relating to signals of disproportionate reporting.

Management of ADRs – case processing activities

The MAH had failed to record all reports of suspected ADRs that were brought to its attention, leading to a significant number of reports that had not been processed or captured within the safety database.

As the MAH was receiving safety reports through a mailbox as attachments, the true picture of the backlog of cases was not known in order to support any mechanism of prioritisation, such as for potentially serious cases or cases where AEs of special interest had been reported.

The backlog of cases was also not being considered for signal detection activities as this was limited to cases in the safety database.

There was also no evidence to demonstrate that follow-up on cases reporting fatalities, AEs of special interest and serious cases had been performed. This was linked to a subsequent major finding reported due to the lack of detail in procedural documentation to support the follow-up process.

3.2 Additional risk minimisation measures

Of the one routine initial inspection conducted under this arm in 2020/21, no inspection findings were reported.

For the four triggered inspections conducted under this arm, three were triggered due to intelligence received and, of these, only one inspection reported findings. As to be expected these findings were mainly against the risk management subtopic of additional risk minimisation activities in Part V of the RMP, where one major and two minor findings were reported. Minor findings were also reported in this inspection against PSMF management and clinical trials pharmacovigilance.

In the one triggered inspection due to a previous critical finding, no findings were reported.

3.3 Routine risk minimisation

Inspections conducted under this arm in 2020/21 were all triggered inspections, of which five inspections were due to intelligence obtained by the GPvP Inspectorate and one was due to a previous critical finding. Although the primary focus of these inspections was routine risk minimisation activities, other aspects such as aRMMs and PSURs could still be subject to review, leading to findings reported across different topics. This is evidenced in Figure 11.

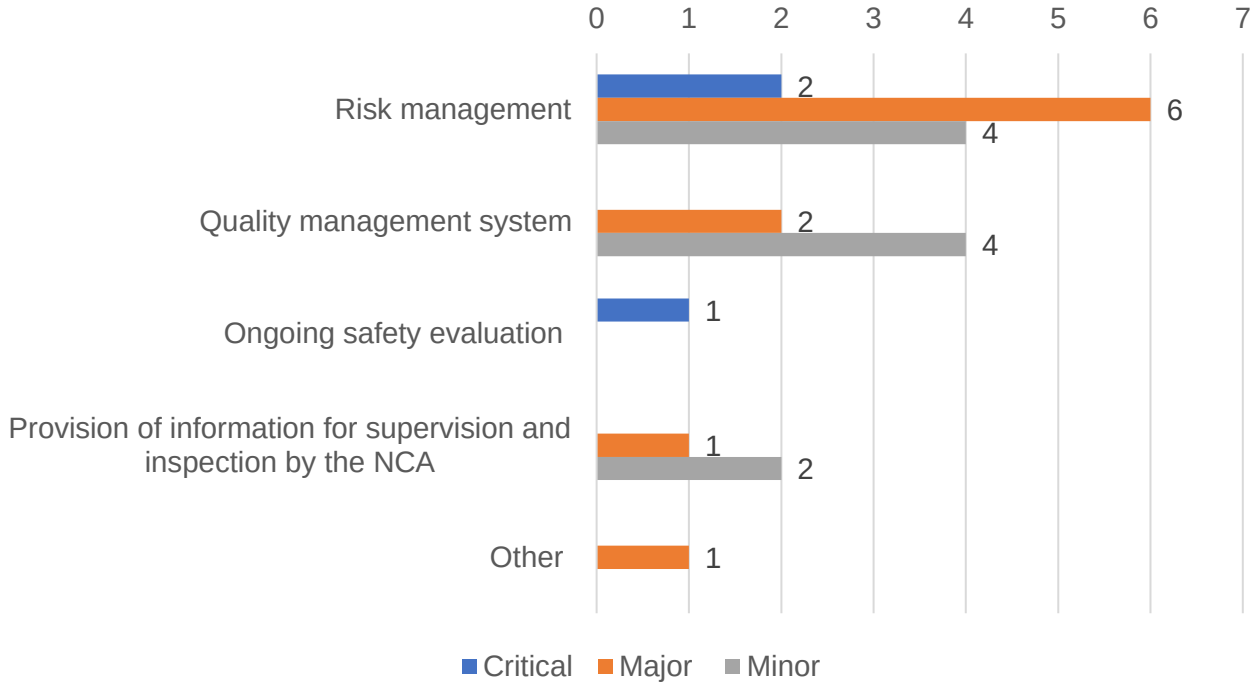

Figure 11 - Findings identified from triggered inspections where routine risk minimisation was covered

The majority of findings were reported under the topic of risk management, with 10 findings reported under the subtopic of maintenance of reference safety information and two findings reported for aRMMs. Figure 12 presents a breakdown of the findings by grading for these risk management subtopics.

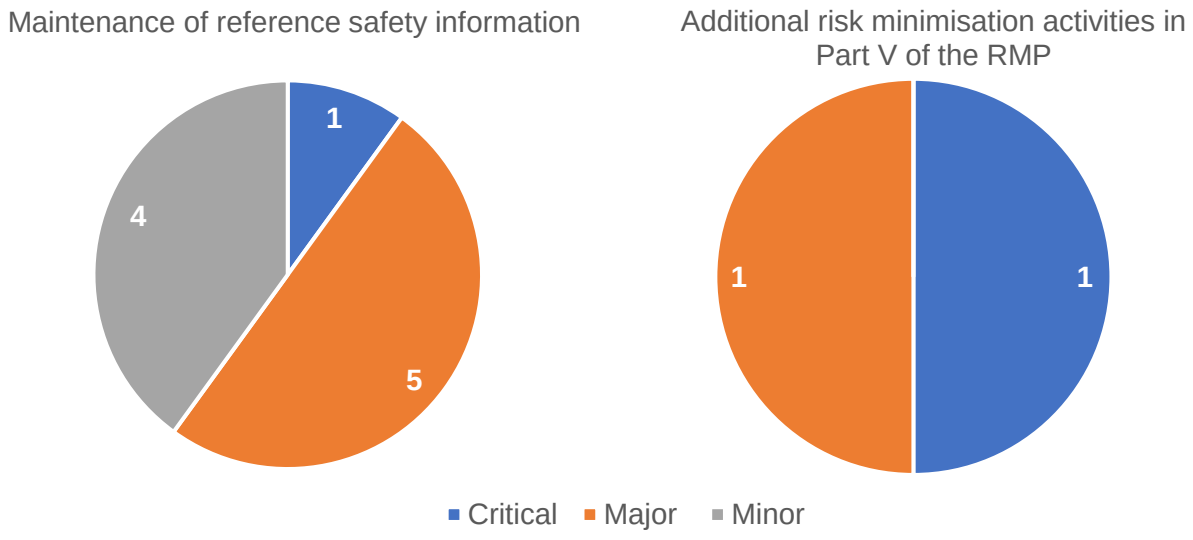

Figure 12 - Risk management findings reported by subtopic under the routine risk minimisation arm

Of the five major findings reported against maintenance of reference safety information, the non-compliances observed included:

- delayed safety variation submissions,
- failures to maintain product information in line with current scientific knowledge,
- failures to maintain or upload product information on online platforms (e.g., on the electronic medicines compendium (EMC)),
- delayed implementation of product information leaflets (PILs) into packs leading to batches of product being released to market with superseded PILs.

3.3.1 Critical findings

In total, three critical findings were reported under the routine risk minimisation arm. Two were reported against risk management subtopics and one was reported against ongoing safety evaluation, specifically for PSURs.

Risk management – maintenance of reference safety information

This inspection was conducted as a result of prior inspection history, as critical and major findings had previously been reported, and due to pertinent intelligence received from the MHRA GMP Inspectorate. These previous findings included the failure to update product information with current scientific knowledge, significant delays in submitting safety variations to the MHRA and failure to implement updated PILs into product packs within the required timeframes.

For the inspection conducted in 2020/21, a further critical finding was identified in relation to maintenance of reference safety information due to specific failures as detailed below:

- Outdated PILs were packed into product batches well beyond the maximum timeframe for implementation of the new PILs into packs.
- Product information was not updated with Pharmacovigilance Risk Assessment Committee (PRAC) recommendations within imposed timelines due to poor quality safety variation submissions that were unable to be accepted by the authority and required multiple resubmissions.
- Product information for products authorised under Article 10.1 or Article 10(c) had not been aligned with the reference product in accordance with 'Volume 2 EudraLex, Pharmaceutical Legislation: Notice to Applicants. Volume 2A - Procedures for marketing authorisation, Chapter 1 Marketing Authorisation' (Revision 11, July 2019).
- The tools and metrics used by the MAH to track compliance of safety variation submissions did not accurately reflect the timeliness of safety variation submissions.
- Deficiencies were identified with the procedural documentation describing the process for the maintenance of product information.

Risk management - implementation of additional risk minimisation measures

The MAH had failed to implement the aRMMs for several marketed products for a number of years.

The aRMMs committed to in the RMPs (approved in 2014 and 2015) for the affected products included a checklist for healthcare professionals, information for patients on the type of products and the associated safety risks, and an electronic educational platform for patients.

However, the materials were not made available via any channel, and it was only in response to the MHRA inspection notification in 2020 that some materials were made available on the EMC.

There were also no documented procedures that described how aRMMs would be implemented in accordance with the agreed RMPs.

Ongoing safety evaluation – periodic safety update reports

The MAH had failed to prepare and submit PSURs for two products and had failed to submit variations to the MHRA to implement the outcome of Periodic Safety Update Report Single Assessment (PSUSA) procedures for both products. The variations were of particular importance as the PRAC recommendations included in the PSUSA procedures included the addition of safety warnings in the Summary of Product Characteristics and PILs for the products.

3.4 Non-interventional post authorisation safety studies (NI-PASS)

In 2020/21, one inspection was dedicated to NI-PASS and this was a triggered inspection due to a critical finding from a previous inspection. A total of six findings were reported:

- one major and one minor finding were reported in relation to additional pharmacovigilance activities in Part III of the RMP,
- one major finding was reported under management of ADRs as there were deficiencies with case processing activities,
- one major finding was reported under the quality management system, specifically related to audit of NI-PASS,
- two minor findings were also reported under the quality management system regarding PSMF management and documented procedures.

4. Inspection approach in response to the COVID-19 pandemic

The number of inspections and the average time spent on inspection were reviewed since 2012/13 and this is displayed in Figure 13.

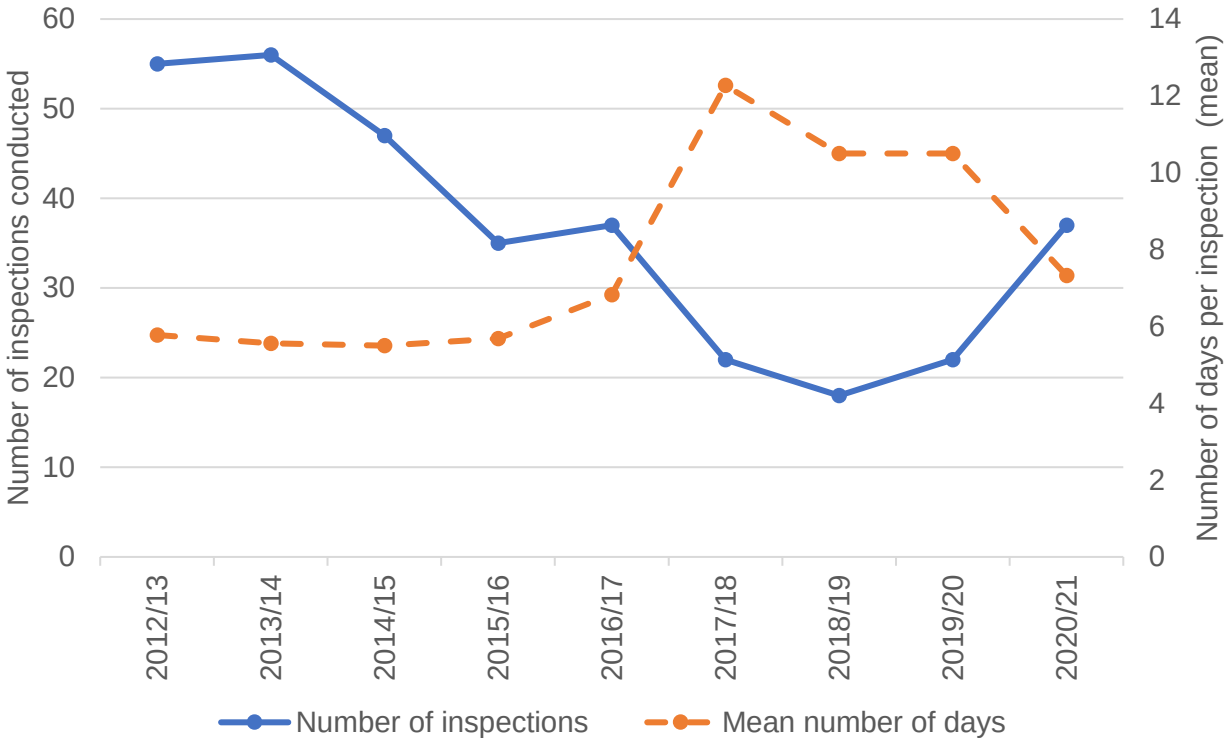

Figure 13 - Number of inspections per reporting period against the mean number of inspection days per inspection

Between 2012/13 and 2017/18 the number of inspections completed for each reporting period decreased whilst the number of inspection days per inspection increased. As discussed in the 2019/20 metrics report, this increase can be attributed to the increasing complexity of pharmacovigilance systems operated by MAHs requiring additional inspection time. This posed a challenge for the GPvP Inspectorate to address as a large number of pharmacovigilance systems are operated for UK authorised products which require supervision and, in response, the revised GPvP inspection model was developed.

As shown in Figure 13, for this reporting period there is a significant increase in the number of inspections conducted and the mean number of inspection days per inspection decreased. The reduction in the number of inspection days per inspection can be attributed to the move towards more targeted inspections, applying the updated inspection model to identify inspections where a tailored scope under each inspection arm can be applied. This was particularly important throughout the COVID-19 pandemic to enable the GPvP Inspectorate to maintain oversight of high-risk areas and products.

From the start of the COVID-19 pandemic, the GPvP Inspectorate moved to an entirely remote inspection approach; all inspections between 01 April 2020 to 31 March 2021 were conducted remotely. Remote inspections were made possible by adopting online platforms that facilitated document sharing and video conferences, for which both inspectors and inspected organisations could securely access. The GPvP Inspectorate already had some experience conducting inspections remotely and those learnings were used at the start of the pandemic to support a way forward. Initially, a number of different inspection approaches were piloted to determine the most suitable approach for remote inspections. These approaches took into account options to reduce burden on MAHs, as many were under business continuity measures at the start of the pandemic, and included

inspections comprised entirely of document review, with no interviews with company staff, and inspections spread over several weeks to provide MAHs with enough time to collate documents. The preferred approach that was ultimately adopted was to conduct back-to-back inspection days, as would ordinarily be done for onsite inspections, which consisted of targeted interviews conducted remotely and review of data and documents.

In terms of inspection scheduling, during the initial wave of the pandemic in 2020, inspections were prioritised based on areas of highest risk to patients and public health, in order to avoid placing unnecessary additional burden on organisations. This also took into account the regulatory flexibilities implemented during the pandemic. Consequently, the majority of the routine inspections conducted in 2020 were focused on core pharmacovigilance activities (i.e. processes for the collection of safety information, the management and reporting of ADRs, aggregate reporting and signal management) for products considered to be higher risk. Where triggered inspections had originally been scheduled, additional due diligence was performed by GPvP inspectors to ensure a remote inspection approach was viable and would allow the adequate assessment of the known or suspected non-compliance.

In early 2021, having adapted to alternative ways of working and the implications of the pandemic, the remote inspection approach continued, and inspections continued to be conducted in accordance with the adapted risk-based strategy taken at the start of the pandemic. The experience and learnings from the remote inspections completed during the pandemic will likely shape alternative inspection approaches in the future.

5. Summary

For the reporting period 01 April 2020 to 31 March 2021, 37 inspections of 36 organisations were conducted, of which 16 were planned as part of routine inspection scheduling, 16 were conducted as a result of intelligence received and five were conducted due to a previous critical finding. The GPvP Inspectorate prioritised for cause inspections and high-risk routine inspections throughout the pandemic, and decisions were made in line with the priorities of the MHRA's Vigilance and Risk Management of Medicines division and the regulatory flexibilities that were introduced in April 2020. The majority of inspections were focused on routine pharmacovigilance activities (25 in total), but there were six inspections of routine risk minimisation activities, five dedicated to additional risk minimisation activities and one inspection focused solely on NI-PASS.

A total of 140 findings were reported and this total comprised five critical, 59 major and 76 minor findings. For four inspections, no findings were reported. For the five critical findings reported during this period, two were in relation to risk management, two for ongoing safety evaluation and one was reported for management of ADRs. As for major findings, the largest proportion of findings was reported in relation to risk management and management of ADRs, followed by ongoing safety evaluation and the quality management system. For minor findings, the largest proportion of findings was reported for the quality management system followed by risk management, ongoing safety evaluation and management of ADRs.

All inspections in 2020/21 were conducted remotely due to the COVID-19 pandemic and the GPvP Inspectorate's response to the pandemic enabled 37 inspections to be completed overall. Five critical findings were identified from these inspections, indicating that significant non-compliance could still be identified through this remote way of working and that the GPvP Inspectorate could maintain strong regulatory supervision throughout the pandemic. This was facilitated by an adapted risk-based strategy and by applying a targeted inspection scope, which increased inspectors' capacity for additional inspections as the number of days spent per inspection were reduced.

The GPvP inspection programme has been evolving since 2019 and now includes four inspection arms, each with a focussed inspection scope. The GPvP Inspectorate will apply a revised risk-based methodology over the coming year, selecting pharmacovigilance systems, products and non-interventional studies considered to be the highest risk to inspect under the relevant inspection arms. As demonstrated through the previous year of unprecedented change and challenges, the team will respond accordingly to enable continued supervision of pharmacovigilance systems and ensure ongoing regulatory compliance.

Appendix I – Inspection finding definitions

Critical: a deficiency in pharmacovigilance systems, practices or processes that adversely affects the rights, safety or well-being of patients or that poses a potential risk to public health or that represents a serious violation of applicable legislation and guidelines.

Major: a deficiency in pharmacovigilance systems, practices or processes that could potentially adversely affect the rights, safety or well-being of patients or that could potentially pose a risk to public health or that represents a violation of applicable legislation and guidelines.

Minor: a deficiency in pharmacovigilance systems, practices or processes that would not be expected to adversely affect the rights, safety or well-being of patients.

Appendix II – Categorisation of findings

Topic Area	Subtopic of reported findings
Collection and collation of adverse drug reactions	Spontaneous sources of safety data, e.g. medical information, product quality complaints
	Literature searching
	Solicited sources of safety data (including patient support or market research programmes)
	Safety data exchange agreements
Management of adverse drug reactions	Case processing: data entry, coding, assessment, follow-up and reporting
	Data management, including migration of safety data
Ongoing safety evaluation	Signal management
	Periodic safety update reports
Risk management	Management of additional PV activities in Part III of the RMP (e.g. PASS, targeted follow-up questionnaires)
	Maintenance of authorised product information
	Additional risk minimisation measures in Part V of the RMP
	Safety communication
	RMP maintenance
Quality management system	Procedures, record management, training, PV contracts
	Audit and deviation management, including CAPA management
	PV system oversight and governance, including performance monitoring and role of the QPPV
	Information technology systems and applications
Provision of information for supervision by the MHRA, including via inspection	Inspection readiness
	PSMF management
	Submission of information to the MHRA
Clinical trials pharmacovigilance	Clinical trials pharmacovigilance (e.g. maintenance of reference safety information for clinical trials, SUSAR reporting)
Other	Other

Appendix III – Abbreviations

ADR	Adverse Drug Reaction
AE	Adverse Event
aRMM	Additional Risk Minimisation Measure
CAPA	Corrective and Preventative Action
DHPC	Direct Healthcare Professional Communication
EMC	Electronic Medicines Compendium
GPvP	Good Pharmacovigilance Practice
ICSR	Individual Case Safety Report
MAH	Marketing Authorisation Holder
NI-PASS	Non-interventional Post Authorisation Safety Studies
PIL	Patient Information Leaflet
PRAC	Pharmacovigilance Risk Assessment Committee
PSMF	Pharmacovigilance System Master File
PSUR	Periodic Safety Update Report
PSUSA	Periodic Safety Update Report Single Assessment
QPPV	Qualified Person responsible for Pharmacovigilance
RMP	Risk Management Plan