

**IRISH MEDICINES BOARD  
ANNUAL REPORT 2013**



## Our Mission

To protect and enhance public and animal health through the regulation of medicines, medical devices and healthcare products.

## Our Strategic Goals and Balanced Scorecard

|                             |   |
|-----------------------------|---|
| STAKEHOLDERS                | <p>Enhance healthcare product safety and patient outcomes by effective risk management and market surveillance.</p> <p>Deliver clear, relevant and timely communications to patients, consumers and healthcare professionals.</p> |
| PROCESSES                   | <p>Improve service delivery within a high quality, risk-based regulatory framework.</p>   |
| ORGANISATIONAL DEVELOPMENT  | <p>Improve service delivery within a high quality, risk-based regulatory framework.</p> <p>Influence legislation and policy development at European and international levels for the benefit of public and animal health.</p>     |
| HUMAN RESOURCES DEVELOPMENT | <p>Build future capabilities to meet evolving regulatory requirements, and scientific and technological advances.</p>   |
| FINANCIALS/VALUE FOR MONEY  | <p>Build future capabilities to meet evolving regulatory requirements, and scientific and technological advances.</p>   |

## **CONTENTS**

|  |    |
|--|----|
| 2013 STATISTICS AT A GLANCE                          | 1  |
| CHAIRMAN'S STATEMENT                                 | 2  |
| BOARD MEMBERS  | 5  |
| MANAGEMENT COMMITTEE                                 | 6  |
| CHIEF EXECUTIVE'S REPORT                             | 7  |
| AUTHORISATION, REGISTRATION AND LICENSING ACTIVITIES | 20 |
| SAFETY AND COMPLIANCE MONITORING                     | 31 |
| LEGISLATIVE AND REGULATORY DEVELOPMENTS              | 55 |
| STAKEHOLDER ENGAGEMENT AND COMMUNICATIONS            | 66 |
| ORGANISATIONAL MANAGEMENT AND DEVELOPMENT            | 76 |
| APPENDICES   | 84 |

## 2013 STATISTICS AT A GLANCE

- 753: The total number of new human medicines authorised
- 10 applications for clinical investigations of a medical device
- 188 new veterinary medicine applications assessed and approved
- 334 notifications of medical devices to the IMB medical device register for class I, in-vitro diagnostic and custom made medical devices
- 30% rise in the number of clinical trials approved with 102 in total
- 5<sup>th</sup>: IMB rank in EU for rapporteurships for centrally authorised human products
- 11 active substances published to the interchangeable medicines list on the IMB website
- 113 manufacturing licences in place at year end for human and veterinary medicines
- 2,835 suspected adverse reactions reports for human medicines received and evaluated
- 272 reports of suspected adverse reactions associated with use of veterinary medicines received and evaluated
- 2,268 medical device vigilance reports received and assessed
- 53 Direct Healthcare Professional Communications for human medicines approved
- 109 medicines recalled due to quality defects
- 9 District Court prosecutions resulting from the illegal manufacture, supply and/or sale of medicines
- €600,000: The value of illegal medicines detained under the Pangea VI enforcement programme
- 12<sup>th</sup>: IMB rank in terms of reporting rates for adverse reactions among 116 full country members participating in the WHO international drug monitoring programme
- 313 national and foreign inspections and audits performed
- 87% of Irish adults confirm they understand the product information that comes with their medicines.
- 32% increase in the number of unique visitors to [www.imb.ie](http://www.imb.ie)
- 22: The number of informal meetings hosted by the IMB under Ireland's Presidency of the Council of European Union.

## **CHAIRMAN'S STATEMENT**

The Irish Medicines Board (IMB) delivered on an extensive and challenging programme of work in 2013 and it is my pleasure, as Chairman, to present its annual report.

The IMB remains on target with the implementation of the five year strategic plan for 2011-2015 which sets out five high level strategic objectives and a clear roadmap to achieve these goals within the timeframe. This report outlines in detail the high level of activity and achievement by the IMB during year three of the plan as it remained focused on its core remit to protect human and animal health.

In 2013, the Board approved a new brand identity to accompany a name change for the IMB. Our new name, effective from mid-2014, is more reflective of the organisation's expanded and broader role since first established in 1996. Over the last 17 years, the IMB's regulatory remit has grown incrementally to include other health products as well as a number of health related functions. In addition to human and veterinary medicines, and clinical trials for human medicines, we now have a role in regulating a range of areas including medical devices, blood and blood components, tissues and cells, human organs intended for transplantation as well as cosmetic products. Our new name, the Health Products Regulatory Authority (HPRA), more clearly reflects the wider scope of our work, functions and responsibilities across the health products sector.

Health products can be life-saving and can improve the health and the quality of our lives. The IMB plays a unique and important role in national healthcare policy to safeguard human and animal health in relation to these products. Our fundamental aim, as always, is based on the need to make sure that health products used in Ireland or exported abroad, are as safe as possible and do what they are intended to do.

Our responsibility to regulate and monitor medicines, medical devices and healthcare products demands excellence across all areas of our operations with a clear focus by our staff to ensure the needs and best interests of our citizens and our animal population are at the forefront of our deliberations, actions and processes. At all times, the IMB's actions and decisions are influenced by the latest and best available clinical and scientific data at national and EU level. As a state agency in the current economic environment, we must, and indeed do, continually re-evaluate our processes and structures to ensure they deliver best efficiencies. At the same time we must have the flexibility to meet future requirements from a changing regulatory landscape across an industry where innovation and progression is a key driver.

The information presented throughout this report outlines the depth and breadth of our work programme across all departments and product areas. This impressive level of activity was achieved in a year in which the IMB also successfully hosted and managed some 22 high level EU meetings as part of Ireland's Presidency of the Council of the European Union. In addition,

during 2013 the IMB commenced its new role for the establishment, maintenance and publication of a list for interchangeable medicines which supports increased levels of generic substitution. The first list was published in August 2013. A significant level of stakeholder engagement and communications was undertaken to support this national health policy initiative and we worked closely with our colleagues in the Department of Health and the HSE in its effective initial implementation and ongoing work programme.

Also during 2013, a key focus for the organisation was to highlight our concerns about the risk to public health from the purchasing of prescription medicines via the internet. Medicines sourced online are of dubious origin, may be falsified and could pose a health risk to those who use them. The increase in illegal medicines detentions as well as our successful court prosecutions in this area, and the subsequent publicity relating to these, continue to highlight this crucial message to the general public and other stakeholders. This will continue to be a constant area of vigilance for the IMB and, in time, the HPRA.

All our regulatory actions are grounded in legislative requirements and the application of scientific and regulatory expertise. The IMB and our partners at a European level review adverse reaction and clinical data on an ongoing basis to ensure that people continue to have access to products where the benefit of using that product outweighs the inherent risk. During the past 12 months there was, as in previous years, an intense focus and time investment on monitoring the safety of these products in use on the Irish market which is outlined further in this report. It is important to note the active role the IMB plays at EU level where new legislation is developed. Our experts continue to be active contributors in this area with an objective of ensuring that a strong patient centric regulatory system for human and veterinary products is maintained and enhanced.

The pharmaceutical, medical device and life sciences sector in Ireland is export driven and a major contributor to our economy. The IMB's robust regulatory role contributes to the continued success of this sector by ensuring compliance with good manufacturing practices and adherence to legal requirements. A strong national regulator is a significant asset to Ireland's reputation as a major world player in this specialist sector.

The IMB has earned an enviable reputation internationally as a highly effective and strong regulatory agency. Its standing is a reflection of the quality of its organisational structure and policies. It is also due to the excellence of the work carried out by everyone at the IMB and I wish to thank the Chief Executive, management and all the staff for their continued professionalism throughout 2013.

I would like to thank my fellow Board members for their continued support and valuable expert guidance during the past year. I would also like to express my appreciation to those members who chair IMB advisory committees and sub-committees. The contribution of these committees is of immense value to the IMB and I wish to thank all members for their active participation and commitment.

On behalf of the Board, I thank the Minister for Health and the Minister for Agriculture, Food and the Marine as well as their executives and staff for their continued support of the IMB and its activities.

**Michael D. Hayes**

Chairman

## BOARD MEMBERS

The Board of the IMB is appointed by the Minister for Health in accordance with the powers conferred by subsection 2 of section 7 of the Irish Medicines Board Act, 1995. There were nine Board members up to 31 December 2013.

Mr. Michael D. Hayes (Chairman)



Mr. Pat Brangan\*



Mr. Wilfred J. Higgins\*



Ms. Anne Horan



Professor Mary Horgan



Dr. Elizabeth Keane\*



Mr. Brendan McLaughlin\*



Mr. Noel O'Donoghue



Professor Caitriona O'Driscoll



\* Term ended 31 December 2013



## MANAGEMENT COMMITTEE

Mr. Pat O'Mahony  
Chief  
Executive



Dr. Gabriel Beechinor  
Director of  
Veterinary Medicines



Dr. Joan Gilvarry  
Director of  
Human Products Monitoring



Ms. Frances Lynch  
Director of  
Human Resources



Mr. John Lynch  
Director of  
Compliance



Ms. Suzanne McDonald  
Director of  
IT and Change Management



Dr. J.M. Morris  
Director of  
Scientific Affairs



Dr. Lorraine Nolan  
Director of Human Products  
Authorisation and Registration



Ms. Rita Purcell  
Director of  
Finance and Corporate Affairs



## **CHIEF EXECUTIVE'S REPORT**

I am pleased to introduce the 2013 annual report of the Irish Medicines Board (IMB). This is a significant report as it is the last full-year review that will be submitted in the name of the IMB. From July next year, our organisation will become known as the Health Products Regulatory Authority (HPRA).

Established in 1996, the IMB name has served us well. However, over the last 18 years our regulatory remit has expanded to include other health products as well as a number of health related functions. Our new name will better reflect the wider scope of our work, functions and responsibilities across the health product sector, something that is evident from the significant level of activity outlined in this report.

## **Strategic Plan 2011 – 2015**

The layout of the annual report for 2013 is structured to ensure that the main chapters are closely aligned with the IMB's five high-level strategic goals.

These goals are to:

1. Enhance healthcare product safety and patient outcomes by effective risk management and market surveillance.
2. Deliver clear, relevant and timely communications to patients, consumers and healthcare professionals.
3. Improve service delivery within a high quality, risk-based regulatory framework.
4. Influence legislation and policy development at European and international levels for the benefit of public and animal health.
5. Build future capabilities to meet evolving regulatory requirements, and scientific and technological advances.

## **Authorisation, Registration and Licensing Activities**

Our pre market activities are a core regulatory function of the IMB. We are committed to providing an efficient authorisation system to help ensure patients have timely access to appropriate treatments. The activities of note during 2013 included the following:

- There were 102 clinical trials for human medicines approved to commence in Ireland representing a significant annual increase of over 30%. While the IMB received 10 applications for clinical investigations of a medical device, the number of clinical investigations ongoing in Ireland remains lower than expected.
- In respect of human medicines, the IMB assessed 198 new national applications (including parallel product authorisations), 51 applications via mutual recognition procedures (MRP) and 280 via decentralised procedures (DCP).

- As part of our active contribution to the European human medicines licensing system during 2013, we acted as reference (lead) Member State for the assessment of 12 of the MRP and DCP procedures. The IMB was also allocated as rapporteur or co-rapporteur for 15 new marketing authorisation applications by the European Medicines Agency. Based on 2013 allocations, the IMB is ranked as fifth in EU for rapporteurships for centrally authorised human products. We acted as lead in 38 scientific advice procedures for medicines proposed for the treatment of a broad range of conditions.
- We assessed and approved a total 188 applications for new veterinary medicines, representing an increase of 24% compared with 2012. In Europe, we issued 50 new marketing authorisations as the reference Member State while the IMB acted as the rapporteur or co-rapporteur for 7 centralised procedures (including extension applications to new target species).
- Over the course of 2013, the IMB issued 17,749 variations to marketing authorisations for human products authorised through the national or MR procedures. Of note, at a European level, we acted as rapporteur for two paediatric Article 45 procedures, one paediatric Article 46 procedure and 13 procedures relating to Paediatric Investigational Plans (PIPs). The IMB approved 1,364 variations to veterinary authorisations granted through the national, MR or centralised procedures.
- A total of 334 notifications of medical devices to the medical device register were received. In addition, 26 organisations registered with the IMB as Irish based manufacturers of medical devices.
- There were a total of 113 manufacturers' licences in place at year end for human and veterinary medicines.
- There were four blood establishments and 23 tissue establishments authorised at year end.

### **Safety and Compliance Monitoring**

Monitoring the safety of medicines, medical devices and other healthcare products that have been licensed or registered for use in Ireland is a core public health function of the IMB. We also monitor quality issues relating to how a product is manufactured, packaged, labelled, distributed or stored. Our regulatory decisions are always based on the best available information regarding benefit and risk.

- A key part of our monitoring efforts is the operation of a national pharmacovigilance scheme for adverse reactions, or side effects, associated with the use of human medicines. During the year under review, the IMB received a total of 2,835 valid new adverse reaction reports. This figure is consistent with the reporting rates seen in 2011 and 2012.
- The IMB continued to contribute to work-sharing for signal detection within the EU during 2013. We acted as the human medicine lead for the detection and management of signals for 58 active substances while also retaining responsibility for

assessing any signals arising as a result of signal detection for 21 centrally authorised active substances (or combination of active substances) incorporating 34 authorised products for which IMB is rapporteur. In addition, the IMB acted as concerned Member State in 15 EU safety-related referrals and provided the lead on the assessment of two significant safety referral procedures at the European Medicines Agency (EMA).

- Periodic safety update reports (PSURs) are vigilance reports submitted by marketing authorisation holders which are intended to provide an evaluation of the benefit-risk balance of a medicine. For human medicines, the IMB evaluated PSURs relating to 2500 medicinal product,, a figure which includes PSURs submitted as national, mutual recognition, centralised, EU single-assessment and PSUR work-sharing procedures.
- The IMB received 272 national reports of suspected adverse events to veterinary medicines in 2013 which compares with the 244 reports received the previous year. We completed the evaluation of 1072 PSURs for veterinary medicines representing year-on-year increase of approximately 25%.
- Post-market surveillance and vigilance is important in ensuring the safety of those who use medical devices. A total of 2,268 medical device vigilance reports were received and assessed. A slight increase on 2012, this figure continues the upward trend in the number of vigilance cases received annually.
- Systems were put in place for reporting of serious adverse events and reactions relating to human organs intended for transplant

Another key function of the IMB is to monitor and inspect industry compliance with legislation, policies and procedures. We are committed to ensuring that all healthcare products manufactured, processed or distributed in Ireland meet essential quality standards.

- 313 inspections and audits were performed in 2013 compared to 315 in 2012 and 300 in 2011. The 2013 figure included 115 Good Manufacturing Practice (GMP) inspections, 126 Good Distribution Practice (GDP) inspections, 17 Good Clinical Practice (GCP) inspections, 19 medical device audits and 29 covering blood, tissues and organs.
- We sent 275 medicinal and other product samples for analytical testing. These included 156 samples sent to governmental laboratories in Ireland.
- During 2013, a total of 774 quality defects were reported to, or identified by, the IMB. This was a slight increase on the numbers reported for 2012.
- It may be necessary in certain cases to withdraw, or recall, products from the Irish market in order to protect public health. In 2013, 109 medicine recalls occurred. Of these, 107 related to human medicines and two to veterinary medicines.
- The IMB initiated nine prosecutions in the District Courts during the course of 2013 as a result of illegal activity involving the manufacture, supply and/or sale of medicines. The number of dosage units detained as part of our enforcement programme during 2013 was 919,965. This represents an annual increase of 20%.

## **Legislative and Regulatory Developments**

As evidenced by the planned introduction of our new name in 2014, the remit and role of our organisation continues to change and expand due to changes in our operating environment. These include changes to national and European legislation and the addition of further competencies.

### Presidency of the Council of European Union

A significant event in 2013 for the IMB was Ireland's Presidency of the Council of European Union. We had the honour of hosting 22 informal meetings of our regulatory peers from across the member states, EMA and European Commission in the various areas we regulate. Essential progress was made in respect of a number of important regulatory issues during the six months of the Presidency and, from an IMB perspective, we were very pleased with the positive feedback received from participants.

Among the highlights of the IMB's Presidency was the first joint meeting of the CHMP, CMDh and PRAC with a view to enhancing understanding of their respective roles and how they must collaborate to the benefit of patients. The Irish Presidency also included the first ever combined meeting of both the Heads of Medicines Agencies (HMA) and the Competent Authorities for Medical Devices (CAMD).

The IMB also provided a high level of support to the Department of Health as it chaired the European Council's Working Party on Pharmaceuticals and Medical Devices. This working party had a substantial work programme during the Irish Presidency with two proposals for medical devices Regulations, the Regulation on clinical trials of medicinal products and the transparency legislation before the Council.

### Benchmarking of European Medicines Agencies

The aim of the Benchmarking of European Medicines Agencies (BEMA) programme is to provide assurance to the heads of the EU medicines agency network with respect to the quality of the systems and practices in place in agencies for regulating medicines. I serve as co-chair of the BEMA steering group while the IMB provides the secretariat for the group and is responsible for visit logistics. We continued to lead the steering group throughout 2013 as assessment visits were undertaken in this the third benchmarking cycle.

The IMB's own benchmarking assessment visit took place in October 2013 when three assessors from the Austrian, Greek and UK agencies interviewed senior staff, reviewed evidence and rated the 'maturity' of the IMB's management and scientific quality systems. Several proposed 'best practices' were accepted by the assessors related to our project management office, leadership development programme and our contribution to the European network. The assessors also nominated a further best practice in the close link

between our strategic and business planning objectives and the objectives in staff's individual performance development plan. As is to be expected, some 'opportunities for improvement' were highlighted and identified as actions to enhance the quality of our services. Overall, we were extremely pleased with the outcome of the IMB's assessment which reflected well on our progress and achievements in recent years. The assessors noted our strong dedication to quality in general and to the BEMA programme in particular.

#### Health (Pricing and Supply of Medical Goods) Act 2013

A significant regulatory development during 2013 was the commencement of the Health (Pricing and Supply of Medical Goods) Act. Under this Act, the IMB is responsible for the establishment, consultation, publication and maintenance of a list of interchangeable medicinal products which will be grouped together under their respective active substance, strength and pharmaceutical form(s). The purpose of the legislation is to provide for substitution of medicines that are considered interchangeable so that a pharmacist can dispense a less expensive medicine than the one prescribed.

Throughout 2013, the IMB worked closely with the Department of Health and HSE in the implementation of this legislation. Between August and December, we published 11 active substances to the IC list which is maintained on the IMB website. In each case, the IMB consulted with the relevant marketing authorisation holders prior to adding a medicine or a group of medicines to the list. The IMB also supported the various communications initiatives introduced to raise awareness and understanding of generic and interchangeable medicines.

#### Ongoing Implementation of EU Pharmacovigilance Legislation

The new pharmacovigilance legislation is resulting in more systematic risk management planning, greater coordination of real time signal management, and faster assessment and decision-making. During 2013, the IMB continued its work with stakeholders including the EMA, other national regulators and industry to support the phased implementation of further elements of the legislation.

This included the publication by the EMA of the initial list of medicines that are subject to additional monitoring. The introduction of the symbol for these products (an inverted black triangle) is an important deliverable of the new pharmacovigilance legislation. Explanatory information was published on the IMB website and in relevant health publications while we also developed a national guideline for marketing authorisation holders.

#### Falsified Medicines Directive

The falsified medicines Directive aims to strengthen the protection of patients and consumers by preventing falsified (including counterfeit) medicines entering the legal supply chain. During 2013, as part of the continued implementation of the provisions of the falsified

medicines Directive, the IMB established a registration scheme for manufacturers, importers and distributors of active substances and for brokers of medicines.

#### European Commission's Joint Plan for Immediate Actions on Medical Devices

In February 2012, the European 'joint plan of immediate actions' was published with the objective of reinforcing the existing regulatory system for medical devices in advance of the proposed revision to the medical devices legislation. The plan outlined actions for Member States and the Commission in the areas of functioning of notified bodies, market surveillance, coordination, communication and transparency.

During 2013, in advance of the legislative proposal being finalised, the IMB focussed on the adoption of the joint plan.

- The performance of notified bodies for medical devices and their oversight which is highlighted in the joint plan was subject to significant attention and development at European level during 2013. The IMB helped establish a subgroup of the European Notified Body Operations Group (NBOG) to plan a joint assessment scheme and to develop common criteria, documents and guidance and coordinate the joint assessments. During 2013, 21 of the 23 countries responsible for class III notified bodies were subject to joint assessment while the remaining two will be completed in 2014. The IMB directly participated as experts in five joint assessments of EU notified bodies in 2013. This included the first mandatory joint assessment and further contributions are planned for 2014. The IMB was also subject to a successful joint assessment in their surveillance audit of NSAI in December 2013.
- At EU level, the joint plan has also resulted in a review of activities conducted by Member States in the area of market surveillance. To ensure we fully contribute to these developments, the IMB has set out a re-development proposal for its market surveillance activities to include greater emphasis on proactive and reactive surveillance across the product life-cycle.

#### Cosmetics Regulation

The new Cosmetic Products Regulation, EU Regulation 1223/2009, came into effect in July 2013. In November, the European Union (Cosmetic Products) Regulations 2013 (S.I. No. 440 of 2013) came into force. The national regulations gave full effect to the EU Regulation, designated the IMB as competent authority and allocated powers to the IMB and HSE.

#### Participation in the European and International Regulatory Systems

The products regulated by the IMB are part of an ever-changing and developing international industry. Healthcare products manufactured here are used around the world while products manufactured elsewhere are used by Irish patients and consumers. As a result, the IMB is

committed to playing its part in the global regulatory network to ensure that we represent and protect the interests of Irish patients and consumers.

Our participation and contribution to the European medicines regulatory system continues to be significant. IMB scientific and technical staff are members of a broad range of committees and working parties at the EMA, the European Commission, the HMA and via other platforms. The IMB also worked closely with relevant international organisations as necessary.

Significant contributions and achievements from an IMB perspective during 2013 include the following:

- The IMB attended the 7<sup>th</sup> International Summit of Heads of Medicines Regulatory Agencies. Significant progress was made in respect of adopting formalised procedures for international co-operation across a number of regulatory areas with agreement on the formation of the International Coalition of Medicines Regulatory Authorities (ICMRA) with the selection of Health Canada as chair with the IMB and PMDA Japan as vice Chairs. Seven priority projects were agreed including the development of terms of reference and rules of procedure which the IMB will lead. Additional projects involve communications, rapid sharing of information, mapping, inspections, generic medicines and capacity building.
- During 2013, the IMB was invited to join the management committee of the International Medical Device Regulators Forum (IMDRF). This forum seeks to promote the harmonisation of medical device regulation across the globe.
- The Irish PRAC delegate continued to fulfil the role of Vice-Chair of this important EMA public health committee. Our Pharmacovigilance and Risk Management Lead also acted as Regulatory Chair for the ICH Implementation Working Group on the new E2C R2 guideline on Periodic Benefit Risk Evaluation Reports.
- As in previous years, IMB experts contributed to initiatives to facilitate the transition from implementation to operation of the new EU pharmacovigilance legislation. This included participation in a three year pharmacovigilance project entitled SCOPE (Strengthening Collaborations for Operating Pharmacovigilance in Europe). The IMB will also lead the impact assessment topic in a work package on risk communications.
- The IMB Pharmacovigilance Manager for human medicines continued to represent the World Health Organization (WHO) as a member of the Board of the Uppsala Monitoring Centre (UMC) and WHO Collaborating Centre for International Drug Monitoring during 2013.
- Negotiation on the two proposed regulations on medical devices and in-vitro diagnostics continued in 2013 during and after the Irish Presidency of the European Council. The IMB continued its active contribution to the working groups and subgroups focused on the development of the expected new regulatory system and we will continue to support the Department of Health in this regard as required.
- As in previous years, the IMB also continued to engage actively in discussions on how to optimise resourcing of the network for medical device regulation in Europe. These discussions included significant dialogue with the medical device industry associations on possible fee-based funding models.



## **Stakeholder Engagement and Communications**

As set out in our five year strategic plan, the IMB is committed to expanding and improving our communications activities and to ensuring that all our stakeholders have timely access to relevant safety and regulatory information. As well as our regular meetings and ongoing publication of safety and regulatory updates, newsletters and guidance documents, a number of significant communications initiatives were implemented during 2013.

### Consultative Panel on the Legal Classification of Medicines

Established in 2011, the Consultative Panel on the Legal Classification of Medicines concluded its work in 2013. The Panel was independently chaired and consisted of external representatives drawn from a wide range of interested stakeholders including patients, healthcare professionals, the Department of Health and relevant government agencies. The focus of the panel was to review policies relating to the legal classification of human medicines and to develop recommendations to address current unmet needs in the availability of non-prescription medicines. The IMB is currently working to develop processes to address the issues and recommendations identified and this is an area of priority focus for 2014.

### Events

- As outlined earlier, the Irish Presidency was a considerable area of focus for the IMB in the first half of 2013. We hosted a total of 22 meetings during this period with approximately 1000 delegates visiting Ireland for IMB organised events. The number of delegates attending each meeting varied with the largest events taking place in Dublin Castle and the Convention Centre Dublin. The logistics for all these meetings were organised and managed in-house by an IMB team. This included online registrations, venue management, onsite support and networking events.
- The IMB, in association with the Irish Presidency of the Council of the European Union and with the support of the King's Centre for Risk Management and the Nickel Institute, hosted the European Risk Summit in Trinity College Dublin on 11 and 12 June 2013. This successful and well-received event discussed the advantages of evidence and risk-based rulemaking as well as the challenges of formulating European directives / regulations and, by extension, national legislation on hazard classifications. Approximately 100 Irish and international experts comprising policy-makers, regulators, governing bodies, industry and academia from a range of industries attended the summit. It also presented an opportunity to foster dialogue and collaboration among the relevant stakeholder community to address the challenges in this area.
- IMB information days and seminars provide regulatory guidance and updates to a range of stakeholders. The events enable all attendees to submit questions, seek clarifications and network with colleagues. A webinar event outlining the IMB's

approach to the development of the interchangeable list of medicinal products was held in February. The topics covered included an overview of the approach to stakeholder consultation and publication of the lists. A veterinary information day was held on 24 October. The programme was focused on updating stakeholders on recent changes in the regulatory framework for veterinary medicines in advance of publication of the EU Commission's proposed new legislation in this area. An information day on the new Common European Submission Platform (CESP) took place on 20 November. This joint DIA/IMB event provided the latest information on the CESP system which is designed to enable the simultaneous delivery of applications to the various EU regulatory agencies.

- 2013 was the fourth year of the IMB's involvement at the BT Young Scientist and Technology Exhibition in the RDS. Thousands of students as well as teachers, parents and members of the general public from all over Ireland again visited the IMB's exhibition stand which was focused on the important issue of medicines and medical devices safety.

### Research

The IMB published a series of research results during 2013 focused on consumer attitudes in respect of a number of medicines topics. These included:

- Sources of information and advice on medicines.
- The use of the internet as a source of medicines information and possibly supply.
- Awareness of and attitudes towards generic medicines

Among the key findings were:

- Two thirds of people (63%) state that they always read the product information when taking a prescription medicine.
- One in two people always seek advice from a healthcare professional before taking a new over the counter medicine.
- Almost 4 out of 10 people (37%) using online channels for information are attempting to diagnose health symptoms (self-diagnosis).
- Actual purchase of medicines online is low with 2% of all adults claiming to have done so which, nevertheless, equates to approximately 60,000 people.
- Nine out of ten consumers (92%) who had personally used generic medicines said that they had a positive experience overall.

### Brand Identity

It has been decided by the Board of the IMB to change the name of the organisation to better reflect the range of products and processes we now regulate. The new name to replace the Irish Medicines Board is the Healthcare Products Regulatory Authority (HPRA). It is anticipated that our new name will become operational in mid 2014. We will also be

launching a new corporate website at that time. In preparation for the adoption of the new name, the IMB initiated a project to develop a new brand identity incorporating a logo and a style guide. The latter document provides clear direction on the application of the new brand across all platforms and publications. This project was completed during 2013.

#### Media Relations

We continued to progress our proactive media communications programme to highlight important safety messages and to build awareness of the role of the IMB. In total, we issued 32 press releases concerning safety and regulatory issues and responded to 449 queries from different media sources during the year.

#### Website

The IMB website continued to be updated with news, safety information and regulatory documents while further changes and improvements were made in response to stakeholder feedback. Almost 225,000 unique visitors accessed the website during the past twelve months representing an annual increase of 32%. Development of a new and more modern corporate website began in 2013 and this project will be completed during the first six months of 2014 coinciding with the launch of the Health Products Regulatory Authority.

### **Developing Organisational Capability**

As an organisation the IMB must respond to changes in our operating environment to ensure we remain an effective and progressive regulatory body. We are committed to ensuring that we have the requisite structures, systems and supports in place to deliver on our public and animal health mission.

#### Information Technology and Change Management

Technology is recognised as a key component in supporting regulatory activities at both national and international levels. Throughout 2013, the IMB continued to contribute to, and actively lead, a number of key technology projects at a national and European level. This includes the ongoing development and management of the Common Electronic Submission Portal (CESP) on behalf of the wider EU regulatory community. In 2013, the CESP portal activity levels grew substantially, handling over 100,000 submissions on behalf of 20 European regulatory organisations and the pharmaceutical industry.

The IMB is also actively engaged at national level through its involvement with the National Health Data Standards Committee and works with other relevant agencies including the HSE, NSAI and HIQA. In addition, the IMB contributed to the development of the eHealth Strategy for Ireland and contributed technological support to the introduction of interchangeable medicines in co-operation with Department of Health and the HSE.

IMB technologies are also strategically positioned to support the effective and efficient operation of the organisation. During 2013, there was a strong focus on developing the key requirements for our new workflow technology solutions. Work also began on the implementation of a new HR solution and the development of the new [hpra.ie](http://hpra.ie) website.

The IMB is committed to continuous improvement across all areas of our organisation. As part of our commitment to change management, it was decided to adopt a project management office model for all relevant activities. The Project Management Office came into full operation in 2013. It ensures that all organisational projects are fully aligned with corporate strategy and provides management with the necessary information to support the planning process.

#### Staff Developments

It is vitally important that the IMB has the human resources in place to deliver on our core regulatory functions for the benefit of all our stakeholders. During 2013, we continued to develop and adapt our work practices to enable us to manage our human resources with the flexibility necessary to respond to changing and challenging external factors.

Chief among these external issues was the introduction of the Haddington Road Agreement (HRA) which applied to all public sector bodies with effect from July 2013. The terms of this agreement included a further reduction to the salaries of staff as well as the deferral of payment of increments during the course of the agreement and extended working hours. Such demands on public sector workers clearly impact them in a number of ways and not just financially. In the IMB, our human resources colleagues provided extensive assistance and support around the introduction of the agreement. I commend the professionalism of all our staff across the IMB who were delivering the extensive programme of work outlined in this report while implementing the terms of HRA.

Another significant focus of activity during 2013 was completion of a business requirements phase for the replacement of the human resources IT system. The detailed planning and preparatory work being carried out at this stage will help ensure we deliver a greatly enhanced system by June 2014. This will result in greater efficiencies for the human resources department and will provide managers and staff with improved access to personnel and training records.

The organisation's first leadership development programme concluded in 2013 with all core objectives successfully achieved. The programme supports the development of managers within the IMB by helping to identify and evaluate the skills they have or need to have in order to become more effective managers and leaders. I am very pleased that following a review of the pilot programme during 2013, the commencement of a second programme was recommended and approved. The application and selection process for the second programme was concluded by the end of 2013 and it will commence in January 2014 with 10 participants.

### Extension to the IMB Offices

Kevin O'Malley House, which accommodates the offices of the IMB, was extended upward by two floors during the course of 2012 and 2013 with the certificate of practical completion being granted on 12 July 2013. The extension of two new floors has ensured that all IMB staff can be housed in one building which reduces rental costs and will result in practical efficiencies over time. This was a complex build due to our requirement that the building remained fully in use throughout the duration of the project. I am pleased to confirm that the addition of the two new floors was completed on time and under budget.

### Financial Performance

The IMB is largely self-funded by a system of fees which are approved annually by the Minister for Health, following a public consultation. This approach is in line with the typical funding model of healthcare products regulation worldwide. The IMB is committed to the highest standards of independence and governance so as to ensure quality of service combined with value for money. We continued in 2013 to successfully manage the affairs of the IMB in line with our statutory obligation that income at least meets costs.

### **The Future**

As ever we can say that the immediate and medium term future will be interesting and challenging.

A major event for 2014 will be the rebranding of IMB to the HPRA. This will serve as a real visible indicator of the broad range of health products now regulated by the organisation. It will provide an opportunity to revitalise the organisation and by various means, including a new website, enhance our abilities to communicate directly with patients and consumers.

Staff recruitment and retention will be a challenge over the near and mid term and this will receive particular attention.

Our core work remains the protection and enhancement of public and animal health and we will continue to focus all our efforts to this end.

### **Acknowledgements**

In total, over 100 people contribute voluntarily to the work of the IMB through participation on the Board and various advisory committees. On behalf of our management team and staff, I wish to thank the Chairman, his fellow Board members and the committee members for their invaluable contributions throughout 2013. The input of these independent experts is of immense value to the workings of our organisation.

Our ability to deliver on our public health mission is dependent upon the productivity and professionalism of IMB staff. I wish to express my personal appreciation to all my colleagues for their continued support throughout 2013. I look forward to working with you all into the future as we become the HPRA.

Finally, I would like to thank and acknowledge the support and co-operation of the Ministers and staff of the Department of Health and the Department of Agriculture, Food and the Marine.

**Pat O'Mahony**  
Chief Executive

## **AUTHORISATION, REGISTRATION AND LICENSING ACTIVITIES**

The authorisation and registration of health products is a core public health function of the IMB. These are the regulatory actions which are carried out before a health product can be marketed and supplied in Ireland. The IMB is committed to the timely approval of new product applications in particular, following a positive assessment of their safety, quality and effectiveness.

The IMB is responsible for the authorisation of medicines and clinical trials and for the registration of certain medical devices. We also licence manufacturers and wholesalers of human medicines, manufacturers of veterinary medicines as well as blood and tissue establishments and organ transplant centres. In addition, we are responsible for issuing export certificates.

The IMB also provides a service to stakeholders to assist in clarifying which products should be categorised as human medicines, veterinary medicines and medical devices. Such products fall under the remit of the IMB from a regulatory perspective and are distinct from other products which are outside the IMB's remit.

### **HUMAN MEDICINES**

#### **Borderline Product Classification**

Queries are routinely received in regard to the correct classification of human medicines, veterinary medicines and medical devices.

For products for human use, a classification service is operated for products which are on the borderline between human medicines and other products such as food supplements, cosmetics and medical devices. Requests for classification, whether external or internal, are presented to an internal, multi-disciplinary, human medicines Classification Committee.

The Committee, which met 11 times in 2013, consists of appropriately experienced IMB staff from across the organisation and is chaired by the Director of Scientific Affairs. During the past 12 months, a total of 168 new products were considered consisting of 161 internal applications and seven external applications. In addition, there were 33 products revisited from pre-2013.

The Committee has a close working relationship with the Food Safety Authority of Ireland (FSAI) and there were a number of referrals between both organisations during the course of 2013. The FSAI notified the IMB of 62 products that it considered to fall more appropriately under the IMB's remit and these were reviewed and followed up as appropriate. The

committee also engaged in regular dialogue with the Department of Health and with other European regulatory authorities.

The accompanying table outlines the numbers of classification queries for 2013 compared with previous years. Queries are generally evaluated within the normal 28 day timeframe and written explanations of the outcome are provided.

| Number of Applications Received |                   | 2009 | 2010 | 2011 | 2012 | 2013 |
|---------------------------------|-------------------|------|------|------|------|------|
| Source                          | Internal          | 114  | 72   | 132  | 127  | 161  |
|                                 | External          | 17   | 33   | 21   | 17   | 7    |
| Classification Outcome          | Medicinal Product | 88   | 63   | 88   | 91   | 108  |
|                                 | Medical Device    | 4    | 4    | 9    | 6    | 7    |
|                                 | Food Product      | 13   | 24   | 36   | 26   | 28   |
|                                 | Cosmetic Product  | 3    | 6    | 4    | 10   | 19   |
|                                 | Biocide           |      |      | 2    | 1    | 1    |
|                                 | Pending           | 21   | 7    | 12   | 6    | 1    |
|                                 | Other             | 2    | 1    | 2    | 4    | 4    |
| Total                           |                   | 131  | 105  | 153  | 144  | 168  |

### Clinical Trials

The role of the IMB is to assess applications from sponsors to conduct clinical trials in Ireland. Sponsors include pharmaceutical companies and / or research institutions. The IMB approves the clinical trial protocols which describe in detail how each trial is to be conducted and outlines the steps that will be taken to protect the health of volunteers or patients.

In 2013, 102 clinical trials were approved to commence in Ireland. This represents an increase of over 30% in clinical trial applications compared to 2012, which positively reflects increasing research and innovation conducted in Ireland. The key areas of interest continue to include oncology and haematology.

### Voluntary Harmonisation Procedures

The IMB participated in 16 voluntary harmonisation procedures (VHP) during 2013 compared with five the previous year. A VHP is a co-ordinated work sharing assessment procedure for multinational clinical trials. This procedure was established by the national competent authorities for clinical trials from across the EU. In four of these VHPs, the IMB acted as lead Member State for the assessment. In addition, the IMB led in 17 VHP amendments during the year.



## **New Marketing Authorisation Applications**

Before a new medicine can be placed on the Irish market, it must be firstly assessed and authorised (licensed) by the IMB or the European Medicines Agency (EMA). The assessment involves establishing that a medicine's public health benefits outweigh its known risks. Where this is the case, it may be granted a marketing authorisation.

There are a number of routes through which a product can be authorised by the IMB. These include the national procedure, the mutual recognition procedure (MRP) and the decentralised procedure (DCP). Both MRP and DCP involve the simultaneous submission of applications in a number of EU Member States. The assessment involves the input from all of the relevant competent authorities in evaluating the benefit / risk of the product(s). The DCP route differs from MRP in that the product has not previously been authorised within the EU.

During 2013, the following applications were assessed by IMB:

- 198 new national applications (including parallel product authorisations);
- 45 applications made under the MRP;
- 274 applications made under DCP.

The IMB acted as reference (lead) Member State for the assessment of 12 of the MRP and DCP procedures.

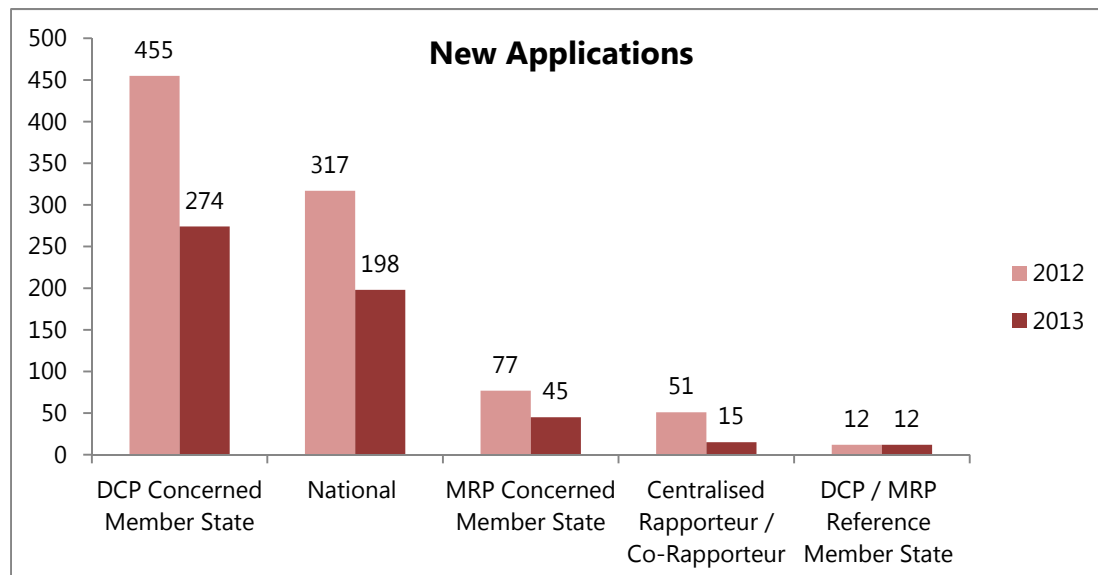
The centralised route is another mechanism whereby products can be authorised in Ireland. In this procedure, the assessment is carried out by the EMA while the authorisation granted by the European Commission. The centralised route involves the submission of a single application to the EMA and the authorisation once granted is valid in all Member States. The IMB was allocated as lead assessor (rapporteur) or joint lead assessor (co-rapporteur) for 15 new marketing authorisations application by the Committee for Medicinal Products for Human use (CHMP) at the EMA in 2013. These included the following application types and treatment areas:

- Respiratory;
- Radiocontrast agent (ECHO);
- Treatment of bile acid metabolism disorders;
- Alcohol dependence;
- IVF media;
- Lysosomal storage disease.

Based on 2013 allocations the IMB was ranked fifth in the EU for rapporteurships for centrally authorised human products.

The total number of new products authorised in 2013 was 752. This figure also includes 208 products authorised through the centralised route where IMB was not rapporteur or co-rapporteur. In overall terms, the number of products authorised has decreased relative to

previous years and this is reflective of a trend observed throughout the EU during 2013 which has been attributed to product patent lifecycles.



### Traditional Herbal and Homeopathic Medicinal Products

During 2013, seven traditional herbal medicinal products (THMPs) were authorised by the IMB. This is a simplified registration scheme which takes into account the tradition of use of these products. Legislation requiring registration for THMPs came into effect in full in 2011. The number of applications received by the IMB since that time has remained low with a total of 19 THMPs authorised by the end of 2013.

There were seven homeopathic medicinal products registered during 2013 under the simplified rules scheme.

### Transfer Applications

The IMB processed a total 144 transfer applications in 2013. Of these, 103 related to the transfer of an existing marketing authorisation to a new marketing authorisation holder while the balance related to a transfer of a marketing authorisation holder prior to authorisation.

### Variations

After a medicine has been authorised, the terms of the marketing authorisation may need to be changed and the process whereby these changes are implemented is known as a "variation". Examples of variations include the addition of a new indication, a new potential side effect, or updates to the company's manufacturing or contact details. In the past year,

the IMB issued 17,749 variations to marketing authorisations for products authorised through the national or MR procedures.

#### Articles 45 and 46 - Variations to Update Product Information

The IMB acted as rapporteur for two paediatric Article 45 procedures, one paediatric Article 46 procedure and 13 procedures relating to Paediatric Investigational Plans (PIPs) during the past 12 months. These are important procedures from a public health viewpoint as they increase the availability of medicinal products specifically indicated for use in children.

#### **Renewals**

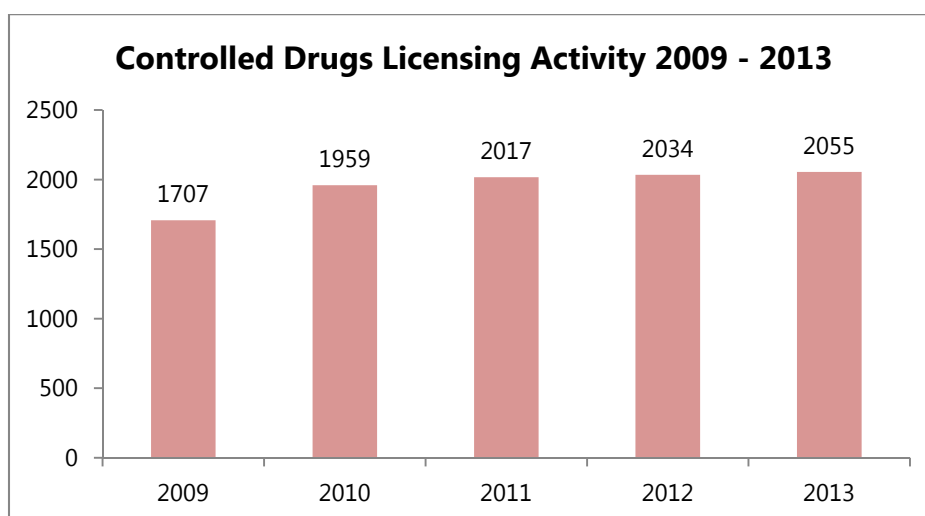
In 2013, 590 renewals to marketing authorisations for products authorised through the national or MR procedures were processed. The reduction of 10% on the previous year reflects the lifecycle of the products in question.

#### **Scientific Advice**

Companies may also seek scientific advice from the CHMP. Scientific advice is a pre-authorisation activity which assists product and technology innovation and development. During 2013, the IMB acted as lead in 38 scientific advice procedures for medicines proposed for the treatment of a broad range of conditions. Areas of focus included respiratory medicine, diabetes mellitus and musculo-skeletal conditions.

#### **Controlled Drugs Licensing**

Import, export and holding of controlled drugs (for legitimate purposes) are subject to licensing. The Department of Health is the licensing authority while the IMB handles the administrative aspects of the application and licensing process.



Licensing activity, which consists primarily of export and import licences and letters of no objection, has increased marginally during recent years.

## VETERINARY MEDICINES

In the conduct of its veterinary medicines licensing activities, the IMB is committed to protecting the welfare of treated animals, including fish, poultry, bees and domestic animals, as well as ensuring the safety of foodstuffs obtained from animals treated with veterinary medicines. The assessment of veterinary products also includes an evaluation of any possible risks to the user as well as the elaboration of risk-management measures to control any risks. Finally, we also evaluate the potential impact of new veterinary medicines on the environment.

### **Product Classification Requests**

The IMB provides a service to stakeholders to assist in clarifying which products should be categorised as veterinary medicines. Such products fall under the remit of the IMB from a regulatory perspective and are distinct from other products which are outside the IMB's remit such as biocides and feeding stuffs.

During 2013, 33 product classification queries were received in respect of veterinary medicines. This represents a drop of more than 50% in the level of enquires compared to 2012.

### **New Applications**

Before a new veterinary medicine can be placed on the Irish market, it must be firstly assessed and authorised by the IMB or the European Medicines Agency. The decision on whether a medicine is authorised centrally in Europe or at a national level is generally dependent on the type of product in question and/or the preference of the marketing authorisation holder. When a company seeks an authorisation from the IMB for a new medicine, an assessment team of veterinary surgeons, pharmacists and other scientists will review the application to establish if the medicine's animal and public health benefits outweigh its known risks.

During 2013, the number of new product applications received by the IMB was 158 of which 16 were purely national applications. We assessed and approved 188 applications, which is an increase of 24% on last year.

The IMB continued to actively contribute to the European veterinary licensing system and issued 50 new marketing authorisations as the reference Member State. In total, including also those applications where the IMB was a concerned Member State, the number of MRP and DCP licenses issued was 139 while 124 such applications were received.

In the 'centralised' procedure, the European Medicines Agency is responsible for conducting the initial assessment of veterinary medicines for which an EU-wide marketing authorisation is sought. Under this procedure, the Committee for Medicinal Products for Veterinary Use (CVMP) appoints members from two different EU countries to evaluate the application and these are known as the rapporteur and co-rapporteur. During 2013, the IMB acted as the rapporteur or co-rapporteur for seven centralised procedures (including extension applications to new target species).

### **Variations**

After a medicine has been authorised, the terms of the marketing authorisation may subsequently be varied. Examples of variations include the addition of a new indication or potential side effect, or updates to the company's manufacturing or contact details.

During 2013, the IMB approved 1,364 variations to authorisations granted through the national, MR or centralised procedures while 1,416 variations applications were received, an increase of 15% on 2012.

### **Renewals**

New marketing authorisations are valid for five years from the date of first issue, after which time they are usually renewed for an indefinite period.

In 2013, 95 renewals to marketing authorisations for veterinary medicines authorised through the national or MR procedures were received while 67 were issued. The number of renewals issued was in line with 2012 figures.

### **Work-in-Progress Applications**

During 2013, the IMB reduced the overall work-in-progress at the end of the year relevant to veterinary medicines to 656 units (comprised of various application types). This represented a notable annual decline of 21%. The overall work-in-progress overdue figure was also reduced by over 70% during 2013.

## **SCIENTIFIC ANIMAL PROTECTION**

The IMB became the national competent authority responsible for the implementation of Directive 2010/63/EU on the protection of animals used for scientific purposes on 1 January 2013. The accompanying national Regulations are set out in S.I. No. 543 of 2012. This authority was transferred from the Department of Health which regulated this area until 31 December 2012.

During its first year as the competent authority, the IMB issued a total of 81 project authorisations, 507 individual authorisations and one establishment authorisation. There were also 22 preliminary inspections and seven compliance inspections undertaken in 2013.

## MEDICAL DEVICES

### **Classification Requests**

The IMB received 45 applications for classification of medical devices or products queried as medical devices. Of these enquiries:

- 48% were received from other medical device competent authorities in Europe or from the European Commission and related to complex classification questions;
- 34% of applications were received from external stakeholders such as medical device manufacturers or distributors;
- 16% were internal queries from within IMB;
- 2% were received from notified bodies.

The IMB circulated six enquiries on medical device classification issues to other European medical device competent authorities with a view to seeking a consensus opinion in Europe on the classification or qualification of a specific product.

In addition, four appeals to classification decisions taken by the IMB were received during 2013.

### **Clinical Investigation Applications**

The IMB received 10 applications for clinical investigations of a medical device to be conducted in Ireland comprising of nine new applications and one re-submission application. Five amendments to ongoing clinical investigations were received in 2013.

While there was an increase in the number of applications received in 2013 (compared with one in 2012), the number of clinical investigations of medical devices ongoing in Ireland remains lower than expected. The last revision of the European medical devices legislation (Directive 2007/47/EC) put greater emphasis on the conduct of clinical investigations. However, an increase in clinical investigation activity in line with this has not been seen in Ireland. It is worth noting that the medical device legislation in Europe only requires application / notification to the IMB of pre-market clinical investigations from medical device manufacturers. This is a specific type of medical device research. Other types of clinical research such as research involving CE marked devices are generally not required to be notified under national or European legislation. Therefore, the number of research applications received by IMB may not necessarily be indicative of the clinical research of medical devices in Ireland.

### **Designation and Monitoring of Irish Notified Bodies**

During 2013, the IMB conducted two surveillance assessments of the National Standards Authority of Ireland (NSAI). One of these surveillance assessments was carried out in its US-based office while the other was carried out in its Dublin headquarters. In addition, two observed audits were conducted by IMB of NSAI staff auditing medical device manufacturing sites.

The IMB received 183 certification notifications, including certificate issuance, modification and withdrawal, which were then uploaded as required to the European EUDAMED database.

### **Technical File Reviews**

In 2013, the IMB increased its focus on review of technical documentation both in the context of market surveillance activities and notified body oversight. A total of 17 technical file reviews were opened in 2013. It is intended to further expand this activity during 2014.

### **Product Registrations**

The IMB received 334 notifications of medical devices to the medical device register. These relate to class I, in-vitro diagnostic and custom made medical devices as well as system and procedure packs. Registration of these devices in the Member State in which the manufacturer or their authorised representative is based is required by legislation as there is a self-declaration of conformity made by the manufacturer.

During 2013, 26 organisations registered with the IMB as Irish based manufacturers or authorised representatives of class I, custom-made, in-vitro diagnostic medical devices, as manufacturers of system or procedure packs or as sterilisers of medical devices.

### **Queries**

During 2013, the medical devices team received 355 pre-market queries relating to medical devices, in addition to those received by the IMB's customer service team.

## **COSMETIC PRODUCTS**

### **Product Notifications**

Manufacturers, importers and persons acting on their behalf who have responsibility for placing cosmetic products onto the EU market, are required to notify such placement. For the first half of the year, this could be done nationally (to the IMB and counterparts in other Member States) or via the European Commission's Cosmetic Product Notification Portal (CPNP). Notification via this centralised portal became mandatory on 11 July 2013.

The IMB received 819 cosmetic product notifications in the first six months of the year. The three most common categories of product notifications remained the same as in 2012 and were:

1. Lip products (20%)
2. Make-up products and make-up (20%)
3. Creams, emulsions, lotions, gels and oils (18%)

#### AUTHORISATION/LICENSING OF SITES AND FACILITIES

The IMB is responsible for the regulation of manufacturers of human and veterinary medicines, and wholesalers of human medicines as well as blood and tissue establishments and organ transplant centres. We are also responsible for the approval of contract laboratories.

Such sites and facilities are required to be authorised / licensed by the IMB for the activities which they carry out that fall within the remit of the relevant legislation. The IMB will grant an authorisation / licence subject to compliance with relevant European / National (as appropriate) legislation and guidelines. Compliance with these requirements is based on satisfactory outcomes of IMB inspections (see also the Safety and Compliance Monitoring section of this report – page 32).

The total number of licences / authorisations in place at year end for the past five years is presented by category in the accompanying table.

| Total Number of Licences/Authorisations (Sites)  | 2009       | 2010       | 2011       | 2012       | 2013       |
|--|------------|------------|------------|------------|------------|
| Manufacturers of Medicines for Human Use         | 85         | 86         | 88         | 87         | 89         |
| Manufacturers of Veterinary Medicines            | 25         | 27         | 24         | 23         | 24         |
| Investigational Medicinal Products for Human Use | 50         | 51         | 50         | 47         | 49         |
| Wholesalers of Medicines for Human use           | 209        | 220        | 243        | 258        | 269        |
| Blood Establishments                             | 5          | 4          | 4          | 3          | 4          |
| Tissue Establishments                            | 13         | 16         | 22         | 21         | 23         |
| Laboratory Approvals                             | 13         | 16         | 16         | 17         | 16         |
| <b>Total</b>                                     | <b>400</b> | <b>420</b> | <b>447</b> | <b>456</b> | <b>474</b> |

#### REGISTRATIONS FOR ACTIVE PHARMACEUTICALS INGREDIENTS AND BROKERS OF MEDICINAL PRODUCTS

Under amendments (via the so-called 'Falsified Medicines Directive') to the Medicines Directive, 2001/83/EC, that came into force at the beginning of 2013, manufacturers,



importers and distributors of active substances were required to register with the IMB. Brokers of medicines were also required to register.

During 2013, the IMB accepted 95 registrations relating to active substances consisting of 22 manufacturer registrations, 35 importer registrations and 38 distributor registrations. There was also one registration accepted for a broker of medicines.

## EXPORT CERTIFICATES

Export certificates are required by health authorities in many third country markets as an indication that a product registered, authorised and / or manufactured in the country of origin is of appropriate quality. As Ireland is a large exporter of medicines and medical devices, companies exporting from here request a large number of certificates. Export certificates are also required in many third countries to facilitate the registration of cosmetic products. The inspection and authorisation / registration programmes operated by the IMB form the basis on which certificates are issued. Where possible, certificate formats as published by the World Health Organization are used.

There was an output of 4,264 export certificates in 2012 as set out in the accompanying table:

| Product Certification Activity  | 2009        | 2010        | 2011        | 2012        | 2013        |
|---|-------------|-------------|-------------|-------------|-------------|
| Certification of Documents  | 235         | 234         | 239         | 272         | 223         |
| Certificates of Good Manufacturing Practice for Active Substance and Finished Product Manufacturers | 269         | 255         | 272         | 276         | 252         |
| Certificates for Medicines  | 964         | 1200        | 1416        | 1350        | 1510        |
| Medical Device Free Sale Certificates   | 977         | 2142        | 1780        | 1522        | 1987        |
| Cosmetic Free Sale Certificates   | n/a         | 174*        | 388         | 210         | 242         |
| Other   | 56          | 28          | 51          | 16          | 50          |
| <b>Total</b>  | <b>2501</b> | <b>4033</b> | <b>4146</b> | <b>3646</b> | <b>4264</b> |

\*2011 was the first full year that the IMB was responsible for issuing certificates for cosmetics.

## **SAFETY AND COMPLIANCE MONITORING**

Post-market surveillance is a primary function of the IMB. This includes the ongoing monitoring of the safety of medicines, medical devices and other health products that have been authorised, licensed or registered for use in Ireland.

There are a range of tools employed to monitor the safety of health products including the assessment of reports of suspected adverse events / incidents and reactions (also known as side effects), conducting scheduled safety reviews, monitoring field safety corrective actions to medical devices and evaluating new and emerging data from trials and studies. Quality issues concerning how a product is manufactured, packaged, labelled or distributed and stored may also arise at the post-market stage.

In certain cases, where it is established that the risks of a particular product outweigh the benefits for those using it, the manufacturer and/or the IMB may decide that it is necessary to remove or recall that product from the market. We work with all stakeholders impacted to ensure that such recalls are managed in a timely and effective manner.

## **HUMAN MEDICINES**

### **Pharmacovigilance**

Pharmacovigilance is defined as the science and activities relating to the detection, assessment, understanding and prevention of adverse reactions, or side effects, associated with the use of medicines.

The IMB monitors adverse reaction reports to look for new types, or changing trends in adverse reactions. In co-operation with pharmacovigilance professionals in Europe and further afield, we focus especially on serious and potentially life-threatening risks. If there appears to be a new and serious risk, the issue must be assessed to determine the impact on the overall benefit / risk profile of the medicine concerned and consideration is given as to how any new risks should best be managed and communicated to healthcare professionals and patients.

During 2013, the IMB received a total of 2,835 valid new adverse reaction reports associated with the use of human medicines in Ireland, consistent with the reporting rates seen in 2011 and 2012. In addition, 3,304 follow-up reports were also received.

The majority of adverse reaction reports are notified to the IMB by pharmaceutical companies marketing the medicines, also known as marketing authorisation holders. Most of these reports will have been initially reported to the companies concerned by doctors, pharmacists

and other healthcare professionals who may also report directly to the IMB. We also receive reports of adverse reactions directly from patients and members of the public.

| Source of Suspected New Adverse Reaction Reports | %  |
|--|----|
| Pharmaceutical company                           | 64 |
| Community Care doctor                            | 9  |
| General Practitioner                             | 5  |
| Hospital Doctor                                  | 4  |
| Hospital Pharmacist                              | 4  |
| Community Pharmacist                             | 4  |
| Nurse  | 5  |
| Patient/Consumer                                 | 1  |
| Other  | 4  |

In keeping with experience elsewhere, reporting rates were highest for newly authorised medicines. Reporting rates are also influenced by their ease of recognition and may be stimulated by publicity about a particular medicine or reaction. In addition, reporting rates are also influenced by proactive and repeated requests to healthcare professionals to submit reports on certain medicines as part of ongoing post marketing surveillance, as well as other promotional and data collection activities. All reports received are carefully evaluated and monitored, with reports of experience with use regularly highlighted and reinforced by IMB communications.

Reports submitted to the IMB in many instances arise from suspicions occurring during observation of an unexpected and/or unwanted event, in the context of use of a medicine. They also include adverse reactions known to occur in association with medicines, such as those described in the product information (summary of product characteristics and package leaflet) for a particular product

| Class of Medicines/Substance                                   | Number of Reports in 2013 |
|--|---------------------------|
| Monoclonal Antibodies  | 503                       |
| Vaccines used in the primary immunisation programme            | 234                       |
| Clozapine  | 214                       |
| Novel Anticoagulants (NOACs)                                   | 136                       |
| Human Papilloma Virus (HPV) Vaccine                            | 131                       |
| Tyrosine Kinase Inhibitors                                     | 94                        |
| Fingolimod   | 74                        |
| Interferon Beta  | 55                        |
| Bortezomib   | 41                        |
| Selective Serotonin Re-uptake Inhibitor (SSRI) Antidepressants | 40                        |

The previous table indicates the medicines most frequently included in reports to the IMB. These account for almost 50% of the adverse reaction reports received during 2013. It is important to note that the inclusion of a medicine on this list cannot be taken as an indicator of safety or risk. The number of reports received cannot be used as a basis for determining the incidence of a reaction as neither the total number of reactions occurring, nor the number of patients using a medicine, is known. Reporting rates may also be stimulated by publicity about a medicine.

Of the reports received by the IMB during 2013, 143 patients were reported to have died while on treatment. In many of these cases, the patients concerned had significant underlying illness and were treated with multiple medicines and /or surgery, which may also have contributed to the outcome. In addition, many of these cases were influenced by disease progression or other complications unrelated to the medicine. The majority were associated with medicines used in the context of products subject to close monitoring, those used in the management of severe underlying medical conditions, in patient support programmes and special patient monitoring programmes such as those in place for clozapine. The following table outlines those medicines associated with the highest number of fatal outcomes.

| Product(s)       | Reports with a fatal outcome |
|------------------|------------------------------|
| Clozapine        | 14                           |
| Denosumab        | 9                            |
| Rivaroxaban      | 8                            |
| Dabigatran       | 5                            |
| Darbepoetin alfa | 4                            |
| Mefloquine       | 4                            |
| Escitalopram     | 4                            |
| Pregabalin       | 4                            |
| Sorafenib        | 4                            |
| Palivizumab      | 4                            |

#### Online Reporting

The online reporting system, available to healthcare professionals and patients / consumers, continued to be used during 2013 with some 459 reports submitted via our website by year end.

During 2013, the IMB continued to report all suspected serious adverse reactions occurring in Ireland electronically via EudraVigilance to the EMA.

### Monitoring Compliance with Pharmacovigilance Obligations

Company / sponsor compliance with pharmacovigilance obligations is continuously monitored and the associated inspection programme continued in 2013. Inspections are jointly carried out by IMB pharmacovigilance and compliance colleagues with the pharmacovigilance team participating in four inspections during the year (see also Inspections and Audits on page 50).

### **Vigilance Assessment and Risk Management**

Vigilance assessment activities encompass particular aspects of benefit-risk management of medicines throughout the product lifecycle and include the evaluation of periodic safety update reports, risk management plans, and protocols and reports related to post-authorisation safety studies. These activities also include signal management, the approval of direct healthcare professional communications and educational materials for use by healthcare professionals and patients. In respect of a number of these activities, the IMB acted as rapporteur or co-rapporteur via the EMA's Pharmacovigilance Risk Assessment Committee (PRAC).

### Signal Management Activities

The IMB continued to contribute to work-sharing for signal detection within the EU during 2013 and acted as the lead in the detection and management of signals for 58 active substances. The IMB retained the responsibility for assessing any signals arising as a result of signal detection for 21 centrally authorised active substances (or combination of active substances) incorporating 34 authorised products for which IMB is rapporteur. The PRAC, which was established in July 2012, played a critical role in the prioritisation of potentially new or changing signals and in making recommendations for further investigation or for labelling changes. During its first 12 months of operation, the PRAC evaluated 92 signals and more than half of these led to labelling changes. The IMB was additionally responsible for the national implementation of these labelling changes for nationally authorised products following the PRAC recommendations.

The IMB also participated in the Signal Management Review Team at EMA on a regular basis which focuses on tools, methods and processes for signal detection as well as methodological guidance.

### Periodic Safety Update Reports

Periodic safety update reports (PSURs) are vigilance documents intended to provide an evaluation of the risk-benefit balance of a medicine. They are submitted by marketing authorisation holders at defined time points during the post-authorisation phase.

During 2013, a new format and content of PSURs was required under law and new assessment processes have been implemented nationally. The PSUR is now a cumulative benefit-risk report rather than an interval safety report, thus allowing continuing analysis of benefit-risk.

In addition, the European Union Reference Date (EURD) list became binding and further harmonised the frequency and dates of submission for PSURs.

The phased approach for implementation of the EU single-assessment procedure commenced in 2013 and now includes single assessments for products authorised centrally and where the active substance is authorised both centrally and nationally. The outcome of these procedures may lead to automatic regulatory action such as variation, suspension or revocation. The IMB also actively participated in the HMA PSUR work-sharing project, retaining our position in the top eight of national competent authorities in Europe in terms of lead Member State assessment responsibilities.

During 2013, the IMB evaluated PSURs relating to 2500 medicinal products. This includes PSURs submitted as national, mutual recognition, centralised, EU single-assessment and PSUR work-sharing procedures.

#### Safety Referrals

2013 was a very active year in terms of EU safety-related referrals with IMB acting as concerned Member State in 15 of these procedures. The IMB provided the lead on the assessment (as PRAC (co-)rapporteur) for two of the major safety referral procedures. Experience to date has shown that the time taken to complete the assessment of referrals has fallen with the establishment of the PRAC. For example, for one type of EU referral the assessments have concluded in less than eight months compared to 15 months before July 2012. These prompter, high quality assessments allow faster optimisation of safe and effective use through drug labelling changes and restrictions when necessary.

#### Risk Management Plans and Risk Communications

Since July 2012, all applications for drug marketing authorisations have, by law, had to include a risk management plan (RMP) documenting the proposed risk management system to be implemented if a marketing authorisation is granted. This facilitates the balancing of access and evidence with proactive planning both of post authorisation studies and risk minimisation measures. EU guidance on the format of RMPs was revised during 2013 and new assessment processes were implemented nationally. In addition, applications for new or initial RMPs submitted outside another regulatory procedure to national competent authorities has changed in line with revised EU variations guidelines.

During 2013, the IMB evaluated 507 RMPs submitted as national, mutual recognition, decentralised and centralised procedures. The IMB demonstrated its continuing commitment

to the new European pharmacovigilance processes by acting as PRAC rapporteur for five new marketing authorisation applications during the year.

As part of its role to promote and support the safe and effective use of medicines, the IMB reviewed and approved 53 Direct Healthcare Professional Communications (DHPCs) which provided new safety information or risk minimisation advice to prescribers. These communications were also published on the IMB website. The IMB also approved 71 sets of educational materials for distribution to healthcare professionals and/or patients.

#### Post Authorisation Safety Studies (PASS)

During 2013, the IMB provided assessment input into 120 post authorisation safety studies (PASS) protocols and reports. PASS are non-interventional studies carried out in order to obtain further information on the safety of medicinal products which are already authorised, or to measure the effectiveness of risk minimisation activities that have been introduced. The results of a PASS help to further evaluate the safety and benefit-risk profile of a medicine already in use and may have an impact on the marketing authorisation of the product.

### BLOOD, TISSUES AND CELLS, ORGANS

#### **Haemovigilance**

The IMB is the competent authority for legislation concerning blood and blood components.

Haemovigilance refers to a set of organised surveillance procedures relating to serious adverse or unexpected events or reactions in donors or recipients and the epidemiological follow-up of donors.

The IMB continued its interaction with the National Haemovigilance Office (NHO) during 2013, including discussion of issues of mutual interest and concern at bilateral quarterly meetings.

Following collaboration with the NHO, the IMB submitted an annual report on serious adverse reactions and events to the EU Commission during 2013. The report reflected information received during 2012 and included information on 129 serious adverse reactions and 117 serious adverse events which met the mandatory legislative reporting requirements. While these figures reflect a decrease of approximately 25% for serious adverse event reports compared with the previous year, the overall reporting rates remain largely consistent. These figures also reflect the impact of changes to agreed EU reporting criteria.

The EU Commission continued to progress harmonisation initiatives to develop a common approach to the provision of data by Member States through a Working Group on

Haemovigilance first convened during 2007. During 2013 the IMB, in collaboration with colleagues from the NHO, actively contributed to the development of updated guidance.

### **Tissue and Cell Vigilance**

The IMB is the competent authority in Ireland for the purposes of the EU tissues and cells legislation. The legislation focuses on standards of quality and safety for donations, procurement, testing, processing, preservation, storage and distribution of human tissues and cells.

There were a number of tissue and cell vigilance activities progressed during 2013.

The three year project co-funded by the EU Public Health group on Substances of Human Origin Vigilance and Surveillance (SOHOV&S) was brought to a conclusion. The IMB participated as a partner in this project which had a primary aim of supporting the establishment of effective vigilance and surveillance systems for tissues and cells used in transplantation and in assisted reproduction.

The IMB submitted an annual report on serious adverse reactions and events, associated with tissues and cells to the EU Commission during 2013. The report reflected information received in 2012 and consisted of some 42 reports associated with use of tissues and cells, 38 of which met the legislative reporting requirements, including two serious adverse reactions and 36 serious adverse events. Both these figures represented a very slight decrease in reporting rates compared to the previous year. The remaining four donor reaction reports, while not fulfilling the mandatory reporting requirements, were included on a voluntary basis as requested by the Commission.

The EU Commission continued to progress harmonisation initiatives to develop a common approach to the provision of data by Member States through a Working Group on Tissues and Cells Vigilance. During 2013, the IMB continued to participate in the development of guidance for reporting which was updated during the year.

### **Human Organs for Transplantation**

The IMB and the Health Service Executive (HSE) were appointed as the responsible national competent authorities for the legislation on standards of quality and safety of human organs intended for transplantation in 2012. During 2013, the IMB liaised with the HSE lead and colleagues responsible for this area in relation to the development of report forms and guidance to facilitate serious adverse reaction and event reporting. The IMB also shared information with the HSE in respect of reports received to date and supported appropriate follow up of relevant cases.



## VETERINARY MEDICINES

### Pharmacovigilance

Pharmacovigilance is a post-authorisation activity designed to ensure the ongoing production and use of high-quality veterinary medicines that are effective and as safe as possible. The primary inputs into the national pharmacovigilance system are reports of suspected adverse events received by the IMB from marketing authorisation holders, veterinarians and the general public.

During the 12 months under review, the IMB received 272 national reports of suspected adverse events to veterinary medicines. Reports received related to the following species:

- Bovine (116)
- Canine (81)
- Ovine (40)
- Feline (10)
- Equine (5)
- Poultry (5)
- Fish (2)
- Porcine (2)
- Caprine (1)

In addition, there were 10 reports of adverse effects in humans exposed to veterinary medicines.

Of the 272 reports of suspected adverse events received, a total of 135 involved pharmaceutical products and 137 involved immunological products. The majority of reports related to the use of a single medicine. However, two or more products were implicated in 71 reports of which 13 related to the use of both pharmaceutical and immunological products concurrently.

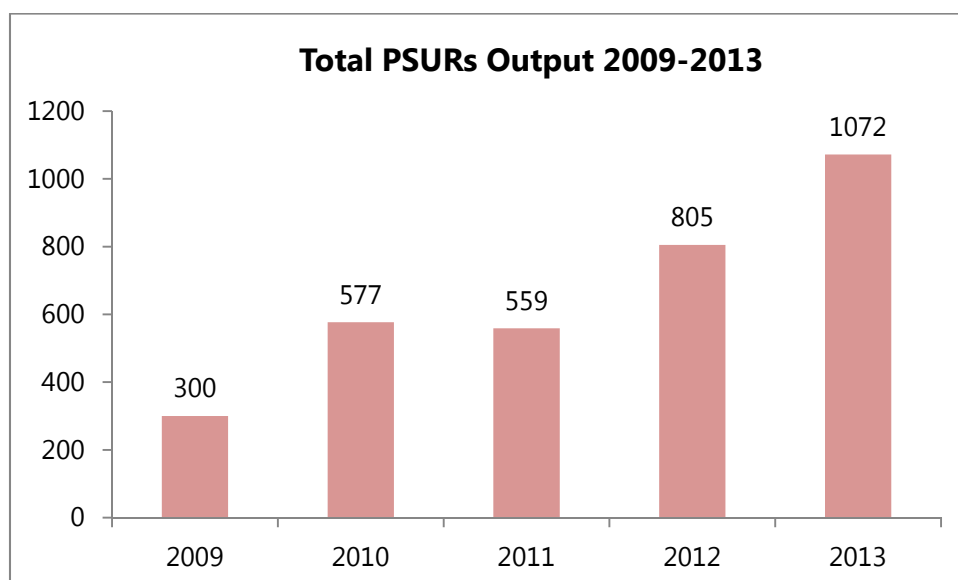
Overall, 144 reports involved suspected lack of expected efficacy with 114 involving suspected adverse reactions in the treated animals. Four reports related to violations of approved residue limits.

As a result of suspected adverse event information received during 2013, the IMB requested an amendment to information included in the summary product characteristics of one product.

### Periodic Safety Update Reports

The IMB received 909 applications for periodic safety update reports (PSURs) for veterinary medicines in 2013. This represents a slight reduction of approx 5% compared to the 2012 data.

The IMB completed the evaluation of 1072 PSURs in 2013. This represents year-on-year increase of approximately 25%.



### **Use of Veterinary Antimicrobials in Ireland**

Under a European programme known as the European Surveillance of Veterinary Antimicrobial Consumption (ESVAC), the IMB collects annual information on the consumption of antibiotics from each marketing authorisation holder. The data for 2012 show that there was an apparent increase in the overall usage of veterinary antibiotics of 14% (although the 2011 baseline might be seen as low by historical standards). Medicated premixes and other oral formulations that are used primarily for the medication of pigs and poultry account for about two thirds of total consumption. This consumption pattern is relatively consistent with that of previous years.

The IMB continues to work with other EU veterinary medicines agencies and the EU Commission to help ensure that veterinary antibiotics are used responsibly in accordance with their approved conditions of use.

### **MARKET COMPLIANCE – HUMAN AND VETERINARY MEDICINES**

The IMB is responsible for a number of risk-based market surveillance programmes. These include proactive activities such as the sampling and analysis programme and the advertising compliance programme, and reactive activities such as the quality defect and recall programme.

The IMB also operates an exempt medicinal products notification scheme designed to monitor the importation and supply of unauthorised medicinal products. In addition, we carry out a programme of regulatory compliance inspections at the premises of marketing authorisation holders. The latter is designed to assess the level of compliance against national legislation relating to the placing on the market and advertising of medicines.

### **Sampling and Analysis Programme**

The IMB's risk based sampling and analysis programme is part of our monitoring of the quality and safety of medicines and our identification of borderline medicinal / non-medicinal products that may be on the Irish market. This is achieved through analytical testing and / or examination of packaging and labelling of medicines, active substances, borderline medicinal / non-medicinal products and enforcement-related samples.

A total of 437 product samples were sent for analytical testing / examination work during 2013. Details are provided in the accompanying tables.

#### Examination of Packaging and Labelling

The packaging and labelling of 246 medicinal and other products were examined. Of these, 68% were subjected to general packaging and labelling examinations, with a particular emphasis on the adequacy of the required safety and warning information on package leaflets. A further 27% of products were subjected to Braille compliance checks.

The packaging and labelling of 162 medicines and other products available on the Irish market were examined. In total, 402 individual checks were carried out on the samples including a number relating to the safety information on package leaflets.

| Description of products examined   | Number of samples examined |
|--|----------------------------|
| Medicines subject to risk-based compliance monitoring for packaging and labelling attributes                   | 65                         |
| Parallel imported medicines subject to risk-based compliance monitoring for packaging and labelling attributes | 61                         |
| Borderline medicinal/non-medicinal products (associated with IMB Classification Committee work)                | 20                         |
| Samples obtained for other IMB work  | 10                         |
| Products subjected to usability checks   | 6                          |
| <b>Total</b>   | <b>162</b>                 |

Of the products examined, 86% were authorised medicines. All of these products were examined for signs of counterfeiting and tampering and no issues were identified. The remaining 14% concerned work on mainly borderline products. Braille compliance checks were carried out on 26% of products while 4% were subjected to usability checks.

#### Analytical Testing

There were 275 medicinal and other product samples sent for analytical testing. These included 156 samples sent to governmental laboratories in Ireland and 104 sent to Official Medicines Control Laboratories (OMCL) in other countries and to the European Directorate for the Quality of Medicines (EDQM) as part of European working-sharing programmes and other collaborations.

Approximately 49% were authorised medicines, while 35% related to enforcement and borderline medicinal / non-medicinal products. There were 17 products manufactured in Ireland for export tested while 29 samples were collected by our inspectors during inspections abroad. A small number of exempt medicines were tested.

| Product categories selected for analytical testing in 2013  | Number of samples analysed |
|---|----------------------------|
| <i>Physico-chemical Analysis / Biological Analysis</i>      |                            |
| Enforcement-related products for human use                  | 70                         |
| Nationally authorised medicines for human use               | 62                         |
| Biological active / intermediate pharmaceutical ingredients | 35                         |
| Centrally authorised medicines for human use                | 33                         |
| Borderline medicinal / non-medicinal products for human use | 18                         |
| Authorised veterinary medicines                             | 14                         |
| Other product categories                                    | 20                         |
| <i>Microbiological Analysis</i>                             |                            |
| Nationally authorised medicines for human use               | 14                         |
| Nationally authorised medicines for veterinary use          | 5                          |
| Medicines for human use manufactured for export             | 4                          |
| <b>TOTAL</b>  | <b>275</b>                 |

#### Participation in EU Co-ordinated Market Surveillance Activities

The IMB is an active participant in EU surveillance programmes that involve the sampling and analysis of medicines. This is achieved by participation in the OMCL network co-ordinated by the EDQM in Strasbourg.

The 2013 programme included:

- Centrally authorised medicines:
  - 29 sampled in Ireland for testing at OMCLs in other Member States and 5 tested at the IMB's OMCL (Public Analyst's Laboratory, Galway).
  - 21 of the 34 products were sampled as part of an anti-counterfeiting collaboration.
- MRP/DCP:
  - 8 MRP / DCP medicines sampled in Ireland and analysed at other Member State OMCLs.
  - 5 MRP/DCP products analysed at IMB's OMCL.
- Other products:
  - A number were analysed at the IMB's request at OMCLs in other Member States. For example, 23 products underwent microbiological analysis at the Finnish and Czech OMCLs.
- As part of a European-wide project, the IMB organised the analysis of 29 biological samples that were obtained during an inspection in China. The analysis work was done in collaboration with OMCLs in Germany, Sweden, the UK, Denmark and Italy.

#### Principal Findings

| Analysis                | Findings   |
|-------------------------|--|
| Laboratory analysis     | While the majority of samples tested were compliant with their specifications, 29 of out-of-specification results were also obtained. These included, for example, eight products that did not comply with the Ph. Eur. subdivision of tablets test and eleven products that did not comply with their assay specification. There were 21 deficiencies identified in the analytical methods and specification documents used by manufacturers of medicines. Appropriate follow-up actions were taken in each case. |
| Packaging and labelling | 19 non-compliances were identified across 17 authorised medicinal products and in 2 borderline medicinal / non-medicinal products. Of these, 13 related to the Braille non compliances while three related to incorrect information in package leaflets or in other product information, including the safety warning information. The final three related to unauthorised products that included medicinal claims on the packaging.   |

#### Acknowledgements

The IMB would like to thank the staff of the Public Analyst's Laboratory, Galway, and the staff of the State Laboratory, Young's Cross, Celbridge, Co. Kildare, for their invaluable contributions to the IMB's sampling and analysis programme in 2013.

## Quality Defects and Recalls

The IMB's quality defects and recalls programme investigates, on the basis of risk to public and animal health, reports of suspected quality defects in both human and veterinary medicines and in their related active substances. The IMB also co-ordinates any subsequent recall actions on the Irish market. Reports are received from both the Irish market and through a global network of regulators via a rapid alert system.

### Number and Types of Quality Defects

A total of 774 quality defects were reported to, or identified by, the IMB during the past 12 months. Medicines for human use accounted for 743 quality defect reports with 31 reports concerning veterinary medicines.

The most common categories of defect were:

- Stability issues (14%);
- Non-compliance with marketing authorisation (11%);
- Contamination issues (11%);
- Reports of undeclared active ingredients in products (7%);
- Lack of sterility assurance (5%).

These categories are generally consistent with those reported in 2012.

The accompanying table illustrates how the various quality defect issues were classified in 2013. For comparison, the corresponding figures for the previous four years are also presented.

| Year   | 2009       | 2010       | 2011       | 2012       | 2013       |
|--|------------|------------|------------|------------|------------|
| Minor Quality Defects                          | 147        | 241        | 314        | 236        | 230        |
| Major Quality Defects                          | 345        | 332        | 364        | 303        | 300        |
| Critical Quality Defects                       | 105        | 173        | 231        | 189        | 235        |
| Number of Quality Defect Reports Not Justified | 17         | 5          | 8          | 13         | 9          |
| <b>Total Number Quality Defects</b>            | <b>614</b> | <b>751</b> | <b>917</b> | <b>741</b> | <b>774</b> |

Of the total number of defects, 533 were determined to affect Ireland. In these cases, the defective batch or batches were either on the Irish market and / or were manufactured in Ireland.

Critical quality defects, which are those defects defined as potentially life-threatening or a serious risk to health, accounted for 235 of the total reports received. Of these, 56 were deemed to affect Ireland. These included 19 product contamination issues, 18 lack of sterility issues and five falsified medicine issues. However, in none of the cases was a falsified product

identified on the Irish market. Of the remaining 15 critical cases affecting Ireland, one concerned a veterinary medicine, while the remainder related to human medicines.

#### Sources of Quality Defects

As in previous years, pharmaceutical companies and other competent authorities accounted for the majority of reports of human medicine quality defects received.

| Source of Reports  | Human Medicines | Veterinary Medicines |
|--|-----------------|----------------------|
| Companies (Manufacturers, distributors and/or marketing authorisation holders) | 372             | 17                   |
| Other Competent Authorities (Regulators)                                       | 280             | 13                   |
| IMB Staff Members  | 49              | 1                    |
| Hospital Pharmacists   | 21              |                      |
| Community Pharmacists  | 13              |                      |
| Patients and/or Members of the Public  | 6               |                      |
| Physicians and Nurses  | 2               |                      |

#### Recalls of Human and Veterinary Medicinal Products

In order to protect the health and safety of patients, it is deemed necessary in certain cases to withdraw, or recall, products from the Irish market. During the year in review, 109 medicine recalls occurred. Of these, 107 related to human medicines and two to veterinary medicines.

As regards the level of recall, 16% were to patient/user level, 48% to pharmacy/retail level and 37% to wholesale level.

Exempt medicines accounted for 21% of recalls of human medicines while compounded products for human use accounted for 11%. Of the total number of recalls from the Irish market, 26% related to products manufactured at an Irish facility.

The most common causes of a human medicine recalls were:

- Lack of sterility assurance (16)
- Non-compliance with GMP (15)
- Stability issues (14)
- Non-compliance with marketing authorisation (11)
- Printed packaging component (9)
- Non-printed packaging component (8)
- Contamination issues (7)

In respect of veterinary medicines, one recall related to a product mix-up issue and one to a non-printed packaging component issue.

## **Retail Sales Monitoring**

### Exempt Medicinal Products Programme

Medicines placed on the Irish market must be authorised by the IMB or, in the case of centrally authorised products, by the European Commission. However, European regulations do provide for an exemption to this rule. In this case, registered doctors and dentists are permitted to prescribe unauthorised medicines for individual patients under their direct responsibility in order to fulfil the special needs of those patients. Such products are defined as 'exempt medicinal products'.

Under the medicinal products Regulations, wholesalers and manufacturers of medicines are obliged to notify certain information to the IMB in relation to any exempt products that they source. This is done by submitting electronic notification to an IMB database. This information facilitates, when required, the effective recall of any defective exempt medicine from the Irish market.

During 2013, 1,275,669 packs of exempt medicines were notified. We continue to work with stakeholders in several areas to identify and develop solutions aimed at limiting the use of exempt medicines in Ireland.

### General Retail Sale Investigations

The IMB monitors the sale of consumer healthcare products by retail outlets such as grocery shops, health food shops and, in some instances, pharmacies, using a proactive and reactive risk based programme. Of the 98 products investigated in the past year, 19 were removed from sale as they breached medicines legislation in various ways. For example, some were unauthorised products while others included medicinal claims.

### Regulatory Compliance Inspections

These risk-based inspections are carried out at the premises of marketing authorisation holders. The inspection seeks to determine the level of compliance with the legal requirements for the marketing and advertising of medicines. Three inspections were carried out in 2013 and a number of non-compliances were identified. These were followed up and the IMB monitored the implementation of corrective actions at companies concerned. This inspection activity is linked to the IMB's advertising compliance programme.

### Human Medicines Advertising Compliance Programme

It is important that in the interests of public health, the benefits, uses and effects of medicines are promoted responsibly. It is the role of the IMB to monitor and review advertising and



promotion activities by the industry for compliance with the requirements of the Medicinal Products (Control of Advertising) Regulations, 2007.

Just under 400 advertisements were reviewed for compliance in 2013. While the majority were found to be compliant, a number of non-compliant advertisements were also identified. One was required to be withdrawn.

The five aspects to the programme are shown in the table below::

|  | Total | Advertisements Reviewed | Non-Compliances Identified   |
|--|-------|-------------------------|--|
| Proactive Monitoring: Pre-planned Projects       | 12    | 217*                    | 17 individual advertisements were non-compliant  |
| Proactive Monitoring: Randomly Selected Projects | 25    | 88*                     | 16 individual advertisements were non-compliant  |
| MAH Inspections Performed                        | 3     | Multiple                | Nine major deficiencies identified across a number of areas. Two related directly to advertising activities. |
| Complaints Received                              | 16    | 49*                     | Five advertisements were found to be non-compliant   |
| Queries Received                                 | 60    | 45*                     | 12 advertisements were found to be non-compliant   |

\*Note: Some of these figures are approximate. They may include website advertisements, and each page of a website is counted as one advertisement, because multiple pages can have multiple advertisements.

In all cases of non-compliance identified by the different elements of the programme, the IMB supervised the adoption of the necessary corrective and/or preventative actions by the marketing authorisation holder.

## MEDICAL DEVICES

### Vigilance

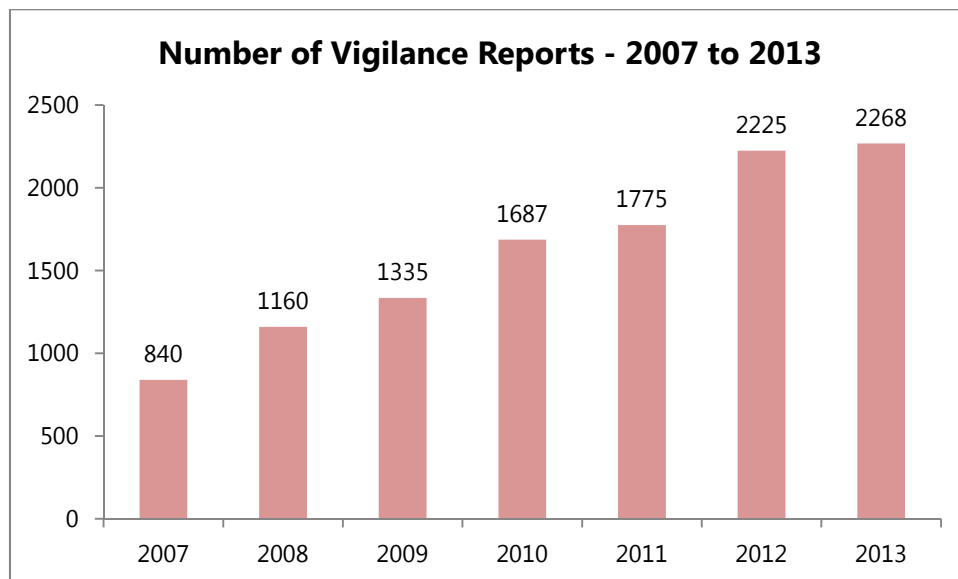
The IMB's reporting system for incidents and Field Safety Corrective Actions (FSCA) associated with medical devices is intended to protect the health and safety of patients, users and others by reducing the likelihood of the same type of incident or FSCA occurring elsewhere and to correct product problems.

### 2013 Reports in Summary

A total of 2,268 medical device vigilance reports were received and assessed representing a slight increase on 2012. This continues the upward trend in the number of vigilance cases received annually.

Of the vigilance reports received in 2013, 58% were from manufacturers while 37% were received from competent authorities. In total, 38% of the reports received were as a result of an incident on the Irish market.

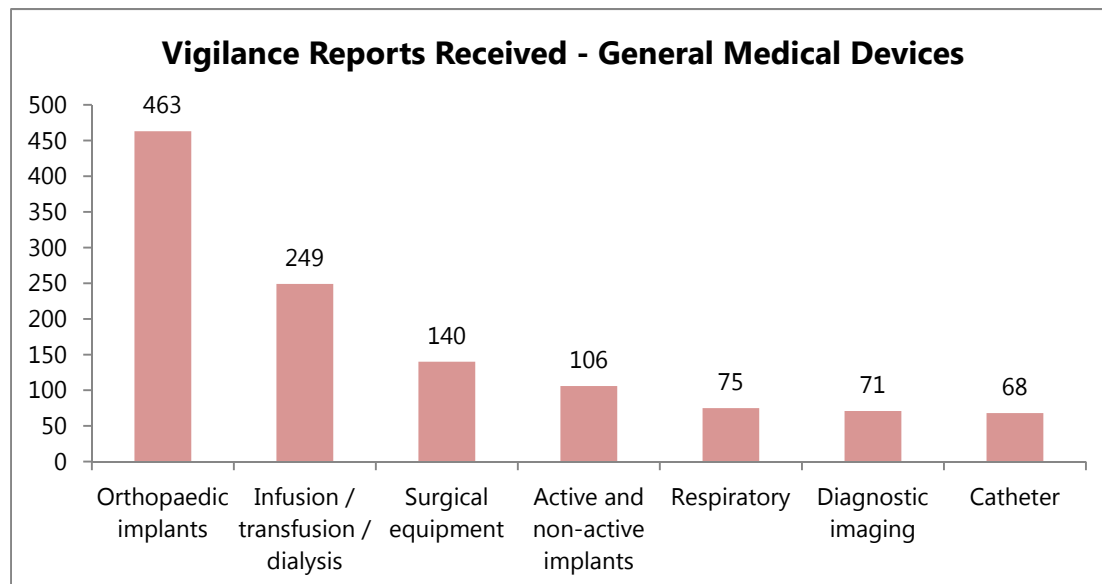
European regulatory action followed in respect of 58% of the reports received. In Ireland, the IMB published 543 manufacturer's field safety notices online which directly affected the local market representing a 23% increase compared with 2012. These notices are intended to inform users of safety issues relating to medical devices. A total of 182 product removals conducted in Ireland in 2013. Safety information was also highlighted to the public through IMB safety notices. There were 16 such notices sent to relevant interest groups and published on the IMB website. During the year in review, the IMB issued 112 national competent authority reports which represents a 38% increase on 2012.



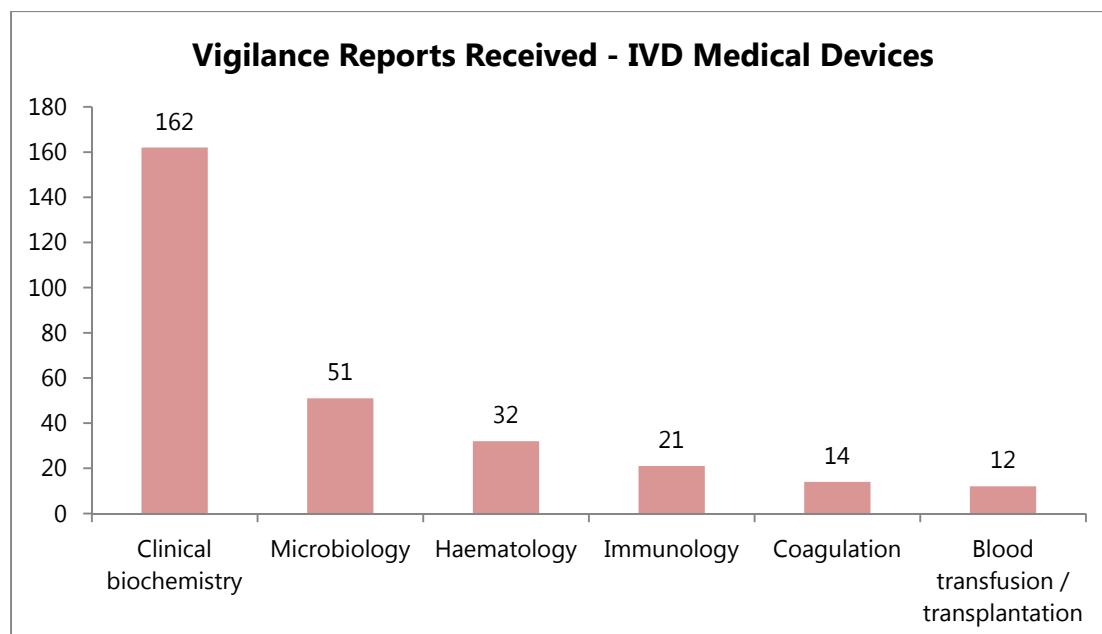
### 2013 Reports by Product Type

Orthopaedic implants, due to the continued reporting of revision procedures associated with the ASR Articular Surface Replacement and ASR XL Acetabular system manufactured by DePuy, and infusion and transfusion devices accounted for a large proportion of vigilance reports received. In addition there were also a number of reported revision surgeries in

relation to implanted defibrillation leads. The accompanying chart outlines the types of general medical devices associated with the highest number of reports received.



In the area of in-vitro diagnostic medical (IVD) devices, the largest number of vigilance reports received related to clinical biochemistry. Field safety corrective actions relating to clinical biochemistry reagents and analysers continued to have a high impact on the number of IVD vigilance cases.



## **Compliance**

Medical device compliance activities are focused on protecting the health and safety of those who use medical devices by ensuring that all devices on the Irish market comply with the relevant European directives.

In 2013, a total of 665 compliance cases were reviewed and managed. Similar to previous years, issues identified in the past 12 months and investigated as part of compliance cases included labelling problems, missing or incorrectly attached CE marking and classification issues. Of the total cases notified to the IMB, 87% were from other competent authorities and mainly related to notified body certificate withdrawals.

The IMB finalised a retailer guide in late 2013 on key elements of legislation relating to the sale of medical devices in Ireland.

### **MARKET COMPLIANCE OF COSMETICS**

#### **Proactive Market Surveillance**

Post market surveillance of cosmetic products includes a national sampling programme and involves close co-operation between the IMB and the HSE. In this context, the HSE Environmental Health Service and the three Public Analysts' Laboratories based in Cork, Dublin and Galway were involved in the preparation of the market surveillance schedule and the subsequent proactive sampling and analysis of cosmetic products on the Irish market.

The new Cosmetic Products Regulation, EU Regulation 1223/2009, came into effect in July 2013 and introduced good manufacturing practice (GMP) requirements for cosmetic product manufacture in line with ISO 22716:2007. The IMB undertook a pilot GMP inspection programme where three manufacturers were inspected to this standard. Opportunities for improvement were highlighted as an output from these inspections.

There is no pre-market approval of cosmetic products on the European market and, therefore, the safety of cosmetic products is monitored through post market surveillance. This includes a review of product labelling and of the product information file (PIF). The requirement to have a product information file in place prior to placing a cosmetic product on the market is mandatory and is given legal status by Article 11 of the Cosmetic Products Regulation. A number of product information files were proactively requested by the IMB for technical review. Labelling reviews were also carried out as part of the proactive surveillance campaign.

#### **Reactive Market Surveillance**

Reactive surveillance includes investigation of quality related complaints (compliance cases) and reports of undesirable effects relating to the use of cosmetics (vigilance cases). During

the year in review, 153 compliance cases were initiated and these accounted for the vast majority of investigations. There were 17 vigilance cases investigated, while seven products were recalled / withdrawn from the Irish market.

Reactive surveillance of cosmetic products also includes investigation of incoming RAPEX Alerts (EU safety alerts for cosmetic and other consumer products). The National Consumer Agency (NCA) is the national contact point for Rapex Alerts in Ireland. In conjunction with the HSE, the IMB investigated 111 alerts on the basis of risk and, where appropriate, market action was taken. In all, three of the products were found on the Irish market. In respect of each of these, a reaction report was submitted to the European Commission outlining the market actions taken.

## INSPECTIONS AND AUDITS

As part of our regulatory role, the IMB is focused on ensuring industry compliance with relevant standards and legislation. Our inspections and audits work programme includes:

- Regular inspections of manufacturers and wholesalers of medicines to check for compliance to EU guidelines on Good Manufacturing Practice (GMP) and Good Distribution Practice (GDP), respectively.
- Inspection of clinical trial sites for compliance with EU and International Conference on Harmonisation (ICH) guidelines on Good Clinical Practice (GCP). The GCP inspection programme includes inspection of sponsor companies, investigators, contract research organisations and laboratories and applies to clinical trials approved in Ireland and those performed in support of national and EU marketing authorisations.
- Inspection for compliance with Good Pharmacovigilance Practice of the systems put in place by marketing authorisation holders for dealing with reports of adverse reactions to medicines.
- Regular audit of the NSAI, the notified body for medical devices that is designated by the IMB.
- Proactive audit of manufacturers of Class I devices and ‘for cause’ audits as required, for example, as part of the follow-up to a defect.
- Inspection of blood, tissue and cells, and organ establishments for compliance with applicable EU guidelines on the quality and safety of blood, blood products, tissues and cells and human organs intended for transplantation.
- Inspection, often in conjunction with the Garda National Drugs Unit, of manufacturers and wholesalers of medicines containing controlled drugs (CD) and of precursors (chemicals that can be used in the preparation of illicit drugs) to check for compliance with security and record-keeping requirements for these controlled substances.

### Overview of the 2013 Inspection Programme

During the 12 months under review, 313 inspections and audits were performed compared to 315 in 2012 and 300 in 2011. The average number of days required to close-out inspections and audits conducted was 103.

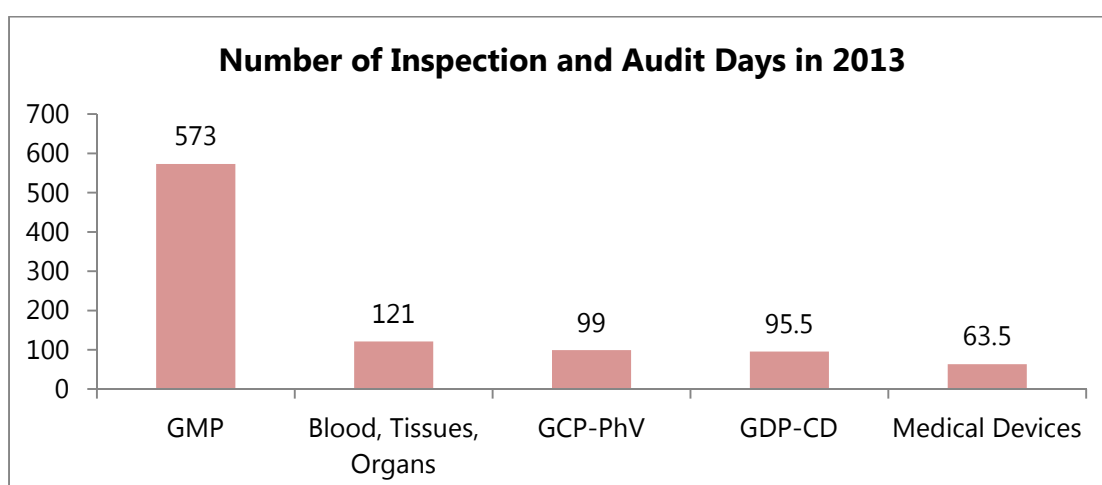
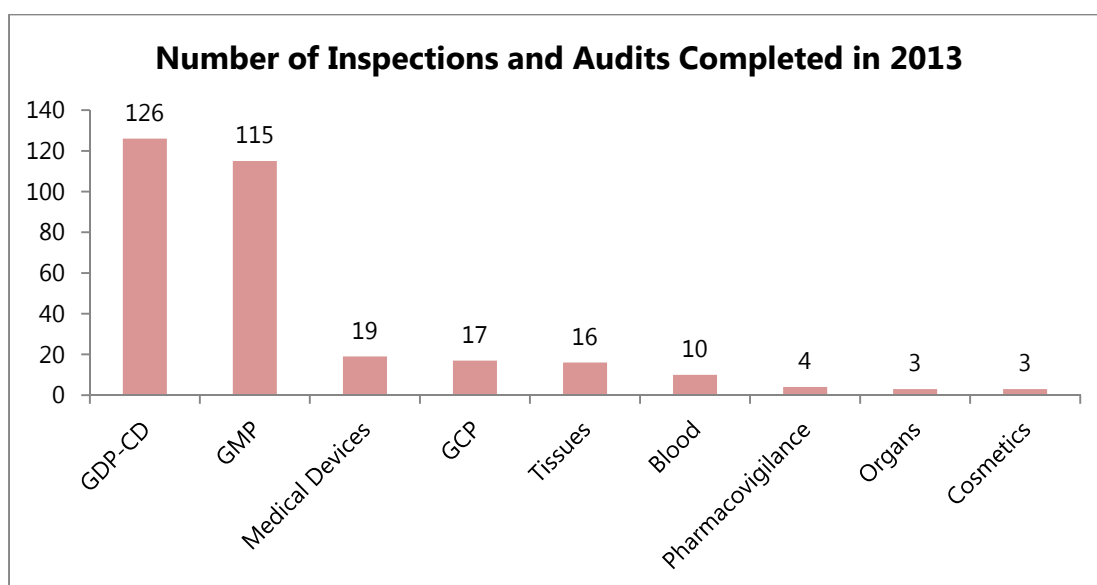
| Performance Results and Statistics                        | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|------|
| No. of national inspections and audits performed          | 238  | 293  | 271  | 289  | 279  |
| No. of foreign inspections and audits performed           | 28   | 30   | 29   | 26   | 34   |
| % inspections and audits closed on time ( $\leq 90$ days) | 58   | 62   | 66   | 61   | 63   |
| Average time for close-out (days)                         | 112  | 194  | 79   | 76   | 103  |

In the past year, there were:

- 115 GMP inspections carried out at manufacturing sites. These included 24 inspections in non-EEA countries, 16 of which were carried out at the request of the EMA for centrally authorised products. Of the GMP inspections carried out, 16% were of active substance manufacturers.
- 126 inspections performed to assess compliance with GDP and controlled drugs (CD) requirements. Of these, 123 related to the distribution of medicines, including controlled drugs, and 3 related to the distribution of active substances.
- 17 GCP inspections completed, of which 12 were carried out at investigator sites in Ireland. Five inspections related to centrally-authorised medicines and were conducted at the request of the EMA. One of these took place at a contract research organisation (CRO) in Ireland.
- Four pharmacovigilance inspections carried out at the facilities of Irish based marketing authorisation holders.
- 19 medical device audits performed.
  - Two were surveillance audits of the NSAI, the notified body for medical devices in Ireland. One of these audits was carried at the NSAI's offices in Dublin and was observed by the European Commission's Food and Veterinary Office (FVO) while the other was performed in the NSAI's offices in New Hampshire, USA.
  - Three observed audits of the NSAI were performed at the premises of device manufacturers.
  - Two joint assessment audits were carried out by the IMB in conjunction with the FVO for assessment of designating authorities for medical devices outside of Ireland.
  - Three audits were performed of authorised representatives of medical device manufacturers and three were performed of manufacturers of custom made medical devices. There were also three audits of in-vitro diagnostic

manufacturers and the remaining three audits were of general medical device manufacturers.

- 10 blood establishment inspections completed. These included six inspections of facilities maintained by the Irish Blood Transfusion Service (IBTS) and an inspection undertaken at the request of the Medicines Authority of Malta of its National Blood Transfusion Service.
- 16 tissue establishment inspections carried out.
- Three inspections carried out to assess applications for authorisation for establishments involved in organ transplantation.
- Three GMP inspections conducted at cosmetics manufacturers in Ireland as part of a pilot inspection programme.



## ENFORCEMENT

Illegal activity involving the manufacture, supply and sale of medicines or medical devices can potentially have consequences for public health. It is the role of the IMB to investigate potential breaches of human medicinal product, medical device and the majority of other legislation within its remit. Where necessary, we will take the appropriate corrective action including possible legal proceedings.

### Enforcement Cases and Detained Medicines

In 2013, a total of 3,932 enforcement cases were initiated by the IMB, compared to 3,911 for 2012.

While this represents a stabilisation on the number of cases being initiated, the number of dosage units detained increased to 919,965. This represents a 20% increase in the numbers of units, such as tablets and capsules, when compared with 2012. The profile of the detentions changed in comparison to 2012 also with sedative products accounting for 51% (19% in 2012) of detentions and weight loss products and erectile dysfunction products accounting for 19% (20% in 2012) and 11% (6% in 2012), respectively. This may be partly explained by detections of larger quantities of sedative products during inter-agency operations by the IMB, Revenue's Customs Service and An Garda Síochána. The majority of these illegal supplies appeared to originate from China, USA, India and UK.

A summary of the IMB enforcement data is provided in the accompanying table.

| Year              | 2009                       | 2010                       | 2011                       | 2012                       | 2013                       |
|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Product detained  | 494,502<br>Dosage<br>Units | 822,484<br>Dosage<br>Units | 762,641<br>Dosage<br>Units | 758,276<br>Dosage<br>Units | 919,965<br>Dosage<br>Units |
| Cases Opened      | 3,729                      | 3,936                      | 4,549                      | 3,911                      | 3,932                      |
| Prosecutions      | 2                          | 5                          | 9                          | 9                          | 9                          |
| Product destroyed | 2,601kg                    | 1,400kg                    | 4,519kg                    | 1,065kg                    | 4,194kg                    |

### Inter-Agency Co-operation and Pangea VI

The IMB continues to liaise with other enforcement agencies, both nationally and internationally, to prevent and detect the unauthorised flow of medicines and medical devices. Co-operation with Revenue's Customs Service and with An Garda Síochána continued as evidenced by the joint approach in advance of Operation Pangea VI and during



its execution in September. This global initiative, co-ordinated by INTERPOL, to identify and act against illegal websites supplying falsified and illegal medicines, involved 200 national agencies worldwide from 99 countries. It led to the detention in Ireland of nearly 200,000 tablets and capsules with an estimated value in excess of over €600,000.

### **District Court Prosecutions**

The IMB initiated nine prosecutions in the District Courts during the course of 2013. This is the same number of prosecutions as for 2011 and 2012.

The offences involved included the;

- Importation of medicines without manufacturing authorisations;
- Supply of prescription only medicines without prescriptions;
- Procurement and supply of prescription only medicines without marketing authorisations;
- Wholesale of medicines without a wholesaler's authorisation;
- Advertising of prescription only and unauthorised medicines.

Products containing active substances indicated for mood stabilisation, sports performance enhancement, erectile dysfunction and weight loss were included in these prosecutions.

## **LEGISLATIVE AND REGULATORY DEVELOPMENTS**

The remit and role of our organisation continues to change and expand in line with national and European legislative changes and in response to the addition of further competencies.

This section of the 2013 annual report outlines the most significant legislative and regulatory developments during the past year for each of the healthcare products we regulate, how these changes influenced the work of the IMB and, where relevant, the associated impact on stakeholders.

Details are also provided of the IMB's significant programme of work carried out under the Irish Presidency of the Council of European Union a six month period during which Ireland was at the centre of decision-making in Europe.

### **Irish Presidency of the Council of the European Union**

The Irish Presidency was a considerable area of focus for the IMB from January to June 2013. In total, we hosted 22 meetings during this period with approximately 1000 delegates visiting Ireland for IMB organised events.

Each meeting was focused on contributing to the overall Irish and European objective of ensuring public health through co-operation, consistency and development of standards throughout Europe. Overall, the IMB's contribution to the Presidency was considered highly successful with very positive feedback received from participants and, critically, essential progress made in respect of a number of important regulatory issues.

The IMB's Presidency programme included a number of joint meetings, which brought together key European committees and organisations to discuss a range of current regulatory issues. Of particular note, was the first joint meeting of CHMP, PRAC and CMDh which are the three key committees with responsibility for the authorisation and safety monitoring of human medicines. The Irish Presidency also included the first ever combined meeting of both the HMA and the Competent Authorities for Medical Devices (CAMD). During this meeting the IMB also facilitated medical devices and veterinary medicines stakeholder meetings.

In addition, the IMB's contribution to the Presidency included the provision of a high level of support to the Department of Health in its chairing of the European Council's Working Party on Pharmaceuticals and Medical Devices. This working party had a substantial work programme during the Irish Presidency with two proposals for medical devices Regulations, the Regulation on clinical trials of medicinal products, and the transparency legislation before the Council. A total of seven days of meetings of the Council working party were specifically dedicated to discussions of the medical devices proposals. In addition, the Irish Presidency, at the request of the Council working party, convened an additional seven days of meetings of

an ad hoc group of experts in medical devices to discuss the technical aspects of the relevant Annexes to the proposals.

In relation to the Clinical Trials proposals the Irish Presidency held 10 meetings of the Council Working Party on Pharmaceuticals and Medical Devices dedicated to the Clinical Trials dossier

The IMB provided expert support to the Department of Health for its period as chair of the Council working party meetings, and directly chaired the additional expert group meetings.

## HUMAN MEDICINES

### **Health (Pricing and Supply of Medical Goods) Act 2013**

The Health (Pricing and Supply of Medical Goods) Act 2013 came into effect in June. This Act outlines the circumstances under which medicines are considered interchangeable (often referred to as generic substitution). The purpose of the legislation is to provide for generic substitution of medicines that are considered interchangeable so that a pharmacist can dispense a less expensive medicine than the one prescribed. During 2013, the IMB collaborated closely with the Department of Health and HSE in the implementation of this legislation.

The IMB is responsible for the establishment, consultation, publication and maintenance of a list of interchangeable medicinal products which will be grouped together under their respective active substance, strength and pharmaceutical form(s).

The process for publishing the list of interchangeable medicinal products was commenced in August 2013 and work on extending the list will continue for the foreseeable future. In conjunction with the Department of Health and the HSE, 40 priority substances for inclusion on the lists have been identified. The approach to the generation of the list has been determined on the basis of maximising cost benefit to the State and to patients.

During 2013, the IMB published 11 active substances to the interchangeable list which is maintained on the IMB website. In each case, the IMB consulted with the relevant marketing authorisation holders prior to adding a medicine or a group of medicines to the list. The IMB also supported the various communications initiatives introduced to raise awareness and understanding of generic and interchangeable medicines.

The IMB continues to engage with the Department of Health and the HSE to ensure that the approach on interchanging medicines and generic substitution remains focused on the context of the wider national health system needs.

### **Responding to Medicines Shortages**

During 2013, the IMB continued to collaborate closely with the Department of Health and the HSE in relation to the management of shortages of medicines within the Irish market place.

One of the mechanisms used by IMB to aid continuity of supply to the market place in the event of a shortage includes the granting of a temporary authorisation for a batch (or batches) of a product known as a 'batch specific request'. During 2013, IMB issued 152 such requests to prevent or alleviate shortages.

### **Ongoing Implementation of EU Pharmacovigilance Legislation**

The IMB continued its work with stakeholders including the EMA, other national regulators and industry to support the phased implementation of the pharmacovigilance legislation. While still in the early stages of operation, the initial indicators from the introduction of this strengthened legislation and the establishment of the PRAC as a public health focused body are generally positive. The new legislation is resulting in more systematic risk management planning, greater coordination of real time signal management, and faster assessment and decision-making. As a result, there is a strengthening of the link between pharmacovigilance assessments and regulatory action such as labelling changes to optimise the safe and effective use of medicines.

#### Medicines Subject to Additional Monitoring

During 2013, the EMA published the initial list of medicines that are subject to additional monitoring. The introduction of the symbol for these products (an inverted black triangle) is an important deliverable of the new pharmacovigilance legislation. There is also a requirement for the inclusion of explanatory text in the product information and materials distributed to healthcare professional and patients. This information outlines why the symbol is present and encourages reporting of adverse reactions.

Specific information for healthcare professionals and patients was published on the IMB website and related articles were published in a number of health publications. A national guideline for marketing authorisation holders on the implementation of the additional monitoring scheme was finalised by the IMB and will be published in January of 2014.

### **Falsified Medicines Directive**

In July 2011, the EU adopted new legislation (Directive 2011/62/EU, amending Directive 2001/83/EC) on falsified medicines for human use. The directive aims to strengthen the protection of patients and consumers by preventing falsified (counterfeit) medicines entering the legal supply chain. During 2013, as part of the progressive implementation of the provisions of the Directive, the IMB established a registration scheme for manufacturers, importers and distributors of active substances and for brokers of medicines.

### **Guidelines on Good Distribution Practice (GDP) of Medicinal Products for Human Use**

Revised EU GDP Guidelines were published by the EU Commission on the 7 March 2013 (2013/C 68/01) and replaced the GDP Guidelines published in 1994 (94/C 63/03). These

updated guidelines, effective from 8 September 2013, were subsequently revised again to address a number of typographical errors. The updated version (2013/C 343/01) became applicable as of 24 November 2013. The guidelines, which form the basis for IMB inspections, apply not only to wholesalers and manufacturers of medicinal products but also incorporate specific requirements for brokers involved in activities relating to the sale or purchase of medicinal products.

### **Ongoing Implementation of the 2010 Variations Regulation**

The provision of the variations regulations which relate to the application of European requirements, such as timelines and work-sharing, to medicines authorised through the national route, came into effect in August 2013. The IMB is now applying these requirements.

### **New Clinical Trials Legislation**

The European Commission is proposing new legislation in an effort to increase the number of clinical trials being carried out in Europe. The IMB continued to contribute to the consultation process surrounding these new proposals during 2013. The new regulation is anticipated to be introduced in early 2014.

### **Contributing to the European and Global Regulatory Network**

#### Europe

Throughout 2013, the IMB continued to actively participate in the European medicines regulatory systems. IMB scientific and technical staff contributed to a broad range of committees and working parties, preparing papers as appropriate, at the European Medicines Agency, the European Commission, the Heads of Medicines Agencies, and at other fora.

In addition to our regular participation at a European level, highlights from the past year included the following:

- As part of the IMB's continued active contribution to the work of the PRAC, the Irish PRAC delegate continued to fulfil the role of Vice-Chair of the committee.
- The IMB's Pharmacovigilance and Risk Management Lead acted as Regulatory Chair for the ICH Implementation Working Group on the new E2C R2 guideline on Periodic Benefit Risk Evaluation Reports.
- IMB experts were significantly involved in initiatives to facilitate the transition from implementation to operation of the new EU pharmacovigilance legislation. This included participation in a three year EU-wide pharmacovigilance project entitled SCOPE (Strengthening Collaborations for Operating Pharmacovigilance in Europe). The project was launched in November 2013 with the aim of assisting Member States in operating the requirements of the legislation. The IMB will also lead the impact assessment topic in a work package on risk communications. In addition, the IMB is

an active participant in a work package on lifecycle pharmacovigilance with a particular focus on risk management planning and benefit-risk evaluation through the product lifecycle.

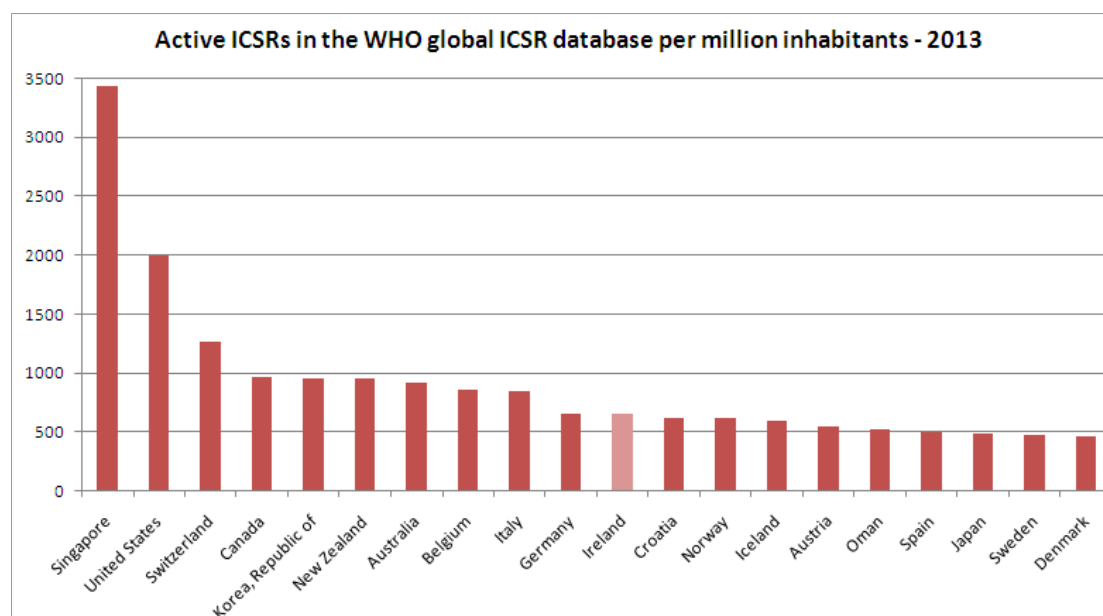
- The IMB contributed to three EMA/Member State project teams (PT) concerned with collection of key information on medicines (PT1), better analysis and understanding of data and information (PT2), and committees and communications with stakeholders (PT3).
- The IMB continued its contribution to the development of Good Vigilance Practice Modules as a member of the project coordination group of the HMA European Risk Management Strategy Facilitation Group.

### World Health Organization

The IMB Pharmacovigilance Manager continued to represent the World Health Organization as a member of the Board of the Uppsala Monitoring Centre (UMC) and WHO Collaborating Centre for International Drug Monitoring during 2013.

IMB staff also participated at the annual meeting of national centres participating in the WHO international drug monitoring programme in September 2013 and continued to provide details of reports received nationally to the WHO for inclusion on its international database.

The volume of adverse reaction reports from Ireland continued to fall within the highest reporting rates among participating countries (116 full country members as of quarter four 2013). As can be seen from the accompanying graph, Ireland ranked as the twelfth highest reporter for the year during 2013.



### **Advertising Compliance Programme**

IMB staff attended and presented at the second annual meeting of the Forum on Advertising of Medicines (FOAM), which was hosted in London by the MHRA. This forum comprises advertising regulators from 30 countries including all EU Member States. It was set up under the auspices of the HMA. FOAM aims to provide a platform to exchange information about regulatory practice and about advertising cases with cross-border relevance, and to share information about how regulatory challenges are addressed in different countries.

### **Advisory Committee for Human Medicines**

The Advisory Committee for Human Medicines, which is appointed by the Minister for Health, assists and advises the IMB Board in relation to any matters pertaining to the safety, quality or efficacy of medicines for human use. The committee met four times during 2013 and in addition to considering matters referred to it by the Board, it also reviewed the licenses for human medicinal products as approved by the IMB's Management Committee.

There are also a number of sub-committees appointed by the Advisory Committee for Human Medicines.

- The Clinical Trials Sub-Committee met 12 times during the year. The Committee considered the suitability of trials submitted for approval under the European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations 2004, (S.I. No. 190 of 2004).
- The Herbal Medicines Sub-Committee met twice in 2013. The Committee considered a number of matters including the Traditional Herbal Medicinal Products Registration Scheme and updates from the Committee on Herbal Medicinal Products of the EMA.

## **VETERINARY MEDICINES**

### **Contributing to the European Regulatory Network**

The primary focus of the IMB is on our contribution to the work of the Heads of Veterinary Medicines Agencies (HMA-V). In addition to quarterly meetings of the HMA, there are a number of working groups including the European Surveillance Strategy group and the Antimicrobial Resistance group to which the IMB also contributes. The former is tasked with improving the co-operation between Member States in respect to work-sharing on periodic safety update reports and other pharmacovigilance initiatives. The latter group is tasked with implementing the HMA Strategy and Action Plan on veterinary antibiotics and related areas. The IMB was active also in other HMA groups, including those relating to new legislation and one dealing with timetabling of new applications in the centrally authorised system. Many of the meetings took the form of teleconferencing rather than physical meetings.

The European regulatory network continues to wait for new legislative proposal for veterinary medicines, which is being elaborated by the European Commission. In recognition that the new legislation might not be implemented before 2017, the HMA is continuing to examine ways to better cooperate under the existing legislative framework, including how to improve the efficiency of EU procedures as well as how best to control autogenous vaccines.

### **Contributing to National Health Initiatives**

The IMB met with the Environmental Protection Agency (EPA) to discuss the disposal of veterinary medicines and spent product in this country. The IMB provided the EPA with information on the use of sheep dips. It is expected that the EPA will monitor the use of the products concerned over the coming years.

The IMB also participated in a working group of the Food Safety Authority of Ireland. The task of the group is to prepare a report on the risk of antibiotic resistance transfer posed by food.

### **Advisory Committee for Veterinary Medicines**

The Advisory Committee for Veterinary Medicines is the IMB's independent expert committee that advises on matters relating to the authorisation of veterinary medicines in Ireland. It met three times during the course of 2013 and considered such matters as:

- An improvement in the warnings of a vaccine for livestock;
- An application to switch a method of supply for an antiparasitic product for companion animals;
- The IMB policy on the supply of veterinary vaccines for cattle;
- The annual report of suspected adverse reactions to veterinary medicines in Ireland for 2012;
- The annual report on the consumption of veterinary antibiotics in Ireland for 2012;
- The peer review of various applications that had been considered previously by the IMB.

## **MEDICAL DEVICES**

### **Revision of European Medical Devices Directives**

Negotiation on the two proposed regulations on medical devices and in-vitro diagnostics continued in 2013 during and after the Irish Presidency of the European Council. The aim of the two proposals is to provide a legislative framework for the manufacture and placing on the market of medical devices and in-vitro diagnostic devices to ensure a high level of protection for patients and healthcare professionals. Both proposals are large and complex but represent significant development and improvement in comparison to the existing legislation.



It is not yet certain when agreement on the legislative proposals will be reached. The proposals are subject to the ordinary legislative process so require examination both at the European Council and the European Parliament levels.

The IMB has contributed extensively over the past number of years to working groups and subgroups focused on the development of the expected new regulatory system and we will continue to support the Department of Health in this regard as required.

### **European Commission's Joint Plan for Immediate Actions on Medical Devices**

In February 2012, the European Commissioner for Health and Consumers wrote to all European Ministers for Health outlining a 'joint plan of immediate actions' with the objective of reinforcing the existing regulatory system for medical devices in advance of the proposed revision to the medical devices legislation. The plan outlined actions for Member States and the Commission in the areas of functioning of notified bodies, market surveillance, coordination, communication and transparency. In advance of the legislative proposal being finalised, the IMB remains committed to contributing to the joint plan.

#### Oversight and Performance of Notified Bodies for Medical Devices

Under the joint plan, the performance of notified bodies for medical devices and their oversight was subject to significant attention and development at European level during 2013.

In January, a joint assessment scheme for notified bodies for medical devices was implemented across Europe on a voluntary basis. The IMB helped establish a subgroup of the European Notified Body Operations Group (NBOG) to plan this scheme, develop common criteria, documents and guidance and coordinate the joint assessments. This scheme required the national authority in each Member State (that was responsible for the oversight of a notified body that certified the highest risk (class III) medical devices) to be accompanied during a notified body audit by a joint assessment team. The joint assessment team comprises of European expert assessors of notified bodies, experts from other Member State's national authorities and from the European Commission's health inspection division, the Food and Veterinary Office (FVO).

During 2013, 21 of the 23 countries responsible for class III notified bodies were subject to joint assessment while the remaining two will be completed in 2014. The IMB directly participated as experts in 5 joint assessments of EU notified bodies in 2013. Further contributions are planned for 2014. The IMB was also subject to a successful joint assessment in their surveillance audit of NSAI in December 2013.

This joint assessment scheme will now continue on an ongoing mandatory basis in accordance with a new Regulation on notified bodies which was published and came into effect in the last quarter of 2013.

There has been extensive consultation with NSAI and with both the Department of Health and the Department of Enterprise, Jobs and Innovation, to discuss the implications for notified bodies of the near future and medium term legislative changes.

#### Market Surveillance

At EU level, the joint plan has also resulted in a review of activities conducted by Member States in the area of market surveillance. This has provided a platform from which a coordinated approach to surveillance can be developed and allows for enhanced co-operation and targeted proactive market surveillance, including joint activities. To ensure we fully contribute to these developments, the IMB has set out a re-development proposal for its market surveillance activities to include greater emphasis on proactive and reactive surveillance across the product life-cycle. This revised approach will be implemented in 2014.

Another area of focus for IMB includes building capability to meet future requirements of the joint plan and Implementing Regulation 920/2013 in the medium term and the new legislative requirements in the longer term.

### **Contributing to the European and Global Regulatory Network**

#### Co-operation between the HMA and the Competent Authorities for Medical Devices Networks

The IMB continued to promote discussions during 2013 on developing co-operation and partnership between the HMA and Competent Authorities for Medical Devices (CAMD) which are the inter-authority networks for medicines and medical device competent authorities respectively. Although these networks represent distinct regulatory frameworks, there are many aspects and technologies that of common interest. In addition, the systems and structures around these networks could be developed for mutual benefit.

#### Enhancing and Resourcing the European Medical Devices Regulatory Network

The IMB is participating in the inter-authority taskforce which was established under the Irish presidency and has been mandated to review the structures and functioning of the existing European devices regulatory system with a view to bringing further enhancements.

The IMB also continued to engage actively during 2013 in discussions with other European competent authorities, the European Commission and relevant stakeholders on how to optimise resourcing of the network for medical device regulation in Europe. These discussions included significant dialogue with the medical device industry associations and involved examination of methods to change current funding models for medical device regulatory authorities to fee-based models.

### Enhancing the International Medical Device Regulatory Network

During 2013, the IMB was invited to join the management committee of the International Medical Device Regulators Forum (IMDRF). This forum includes regulators from Australia, Brazil, Canada, China, the EU, Japan, the Russian Federation and the US. It seeks to promote the harmonisation of medical device regulation across the globe. This is an important development in terms of the IMB's contribution to the international network.

The IMB also continued to actively participate in IMDRF and associated working groups during the past year. These working groups are focussed on progressing specific initiatives which are aimed at harmonising the global regulation of areas such as product submission and UDI requirements.

### **Advisory Committee for Medical Devices**

The Advisory Committee for Medical Devices met three times in 2013. Regular updates were provided on key medical device issues, regulatory developments, the revision of the medical devices legislation and IMB activities in regulating medical devices.

The Committee also invited a number of external stakeholders, such as academic researchers, to make presentations to the Committee in respect of their activities.

### **ADVANCED THERAPIES**

An advanced therapy medicinal product (ATMP) is a biological medicinal product which is a gene therapy medicinal product, a somatic cell therapy medicinal product or a tissue engineered product. This definition is set out in Directive 2001/83/EC, as amended to reflect new innovative therapeutic products. Given their innovative nature, applications for marketing authorisations for advanced therapy products proceed through the centralised procedure in accordance with Regulation 726/2004/EC.

During 2013, the IMB continued to actively participate in the EMA's Committee for Advanced Therapies (CAT). The IMB's internal group on biological products and ATMPs also continued to meet regularly as a forum for information exchange and for discussion of areas of regulatory interest as relevant to ATMPs, blood, tissue and biological products. The IMB's guide to hospital based manufacturers of ATMPs was published in February 2013.

### **PRECURSOR CHEMICALS**

During 2013, amendments were made to the two main European Regulations on precursor chemicals (Regulations (EC) No. 273/2004 and No. 111/2005). The amending regulations are Regulation (EU) No. 1258/2013 and Regulation (EU) No. 1259/2013 respectively. The main objective of these amendments is to strengthen the rules for registration and licensing of

operators and users, in order to prevent diversion of scheduled substances towards the production of illicit drugs.

These amendments had an effective date of 30 December 2013 with the exception of one of the requirements relating to category 2A scheduled substances which will only become obligatory as of 30 June 2015.

## COSMETICS

In November, the European Union (Cosmetic Products) Regulations 2013 (S.I. No. 440 of 2013) came into force. These gave full effect to Regulation (EC) No 1223/2009 on cosmetic products, which came into force in July 2013. These national regulations designated the IMB as competent authority for cosmetics, allocated powers to the IMB and the HSE and set out offences and penalties.

## SCIENTIFIC ANIMAL PROTECTION

The IMB became the competent authority responsible for the implementation of Directive 2010/63/EU on the protection of animals used for scientific purposes on 1 January 2013. The accompanying national Regulations are set out in SI No. 543 of 2012. This authority was transferred from the Department of Health which regulated this area until 31 December 2012.

During 2013, the IMB further developed the operational processes, authorisation procedures, policies, application forms and accompanying guidelines necessary to implement the requirements of the legislation. There was a specific focus on the implementation of the 3R principles (reduction, refinement and replacement of animal testing). The IMB also completed the recruitment of the necessary expertise required to fulfil our role as national competent authority.

The IMB continued to interact with the Department of Health in relation to the overall implementation of the legislation and its potential impact on animal research in this country. There was also significant engagement with stakeholders within the research sector in order to highlight and explain what is required of them under the legislation. Engagement also commenced in respect of the development of an associated fee model for the future.

## **STAKEHOLDER ENGAGEMENT AND COMMUNICATIONS**

The IMB is committed to expanding and improving our communications activities and to ensuring that all our stakeholders have timely access to relevant safety, licensing and regulatory information. This commitment is one of our core strategic goals and will continue to be an area of focus and development over the coming years.

A number of significant communications programmes and initiatives took place during 2013.

### **Stakeholder Engagement**

#### Consultative Panel on the Legal Classification of Medicines

The Consultative Panel on the Legal Classification of Medicines was established in 2011 to consider policies relating to the legal classification of human medicines and to encourage consultation and debate in this area. The Panel was independently chaired and consisted of external representatives drawn from a wide range of interested stakeholders including patients, healthcare professionals, the Department of Health and relevant government agencies. The panel concluded its work in 2013 and made recommendations to address current unmet needs in the availability of non-prescription medicines. The IMB is currently working to implement processes to address these issues and this is an area of priority focus for 2014.

#### Meetings with Stakeholders – Human Medicines

During 2013, there were a number of meetings held with industry representative groups including the Association of Pharmaceutical Manufacturers in Ireland (APMI), the Irish Pharmaceutical Healthcare Association (IPHA), the Irish Health Trade Association (IHTA) and Pharmacological Ireland. These provide a forum for discussion of items of mutual interest. Among the main topics of discussion were timelines and deliverables, interchangeable medicines, increasing the submission of THMP applications, improving the quality of submissions, GMP and market compliance.

There was also one meeting of the Advertising Compliance Technical Group which includes representatives from the IMB and industry. Issues of mutual interest were discussed including clarification of the IMB's interpretation of a number of aspects of the Medicinal Products (Control of Advertising) Regulations 2007 and anonymised feedback on findings from our advertising compliance programme.

#### Meetings with Stakeholders – Veterinary Medicines

The IMB held several meetings with applicants in relation to ongoing or proposed applications where IMB is to be the reference member state in future European application

procedures. We also held a number of meetings with the Department of Agriculture, Food and the Marine in relation to matters of mutual interest and met with a number stakeholders from the agricultural sector throughout the year.

#### Meetings with Stakeholders – Medical Devices

Regular meetings with key industry stakeholder groups continued during 2013. These included meetings with the Irish Medical Devices Association (IMDA) and the Irish Medical and Surgical Trade Association (IMSTA). These meetings provide the IMB with an opportunity to update stakeholders on regulatory developments at national and European level. They also allow the IMB to be kept up-to-date on issues affecting the medical devices industry. A key topic for discussion during 2013 was the European Commission's joint plan for immediate actions and the ongoing revision of the medical devices legislation.

#### Presentations to Stakeholders

As in recent years, the IMB invested significant time in delivering a programme of presentations and talks at a range of external stakeholder events such as meetings, seminars, conferences and training courses. In addition, a programme of presentations was delivered to undergraduate and post graduate students studying courses related to the role of the IMB.

Such presentations contribute to the IMB goal of providing stakeholders such as healthcare professionals and regulatory professionals with access to relevant, up-to-date information. The presentations are delivered by IMB staff from across the organisation and cover all products and functions under our remit. While some are general in nature and primarily focused on explaining the role of the IMB, others were more specific and dealt with specialist areas and/or new regulatory developments.

A full list of all presentations delivered during 2013 is provided in Appendix 2.

### **Events**

#### Irish Presidency of the Council of the European Union

As outlined earlier in this report, the Irish Presidency was a considerable area of focus for the IMB in the first half of 2013. We hosted a total of 22 meetings during this period with approximately 1000 delegates visiting Ireland for IMB organised events. Important progress was made across a range of key regulatory issues during the Irish Presidency which also included a number of joint meetings bringing together key European committees and organisations.

#### European Risk Summit

The IMB, in association with the Irish Presidency of the Council of the European Union and with the support of the King's Centre for Risk Management and the Nickel Institute, hosted the European Risk Summit in Trinity College Dublin on 11 and 12 June 2013.

This significant event was attended by approximately 100 Irish and international experts comprising policy-makers, regulators, governing bodies, industry and academia from the chemicals, food, environmental, healthcare and pharmaceuticals sectors.

The purpose of the Risk Summit was to discuss the advantages of evidence and risk-based rulemaking as well as the challenges of formulating European directives / regulations and, by extension, national legislation on hazard classifications.

The programme included a series of panel discussions that highlighted the challenges for risk-based policy making in a number of distinct regulatory areas/issues including:

- Promoting science based regulation in Europe – challenges & opportunities;
- The role of smart and better regulation: Lessons from the Member States;
- Hazard classifications and risk assessments – implications for regulation;
- Applying the substitution principle – a scientific analysis with regard to its use in European directives and regulations;
- Institutional oversight for risk-based policy making – The establishment of the European Parliamentary working group on risk.

The meeting also encouraged a fostering of dialogue and collaboration among the relevant stakeholder community to address the challenges in this area.

#### Information Days and Seminars

IMB information days and seminars provide regulatory guidance and updates to a range of stakeholders. As well as presentations from IMB staff and, where appropriate, external contributors, the events enable all attendees to submit questions, seek clarifications and network with colleagues. The following events were held during 2013:

- A webinar event outlining the IMB's approach to the development of the interchangeable list of medicinal products was held in February. The topics covered included an overview of the approach to stakeholder consultation and publication of the lists. The event attracted a wide range of industry stakeholders with an interest in this area.
- The IMB hosted a Topra networking event in October 2013. This was an evening seminar focussed on a number of topics of regulatory interest including DCP submissions, the new clinical trial regulation and the IMB's role in the development of a list of interchangeable medicines.
- A veterinary information day was held on 24 October 2013. The programme was focused on updating stakeholders on recent changes in the regulatory framework for veterinary medicines in advance of publication of the EU Commission's proposed new legislation in this area. Attendees were encouraged to actively contribute to discussions and the event also provided an opportunity for networking.

- DIA Europe held an information day on the new Common European Submission Platform (CESP) on 20 November 2013 in co-operation with the IMB. CESP provides a simple and secure mechanism for the exchange of information between applicants (companies) and regulatory agencies. This joint DIA/IMB event provided the latest information on the CESP system. It focused specifically on the practical use of this newly implemented solution designed to enable the simultaneous delivery of applications to the various EU regulatory agencies.
- A PDA Conference, in co-operation with the IMB, was held in Dublin on 9 and 10 July. The Conference was entitled 'Current and Emerging EU Regulations and Inspection Trends' and included a number of IMB presentations.

#### BT Young Scientist and Technology Exhibition 2013

For the fourth year in succession, thousands of students as well as teachers, parents and members of the general public from all over Ireland visited the IMB's exhibition stand at the BT Young Scientist and Technology Exhibition. The exhibition took place in mid-January in the RDS.

Our stand focused on building awareness of the significant role the IMB plays in protecting public and animal health. In particular, the important issue of medicines and medical devices safety was highlighted. As in previous years, the stand also focused on the many interesting science related career opportunities that are available in the healthcare products industry.

### **Publications**

#### Guidance Documents

IMB guidance documents provide stakeholders, primarily from the industry sectors we regulate, with advice and direction in respect of legislation and regulatory requirements. New and updated IMB guidance documents are published regularly on our website with alerts issued to website subscribers.

During 2013, ten new guidance documents were published while a large number of existing documents were updated. A full list of these documents is provided in Appendix 3.

#### Newsletters

##### *Medicinal Products Newsletter*

This newsletter provides regulatory updates for those working in the pharmaceutical and cosmetics sectors on Irish and European legislation, new/revised IMB regulatory publications and stakeholder events such as information days.

Four Medicinal Product Newsletters were published during 2013. Topics covered included:



- List of Interchangeable Medicinal Products (Generic Substitution);
- Clinical Trials – Reference Safety Information (RSI);
- Revisions to EU GMP Guidance;
- New laws regulating the retail of cosmetic products;
- Clarification of the requirements for marketing authorisation holders regarding communications to healthcare professionals;
- Implementation of text highlighting additional monitoring requirements;
- Report on veterinary antimicrobial consumption in 2012;
- General sale wholesale distributors - update to the annual compliance assessment report and changes to the inspection process and its frequency;
- Update on the Variations Regulation;
- Controlled drugs – Licence endorsement requirements;
- New EU Regulation for cosmetic products.

The newsletter is published on the IMB website and issued to those who subscribe to the IMB alerts system via our website.

#### *Drug Safety Newsletter*

Seven issues of the IMB's Drug Safety Newsletter were distributed to doctors, dentists and pharmacists during 2013. The publication was disseminated via both post and electronically until the end of 2013, with arrangements made to facilitate electronic only distribution from the start of 2014. All issues of the Drug Safety Newsletter are also published on the IMB website. Topics covered in the past year included a wide range of safety issues a full list of which is provided in Appendix 3.

#### *Medical Devices Newsletter*

This newsletter provides regulatory and safety updates for those working in the medical devices sector and professionals working in the health area who regularly use or purchase medical devices. It provides updates on Irish and European legislation, on safety issues as well as details of IMB medical devices publications and stakeholder events. A complete list of all the topics covered during 2013 is included in Appendix 3.

#### External Articles

##### *Human Medicines*

There were 17 articles published in MIMS Ireland by the IMB during 2013. One article was published each month with the remainder included in special supplements. A further two articles were published in the Irish Medicines Formulary. In addition, two articles on the topic of medicines under additional monitoring were published IPU Review and the Irish Medical Times respectively.

The full list of topics covered in these articles is included in Appendix 3. All articles were also published on the IMB website.

### *Veterinary Medicines*

Consistent with our objective to improve stakeholder knowledge on the use of veterinary medicines, we contributed several articles to the veterinary/trade publications - It's Your Field. The topics covered in these articles are listed in Appendix 3.

### Safety Warning and Notices

Throughout 2013, the IMB published various warning statements and notices on safety issues or benefit/risk evaluations of human medicines. There were 53 Direct Healthcare Professional Communications concerning human medicines published on the IMB website and issued to subscribers. Separately, 16 medical devices safety notices were sent to the relevant stakeholder groups and published online. In excess of 500 manufacturers field safety notices concerning medical devices on the Irish market were also published on the IMB website.

The PRAC published agendas, minutes, meeting highlights, notifications of safety reviews and signals throughout 2013 and these were all made available via the IMB website. Such transparency in medicines regulation is essential in building trust among stakeholders, promoting engagement in the processes, and aiding understanding of the rationale and evidence supporting recommendations and actions impacting drugs and care.

### Selling Cosmetic Products in Ireland: A Guide for Retailers

In October, the IMB published a guide for retailers informing them of their responsibilities under recently introduced European legislation governing the sale of cosmetics. The leaflet includes guidance on understanding label information, the storage and transportation of cosmetics, and the checks to perform when buying from suppliers. Advice on product recalls and actions to take if a consumer experiences a side effect after using a cosmetic product is also included.

All retailers who sell cosmetic products should be aware of these new laws. The purpose of the leaflet is to bring the changes to their attention and, in doing so, assist retailers to meet their legal obligations.

Retailers can download copies of the leaflet from [www.imb.ie](http://www.imb.ie) while printed versions can be ordered from [brochures@imb.ie](mailto:brochures@imb.ie)

### **Media Communications**

Throughout 2013, we continued our media communications programme to proactively communicate important safety messages and to build awareness of the role of the IMB. We prepared 32 press releases and statements concerning safety and regulatory issues to ensure consumers, healthcare professionals and other stakeholders received timely and accurate

information and advice. In a number of instances, these communications resulted in national and regional media interviews with an IMB spokesperson.

Among the issues highlighted by IMB press releases during the past year were:

- Irish consumers have increased awareness of generic medicines
- 3 out of 5 people read product information for prescription medicines
- Publication of initial list of interchangeable medicines containing groups of atorvastatin products
- Operation Pangea VI targeting the online sale of falsified and illegal medicines
- Advice on seasonal maintenance of automated external defibrillators (AED)

The IMB also published a number of press releases to highlight successful prosecutions related to the illegal supply of unauthorised medicines.

In addition, we responded to a total of 449 queries from national, local and specialist media during the year. Drafting responses to such queries involves subject matter experts from across the organisation.

### **Brand Identity**

The role and functions of the IMB have increased significantly over the 17 years since it was established in 1996. Consequently, our current name and brand identity does not accurately reflect the nature and character of our organisation and our identity has not evolved in step with our size and expanding new areas of responsibility. The current name of our organisation also contributes little to supporting our strategic objectives which now extend beyond medicines alone.

As a result, it has been decided by the Board of the IMB to change the name of the organisation to better reflect the range of products and processes we now regulate. The new name to replace the Irish Medicines Board is the Healthcare Products Regulatory Authority (HPRA). The introduction of the new name is provided for in the Health (Pricing and Supply of Medical Goods) Act 2013 and it is anticipated it will become operational in mid 2014. We will also be launching a new corporate website at that time.

In preparation for the adoption of the new name, the IMB initiated a project to develop a new brand identity incorporating a logo and a style guide. The latter document provides clear direction on the application of the new brand across all platforms and publications. This project was completed during 2013.

### **Public Consultations**

Public consultations enable the IMB to identify the needs and expectations of stakeholders so that we may incorporate their views into the way our services are planned and delivered.

During 2013, the IMB completed public consultations on:

- Fees proposed for 2014
- Draft Guide to Cosmetics for Responsible Persons
- Draft Guide to Distribution of Cosmetic Products

The IMB also makes submissions to third party consultations where the topic is related to or impacts our regulatory functions and the broader public health agenda. In 2013, we provided comments in respect of 8 public consultations from the Department of Health, HIQA, the Pharmaceutical Society of Ireland, and other bodies.

### **Website**

The website [www.imb.ie](http://www.imb.ie) is a key component of our communications programme. The site includes information about the primary functions and activities of the IMB while it also facilitates the dissemination of information to a wide variety of audiences including patients and consumers, healthcare professionals and industry personnel.

We are committed to the continued development and enhancement of the website to ensure it is easy to navigate and allows users to quickly find the content they require. For the second successive year, we completed a user feedback survey to identify areas for improvement. The results of this research are also being utilised in the development of our new website – [www.hpra.ie](http://www.hpra.ie) – which will be a key element of the project to change the name of the Irish Medicines Board to the Health Products Regulatory Authority. Development of the new site began in 2013 with the appointment of a project team involving representatives from across the organisation. This project will be completed during the first six months of 2014.

### 2013 Statistics

- Almost 225,000 unique visitors accessed the website during the past twelve months representing an annual increase of 32%. There was in excess of half a million visits in total.
- Of those who accessed the site, 39% were new or first time users of the site.
- Among the most popular sections of the website were the human and veterinary medicines listings, and the new interchangeable medicines listing.

### Interchangeable and Generic Medicines

The Health (Pricing and Supply of Medical Goods) Act 2013 provides for the introduction of a system of generic substitution and reference pricing for authorised medicines. This legislation was commenced on 24 June 2013.

The role of the IMB under this legislation is to establish, publish and maintain a 'List of Interchangeable Medicines' on our website. Following completion of a consultation process,

the initial list including interchangeable atorvastatin medicines was published on [www.imb.ie](http://www.imb.ie) on 7 August 2013. For the remainder of the year, the IMB added a number of other active substances to the list and this will continue during 2014. Active substances are being added incrementally following the appropriate consultation process.

Products are grouped together according to their active substance, strength, pharmaceutical form and the route of administration. Users of the list can also download pdf documents listing the interchangeable products for each active substance. The publication of this list on our website coincided with the development of an easier to use search function.

### **Freedom of Information**

The IMB is subject to the Freedom of Information Acts 1997 and 2003. The Acts assert the right of members of the public to obtain access to official information to the greatest extent possible consistent with public interest and the right to privacy of individuals. During 2013, the IMB received 12 Freedom of Information requests all of which were non personal.

### **Parliamentary Affairs**

#### Oireachtas Joint Committee on Health and Children

During 2013, the IMB was invited to attend the Oireachtas Joint Committee on Health and Children on three occasions. Discussion areas included medical devices and the IMB's role in respect of interchangeable medicines.

#### Parliamentary Questions

In 2013, the IMB received and responded to 46 parliamentary questions, half the number received in 2012. There were also 76 other requests from the Department of Health, other government departments or members of the Oireachtas during the year. Of the total number of queries (122), the three largest categories related to human medicines (52), staff and payroll (26) and cosmetics (10). Many of the queries relating to human medicines concerned the availability or supply of product, market shortages, or personal importation.

### **Customer Services**

Approximately 3,000 queries were received and dealt with by the customer services team during 2013. These included queries from industry representatives, healthcare professionals and members of the public. Queries were received primarily via email and by phone.

In addition to the queries managed by customer services staff, a range of stakeholder queries are addressed by specialist staff across the organisation. Many of these queries come from healthcare professionals requesting information about specific medicines. A large number of pre-market queries relating to medical devices are also received each year. In total, 355 queries were received that related specifically to medical devices during 2013.

## Research

### How Consumers Source Medicines Information and Related Use of the Internet

This Behaviour & Attitudes commissioned research involved face to face interviews with 1,000 adults and focused primarily on consumers' views and behaviour in respect of:

- Sources of information and advice on medicines.
- The use of the internet as a source of medicines information and possibly supply.

Among the key findings were:

- Two thirds of people (63%) state that they always read the product information when taking a prescription medicine.
- One in two people always seek advice from a healthcare professional before taking a new over the counter medicine.
- GPs and consultants are the most trusted sources of information on medicines for some six out of 10 people (64%) with three out of 10 people (31%) citing pharmacists.
- Nine out of 10 people (87%) confirm they understand the product information (leaflets and packs) accompanying their medicines.

In relation to the internet, the results showed that:

- One in three adults (36%) with internet access uses the internet as an information source on medicines.
- Over half (59%) use it to research a particular health problem.
- Almost 4 out of 10 people (37%) using online channels for information are attempting to diagnose health symptoms (self-diagnosis).
- Actual purchase of medicines online is low with 2% of all adults claiming to have done so which equates to approximately 60,000 people.

### Consumer Awareness of and Attitudes Towards Generic Medicines

Also part of the Behaviour & Attitudes commissioned research, the results of this survey showed that there is a high level of consumer awareness and acceptance of generic medicines. Overall:

- Eight out of ten respondents (82%) would accept a generic medicine if offered it by their doctor or pharmacist.
- Nine out of ten consumers (92%) who had personally used generic medicines said that they had a positive experience overall.
- Three quarters (72%) of consumers said they were familiar with the term 'Generic Medicine'.

## **ORGANISATIONAL MANAGEMENT AND DEVELOPMENT**

The IMB is committed to having the requisite corporate functions, systems and supports in place to deliver on our public health mission. We must be flexible and proactive as an organisation to respond to regulatory and other external developments, and to adopt necessary changes in how we deliver our services. We must also ensure that the highest levels of corporate governance are developed and maintained.

### **Human Resources**

The IMB's people management practices and policies continue to be central to the achievement of our strategic goals and are designed to attract and retain the skills necessary to maintain organisation capability. The impact of the Haddington Road Agreement in 2013 required that we adapt our work practices to enable us to manage our human resources with the flexibility necessary to respond to changing national circumstances. Amongst the primary projects and statistics from 2013 were the following:

- A significant focus of human resources activity during 2013 was completion of a business requirements phase for the replacement of the human resources IT system. Following selection of a suitable vendor via a public procurement process, dedicated resources were assigned to undertake preparatory work on data extraction and cleansing in Q3 2013 in advance of the data migration deadline of January 2014. Training on the replacement system was scheduled to commence in January 2014 with the expectation that the system replacement would 'go live' by June 2014.
- The organisation's first leadership development programme concluded in 2013. The objectives of the programme were:
  - To support the development of managers within IMB, to evaluate the skills they have and how they are applying them in order to become more effective managers and leaders, currently and in the future to further IMB's mission;
  - To develop skills and behaviours in line with the IMB's Leadership Capability Framework;
  - To foster collaboration across different functions and promote an understanding of cross functional roles and projects.

As this first programme was conducted on a pilot basis, a full review was completed following its conclusion. This review recommended the commencement of a second programme. The subsequent application and selection process was concluded in November 2013 and the second programme is to commence in January 2014 with 10 participants.

- The Human Resources department undertook a review of the operation of the performance management programme (PDP) process in the second half of 2013 which included feedback via an all staff survey. An action plan was prepared to

progress the implementation of outcomes and recommendations and this will commence in January 2014.

- Recruitment of staff in specialist areas related to new competencies undertaken in 2012 was completed in 2013 in line with Department of Health approvals.
- Members of the Human Resources team were heavily engaged in the management of the impact on staff of the introduction of changed working hours mandated by the terms of the Haddington Road agreement which applied to public sector bodies. These changes also included the reduction of salaries for staff with effect from July 2013 as well as ongoing deferral of incremental payments during the course of the agreement. Explanatory workshops and individual face-to-face meetings gave rise to increased workload between June and September 2013. In addition, preparatory work was completed in advance of the introduction of the Public Service Sick Leave Scheme which introduced changes to sick leave arrangements for public sector employees scheduled to apply with effect from 2014.
- The IMB for the first time introduced an employee assistance programme in September 2013 to provide confidential employee support through telephone support, face to face counselling and the provision of specialist information across a broad range of issues.
- The IMB continued to be in compliance with the 3% target set by the Disability Act 2005.
- Absence management practices are in place and attendance statistics are monitored routinely and recorded in both management and Board reports. The overall absence rate for 2013 was 2.07%.

### **Information Technology and Change Management**

The Information Technology and Change Management department is responsible for all aspects of organisational technology, data and telecommunications. The department also manages the IMB Project Management Office and delivers specialist business services, including business analysis and project management support, both within, and external to the organisation.

The organisational Project Management Office (PMO) came into full operation in 2013. The PMO formally manages projects and provides IMB management with the necessary information to support the planning process while ensuring that organisational initiatives are fully aligned with corporate strategy.

Technology is recognised as a key component in supporting regulatory activities at both national and international levels. Over recent years, the IMB has played a leading role in developing standards and technologies through its engagement with programmes at the EMA, the European Commission and the HMA forum. The IMB is represented on the EU Telematics Management Board and also leads a number of key initiatives relating to electronic submissions and data standards. The IMB is also actively engaged at national level through its involvement with the National Health Data Standards Committee and in liaison



with other relevant agencies, such as the HSE, NSAI and HIQA. During 2013, the IMB also contributed to the development of the eHealth Strategy for Ireland and was recognised for its role in developing the national medicines catalogue. The IMB also committed to engagement with the European Commission's Horizon 2020 research programme and will actively seek opportunities to contribute over the lifetime of the programme.

IMB technologies are strategically positioned to support the effective and efficient operation of the organisation. Many of the key systems are designed to interface with both national and EU systems. An example of this is the European EudraVigilance system designed to collate adverse reactions to medicinal products. In addition, the IMB provides data to the HSE to support its pricing and medicines substitution processes. In keeping with the government strategy for shared service provision, the IMB also provides hosting services to a number of organisations, and works closely with organisations such as the Office of the Revenue Commissioners.

European legislation is increasingly focussed on the technology elements required to satisfy legal requirements. In this context, the IMB must continuously review its capability to develop appropriate solutions.

During 2013, there was a strong focus on developing the key requirements for the IMB's new workflow technology solutions. This work was completed by the end of 2013, with a tender process for the new technology due for publication in early 2014. This technology is designed to consolidate and replace a number of legacy solutions. Work also commenced on the selection and implementation of a new HR solution and the development of a new website which is due for launch in mid-2014. The IT and change management team was also very active in the development of processes and technology interfaces to support the introduction of the interchangeable medicines and generic substitution programme by Government.

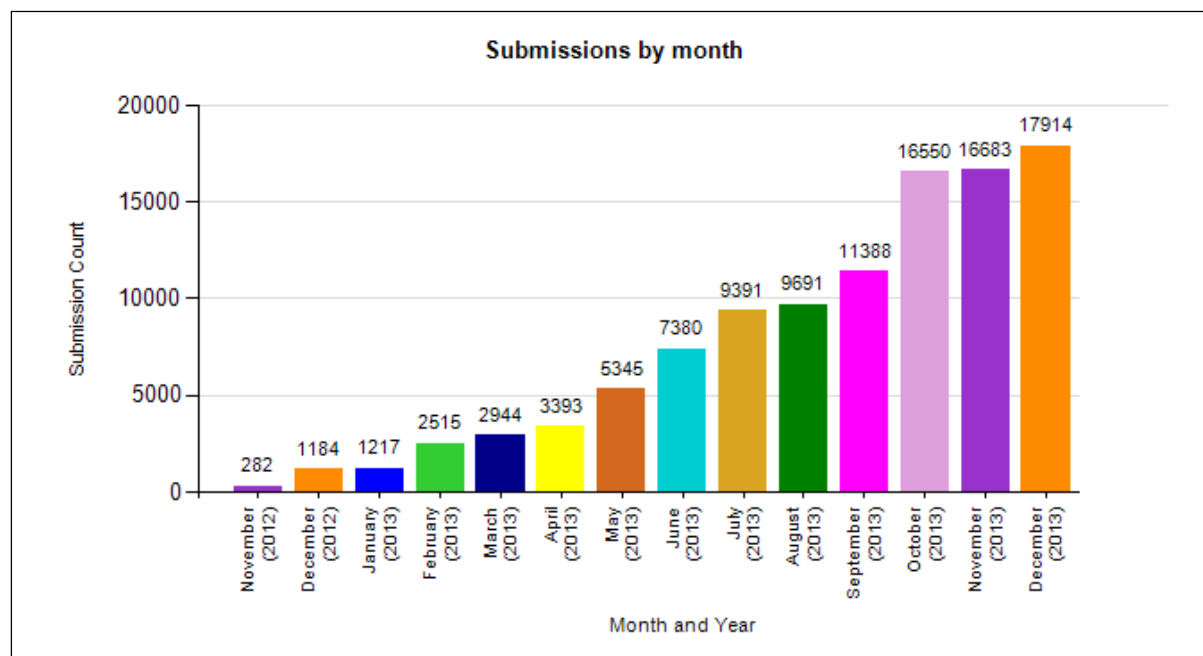
In 2013 work was undertaken on developing IMBs stakeholder engagement mechanisms together with potential process improvement initiatives relating to medical devices, veterinary science and compliance areas.

#### Common Electronic Submission Portal

A key activity for the IMB is the development and management of the Common Electronic Submission Portal (CESP) on behalf of the wider EU regulatory community. We provide technical support through the operation of a helpdesk facility and we work with all relevant stakeholders throughout the year to deliver an optimum solution.

In 2013, the CESP portal activity levels grew substantially, handling over 100,000 submissions on behalf of 20 European regulatory organisations and many hundreds of pharmaceutical companies.

## CESP Submissions by Month



## CHIEF EXECUTIVE'S OFFICE

The Chief Executive's Office is responsible for communication, strategy and planning, quality management and a number of information functions for external stakeholders. It also provides the secretariat for the benchmarking programme across EU medicines agencies.

### BEMA

The Benchmarking of European Medicines Agencies (BEMA) programme provides assurance to the heads of the EU medicines agency network with respect to the quality of the systems and practices in place in agencies for regulating medicines and is a resource for sharing of best practices. The IMB's chief executive is co-chair of the BEMA steering group with the head of the Paul Ehrlich Institute in Germany. The IMB provides the secretariat for the group and is responsible for visit logistics. During 2013, we continued to lead the steering group as assessment visits were undertaken in this benchmarking cycle.

The IMB's own benchmarking assessment visit took place in October 2013. It was preceded by a self-assessment using the BEMA questionnaire, the results of which were sent to the assessors in August. The completed self-assessment report formed the basis for the assessor's focus during the visit, during which the three assessors from Austrian, Greek and UK agencies interviewed senior staff, reviewed evidence and rated the 'maturity' of the IMB's management

and scientific quality systems according to a predefined capability maturity model. Several proposed 'best practices' for our project management office, leadership development programme, and contribution to the European network were accepted by the assessors, who also nominated a further best practice in the close link between our strategic and business planning objectives and the objectives in staff's individual performance development plan. Some 'opportunities for improvement' were highlighted as actions to enhance the quality of our services.

The IMB is pleased with the outcome of the visit which reflected well on the achievements of recent years, and with the assessors' overall compliment to the IMB's strong dedication to quality in general and to the BEMA programme in particular.

#### Quality Management

During 2013, the IMB's quality management system continued to be extended with respect to a number of new functions and legislative requirements. These included new and amended processes under the falsified medicines Directive, 2011/62/EU, our functions for scientific animal protection according to the European Union (Protection of Animals Used for Scientific Purposes) Regulations 2012, and the new competence given to the IMB during 2013 for the establishment and maintenance of lists of interchangeable medicines under the Health (Pricing and Supply of Medical Goods) Act 2013.

### **CORPORATE AFFAIRS**

2013 was another busy and productive year for corporate affairs which is responsible for the delivery of a number of key service areas to the organisation. These include building and accommodation management as well as the provision of reception, canteen, travel, library and event management services. The department also manages legal matters, international co-operation and Freedom of Information requests. In addition, it provides secretarial support to the Board and Committees ensuring adherence to best practice in the area of corporate governance.

#### Extension to the IMB Offices

The IMB building, Kevin O'Malley House, was extended upward by two floors during the course of 2012 and 2013 with the certificate of practical completion being granted on 12 July 2013. The extension of two new floors has ensured that all IMB staff can be housed in one building. The project was completed to satisfaction on time and under budget with four of the existing floors remaining fully in use throughout the duration of the build.

#### Event Management

As outlined earlier in this report, the IMB hosted 22 meetings involving approximately 1000 delegates during the Irish Presidency of the Council of the European Union. The number of

delegates attending each meeting varied with the largest events taking place in Dublin Castle and the Convention Centre Dublin. The logistics for all these meetings were organised and managed in-house by an IMB team. This included online registrations, venue management, onsite support and social events. This approach ensured cost effective delivery of all these meetings while also allowing IMB staff to deal directly with delegates which resulted in very positive feedback from attendees.

In addition, the IMB held 3 events in 2013 which were not related to the European Presidency. These were also organised and managed in-house.

#### Freedom of Information

During 2013, the IMB received 12 Freedom of Information requests (as outlined on page 73).

#### Board and Committees

The Corporate Services section provides secretarial support to the Board and Committees of the IMB and ensures adherence to best practice in the area of corporate governance.

- The Board of the IMB met seven times in 2013 and considered a number of strategic matters including corporate policy, planning and finance matters. The latter included monthly management accounts, annual budgets and the financial statements for 2012. The Board also reviewed update reports from the Statutory Advisory Committees and the Audit Committee. In addition, it noted the licences for all medicinal products as approved by the Management Committee.

The number of meetings attended by each Board member during 2013 is as follows:

| Board Member                 | Number of meetings held during the period the member was on the Board | Number of meetings attended during the period the member was on the Board |
|------------------------------|---|---|
| Mr. Michael D. Hayes (Chair) | 7   | 7   |
| Mr. Pat Brangan              | 7   | 7   |
| Mr. Wilfred J. Higgins       | 7   | 6   |
| Ms. Ann Horan                | 7   | 6   |
| Prof. Mary Horgan            | 7   | 4   |
| Dr. Elizabeth Keane          | 7   | 5   |
| Mr. Brendan McLaughlin       | 7   | 7   |
| Mr. Noel O'Donoghue          | 7   | 3   |
| Prof. Caitriona O'Driscoll   | 7   | 4   |

- The Audit Committee, a subcommittee to the Board, met four times in 2013. Further details are provided in the IMB's Financial Statements for 2013.
- Also during the year in review, the Advisory Committee for Human Medicines met three times, the Advisory Committee for Veterinary Medicines met three times and the Advisory Committee for Medical Devices met three times.
- The Herbal Medicines Sub-Committee, a sub-committee to the Advisory Committee for Human Medicines, met once in 2013. The Clinical Trials Sub-Committee is also a sub-committee to the Advisory Committee for Human Medicines and it met twelve times in the past year.
- The Legal Supply Classification Committee, which is a specially constituted temporary subcommittee to the Board, met twice in 2013.

## **FINANCE**

It is the role of the finance section to manage and safeguard the finances of the IMB. It must ensure that the IMB fulfils its legislative requirements and applies best practice to the governance of its affairs. All procedures are carried out using standard operating procedures under the quality management system.

The 2013 financial statements presented in conjunction with this report were prepared by the finance team and submitted for audit to the Comptroller and Auditor General. All financial transactions during the period under review are reflected and reported upon in these statements as is our commitment to the highest standards of corporate governance.

## **OVERVIEW OF ENERGY USAGE IN 2013**

Since 1 January 2011, the IMB, as a public sector body, has been required to report annually on its energy usage and actions taken to reduce consumption in accordance with S.I. 542 of 2009. These regulations transpose the Energy End Use Efficiency and Energy Services Directive (Directive 2006/32/EC) into Irish law.

The IMB uses electricity for lighting, air conditioning or heating as required and the provision of hot water. Natural gas is used for central heating.

In 2013, the IMB consumed 887 MWh of energy, consisting of:

- 605 MWh of electricity;
- 0 MWh of fossil fuels;
- 282 MWh of renewable fuels

### Actions Undertaken in 2013

In the past year, the IMB continued to focus on energy performance by maintaining framework agreements for the supply of both electricity and natural gas. Both of these

framework agreements were established by the Office of Government Procurement (formerly the National Procurement Service) for the supply of electricity and natural gas to the Irish public sector. The agreements are intended to maximise volume discounts and provide for reductions in administrative and transaction costs for suppliers and public sector purchasers.

IMB cost savings were in the region of 5.3% for electricity and 5% for gas (compared to the cost of going directly to the market). The organisation consumed 27% more energy in 2013 than 2012 as a result of extending a live building upwards by two floors, populating the floors and some IMB electricity being consumed in the building process.

In 2013, the IMB replaced its single glazed windows on the upper floors to more energy efficient double glazed windows. On the two new floors, PIR lighting and photo sensitive lighting have been installed in all areas. In addition, the ventilation system is a heat recovery system and the air conditioning is an energy efficient three pipe simultaneous heating and cooling system incorporating inverter motor control. Dyson hand dryers have been installed in seven bathroom areas. All of the above will result in greater energy savings.

#### Total Energy Savings

In total, initiatives undertaken prior to 2010 and the measures outlined above have saved the IMB 117 MWh on average annually up to and including 2012.

2013 was an unusual year for the organisation with regard to expansion of the building and the energy used in the construction phase. It is anticipated that the energy savings from the building work undertaken will become visible in 2014.

#### Actions Planned for 2014

In 2014, the IMB intends to maintain energy performance by continuing its participation in newly contracted framework agreements for the supply of both electricity and natural gas to the public sector. It is anticipated that both these framework agreements, which will again be accessed via the Office of Government Procurement, will deliver savings when compared to the costs of going directly to the market. It is important to note that the Office of Government Procurement contract rates are fixed until the end of 2014 for electricity and January 31 2015 for gas.

## **APPENDIX 1 – COMMITTEE MEMBERS**

### **Management Committee**

Mr. Pat O'Mahony – Chief Executive  
Dr. Gabriel Beechinor – Director of Veterinary Medicines  
Dr. Joan Gilvarry – Director of Human Products Monitoring  
Ms. Frances Lynch – Director of Human Resources  
Mr. John Lynch – Director of Compliance  
Ms. Suzanne McDonald – Director of Information Technology and Change Management  
Dr. Mike Morris – Director of Scientific Affairs  
Dr. Lorraine Nolan – Director of Human Products Authorisation and Registration  
Ms. Rita Purcell – Director of Finance and Corporate Affairs

### **Board**

Mr. Michael D. Hayes – Chairman  
Mr. Pat Brangan\*  
Mr. Wilfrid J. Higgins\*  
Ms. Ann Horan  
Prof. Mary Horgan  
Dr. Elizabeth Keane\*  
Mr. Brendan McLaughlin\*  
Mr. Noel O'Donoghue  
Prof. Caitriona O'Driscoll

\* Term ended 31 December 2013

### **Audit Committee**

Mr. Pat Brangan  
Ms. Ann Horan  
Mr. Brendan McLaughlin

### **Advisory Committee for Human Medicines**

Prof. Mary Horgan – Chairman  
Dr. Paul Browne  
Dr. Kevin Connolly  
Dr. Desmond Corrigan  
Prof. Tom Fahey  
Prof. David Kerins  
Ms. Marita Kinsella  
Prof. Patrick Murray

Dr. Brian O'Connell  
Mr. Ronan Quirke  
Dr. Patrick A. Sullivan  
Prof. Peter Weedle

#### **Advisory Committee for Veterinary Medicines**

Mr. Pat Brangan – Chairman  
Dr. Ruaidhri Breathnach  
Ms. Eugenie Canavan  
Mr. Michael F. Clancy  
Dr. Martin Danaher  
Dr. Rodhri Evans  
Dr. Helena Kelly  
Mr. Des Leadon  
Dr. Nola Leonard  
Mr. Ciaran Mellet  
Mr. John Moriarty  
Mr. John Underhill

#### **Advisory Committee for Medical Devices**

Mr. Wilfrid J. Higgins – Chairman  
Dr. Gillian Carlos McDowell  
Dr. Geoffrey Chadwick  
Mr. Darragh Hynes  
Dr. Jonathan Lyne  
Prof. Fergal O'Brien  
Prof. Richard Reilly  
Ms. Mary Sharp  
Ms. Maebh Smith  
Mr. Sean Paul Teeling  
Prof. Wil van der Putten  
Dr. Vivion Crowley

#### **Clinical Trial Sub-Committee of Advisory Committee for Human Medicines**

Dr. Patrick A. Sullivan – Chairman  
Dr. Liam Bannan  
Prof. David Bouchier-Hayes  
Dr. Geraldine Boylan  
Dr. Paul Browne  
Dr. Peter Daly  
Prof. Timothy Dinan



Dr. Catherine Kelly  
Dr. Thomas Peirce  
Dr. John Taaffe  
Dr. Bryan Whelan  
Dr. Lee Helman (CT Expert)  
Dr. Filip Janku (CT Expert)

**Advisory Sub-Committee for Herbal Medicines**

Dr. Des Corrigan – Chairman  
Dr. James Barlow  
Dr. Kevin Connolly  
Mrs. Ingrid Hook  
Ms. Claudine Hughes  
Ms. Anna-Maria Keaveney  
Dr. Celine Leonard  
Dr. Donal O'Mathuna  
Dr. Camillus Power  
Dr. Helen Sheridan  
Ms. Anne Varley  
Dr. Emma Wallace

**Experts Sub-Committee of the Advisory Committee for Human Medicines**

Prof. Mary Horgan – Chairman  
Dr. Colin Buckley  
Dr. Owen Carey  
Dr. Linda Coate  
Dr. Kevin Connolly  
Dr. James Colville  
Dr. Noreen Dowd  
Dr. Stephen Eustace  
Dr. Stephen Flint  
Dr. Tim Fulcher  
Dr. Joseph Galvin  
Dr. Patrick Gavin  
Dr. Paul Gallagher  
Dr. Kevin Kelleher  
Dr. Catherine Kelly  
Dr. Mary Keogan  
Prof. David Kerins  
Dr. Lorraine Kyne  
Dr. Mark Ledwidge  
Prof. Aiden McCormick

Dr. Frank Murray  
Dr. Yvonne O'Meara  
Mr. Ashley Poynton  
Dr. Brion Sweeney  
Dr. Jogin Thakore

**APPENDIX 2 – PRESENTATIONS 2013****Third Level / Educational Presentations**

| Institution     | Course   | Presentation Title   |
|-----------------|--|--|
| Athlone IT      | Veterinary Nursing                               | Regulation of Veterinary Medicines                           |
| DIT             | Biomedical Science                               | European Blood Directive – The IMB Perspective               |
| HSE             | Medicines Management Seminar for Nurse Educators | The role of the IMB / Quality and Safety Reporting           |
| HSE             | Medicines Management Seminar for Nurse Educators | IMB Role in Interchangeable / Generic Medicines              |
| RCSI            | Nurse Midwife Prescribing                        | Role of the IMB (2 presentations)                            |
| RCSI            | Nurse Midwife Prescribing                        | Pharmacovigilance (2 presentations)                          |
| RCSI            | Pharmacy   | Regulation of New and Generic Medicines                      |
| RCSI            | Pharmacy   | Regulatory Affairs and Regulatory Authorities                |
| RCSI            | Pharmacy   | The Regulation of Biotechnology                              |
| RCSI            | Pharmacy   | Advanced Therapy Medicinal Products                          |
| Sligo IT        | Medical Biotechnology and Pharmaceutical Science | IMB Inspections / Pharmacovigilance                          |
| St. Johns, Cork | Veterinary Nursing                               | Regulation of Veterinary Medicines                           |
| TCD             | Pharmacy   | Authorisation of Medicines                                   |
| TCD             | Pharmacy   | Reporting Quality Defects                                    |
| TCD             | Pharmaceutical Medicine                          | The Role of the Pharmacopoeia in the Regulation of Medicines |
| TCD             | Pharmaceutical Medicine                          | Non Clinical Drug Development                                |
| TCD             | Pharmaceutical Medicine                          | Quality Defects and Recalls                                  |
| TCD             | Pharmaceutical Medicine                          | Overview of Pharmacovigilance in the EU                      |

**Third Level Presentations (continued)**

| College    | Course                                | Presentation Title   |
|------------|---------------------------------------|--|
| TCD        | Pharmaceutical Medicine               | New EU Pharmacovigilance Legislation                                 |
| TCD        | Pharmaceutical Medicine               | Pharmacovigilance Communications                                     |
| TCD        | Pharmaceutical Medicine               | Traditional Herbal Medicinal Products                                |
| TCD        | Hospital Pharmacy                     | Pharmacovigilance and Risk Management                                |
| TCD        | Biomedical Sciences                   | Biopharmaceuticals - Introduction to EU Regulation                   |
| TCD        | Last-Ireland                          | Implementation of Directive 2010-63-EU (2 presentations)             |
| UCC        | Pharmacy and Medicine                 | Adverse Reactions  |
| UCC        | Pharmacy and Medicine                 | Notification of Adverse Events                                       |
| UCD        | Nursing - Prescription of Medications | Role of the IMB (2 presentations)                                    |
| UCD        | Nursing - Prescription of Medications | Pharmacovigilance (2 presentations)                                  |
| UCD        | Veterinary Medicine                   | Regulation of Veterinary Medicines                                   |
| UCD        | Veterinary Nursing                    | Regulation of Veterinary Medicines                                   |
| UCD        | Biotechnology                         | Biopharmaceuticals – Introduction to EU Regulation (2 presentations) |
| UCD        | Biopharmaceutical Engineering         | Biopharmaceuticals – Introduction to EU Regulation                   |
| UCD / SVUH | Nurse Education Centre                | Medical Device Incident User Reporting                               |

**Regulatory Presentations**

| Event/Organiser  | Presentation Title                                  |
|--|---|
| British Herbal Medicine Association (BHMA)               | The Borderline Interface – An Irish Perspective     |
| Biomedical / Clinical Engineering Association of Ireland | Medical Devices Vigilance System and User Reporting |

**Regulatory Presentations (continued)**

| Event/Organiser   | Presentation Title   |
|---|--|
| DIA   | Impact of Revised Pharmacovigilance Legislation on Regulatory Communications |
| DIA   | Quality Update – Current Developments – Process Validation                   |
| DIA   | The Risk Management Plan as a Post-Authorisation Dossier                     |
| EPA / GMO Technology Conference                                   | The Regulation of Clinical Trials  |
| European Forum for Qualified Person for Pharmacovigilance         | PRAC: The Experience to Date   |
| HSE Vaccine Preventable Diseases Conference                       | Vaccine Licensing and Safety   |
| IPHA  | Communication with Stakeholders - The Regulators Perspective                 |
| International Pharmaceutical Federation (FIP)                     | Draft EMA Guideline on Process Validation                                    |
| International Society of Pharmacovigilance                        | The Pharmacovigilance Risk Assessment Committee                              |
| International Symposium on Medicinal Products and Medical Devices | Medical Devices Vigilance  |
| Irish Clinical Research Infrastructure Network (ICRIN)            | EU Regulation of Clinical Trials   |
| Irish Clinical Research Infrastructure Network (ICRIN)            | National Impact of Proposed Regulation and Experience to Date with VHP       |
| Irish Fertility Society   | Eurocet Coding / Regulatory Updates  |
| National Haemovigilance Office Conference                         | Blood Legislation and Haemovigilance   |
| National Haemovigilance Office Conference                         | Medical Devices Regulation, Vigilance and User Reporting                     |
| National Haemovigilance Office Conference                         | Blood Legislation and the Role of the IMB                                    |
| NSAI  | Medical Devices Vigilance  |

**Regulatory Presentations (continued)**

| Event/Organiser  | Presentation Title  |
|--|---|
| National Symposium on Biologic Medicines (NIBRT)   | The Regulatory Process for Biosimilars  |
| Parenteral Drug Association  | Role of the IMB / Future Challenges   |
| Parenteral Drug Association  | EU Draft CHMP Guideline and Expected changes to GMP Annex 15 on Process Validation    |
| Parenteral Drug Association  | Presentations relating to 'Current and Emerging EU Regulations and Inspection Trends' |
| PharmaChemical Ireland   | Innovation and Excellence – The Contribution of the Regulator                         |
| Royal Victoria Eye and Ear Hospital – Corneal Stem Cell and Tissue Engineering Symposium | Regulation of Advanced Therapies  |
| SOHOV&S (Vigilance and Surveillance of Substances of Human Origin) Project               | Communication Issues in Tissues and Cells   |
| SOHOV&S (Vigilance and Surveillance of Substances of Human Origin) Project               | European Training of Vigilance Officers   |
| TOPRA  | Module 3 – An Agency Perspective  |
| Voluntary Hospitals Risk Management Forum  | Medical Devices Legislation and the Role of the IMB                                   |

## APPENDIX 3 – PUBLICATIONS AND ARTICLES 2013

### Retailer Information Leaflets

| Topic  | Published |
|--|-----------|
| Selling Cosmetic Products in Ireland – A Guide for Retailers | October   |

### Drug Safety Newsletters

| Edition                                 | Articles  |
|---|---|
| February<br>52 <sup>nd</sup><br>Edition | <ul style="list-style-type: none"> <li>- Tredaptive (Nicotinic Acid/Laropiprant) – Suspension of Marketing Authorisation</li> <li>- Restriction of indications for trimetazidine (Vastarel)</li> <li>- Use of the IMB online ADR report forms and Drug Safety Newsletter (DSN) for CPD purposes</li> <li>- INSERT: New guidance on treatment of paracetamol overdose with intravenous acetylcysteine</li> </ul>   |
| May<br>53 <sup>rd</sup> Edition         | <ul style="list-style-type: none"> <li>- Changes to arrangements for Drug Safety Newsletter distribution</li> <li>- The Pharmacovigilance Risk Assessment Committee (PRAC)</li> <li>- Medicines Subject to Additional Monitoring Requirements: Update</li> <li>- Metoject solution for injection, pre-filled syringes: Caution in use</li> </ul>  |
| May<br>54 <sup>th</sup> Edition         | <ul style="list-style-type: none"> <li>- Strontium ranelate (Protelos): Restricted indications, new contraindications, and warnings due to risk of serious cardiac disorders</li> <li>- Lenalidomide (Revlimid): Risk of serious hepatic adverse reactions-routine monitoring of liver function now recommended</li> <li>- Methylphenidate-containing medicines: Availability of web-based educational tools</li> <li>- Cinacalcet (Mimpara): Risk of QT prolongation/ventricular arrhythmias</li> </ul>  |
| July<br>55 <sup>th</sup> Edition        | <ul style="list-style-type: none"> <li>- Diclofenac: The same cardiovascular precautions now apply for diclofenac as for selective COX-2 inhibitors</li> <li>- Codeine: Restricted use as an analgesic in children and adolescents</li> <li>- Dianette (Cyproterone acetate 2mg/ethinylestradiol 35mcg): New risk minimisation measures to further mitigate the known risk of thromboembolism</li> <li>- Lariam: Updated product information and availability of guidelines for healthcare professionals/alert cards for patients</li> <li>- Hydroxyethylstarch (HES) infusion solutions: PRAC recommends suspension of licenses</li> <li>- PRAC recommendations</li> </ul> |

**IMB Drug Safety Newsletters (continued)**

| <b>Edition</b>                       | <b>Articles</b>  |
|--------------------------------------|--|
| October<br>56 <sup>th</sup> Edition  | <ul style="list-style-type: none"> <li>- Novel Oral Anticoagulants (NOACs) and risk of bleeding: Reinforcement of risk minimization advice for dabagatrin (Pradaxa), rivaroxaban (Xarelto) and apixabab (Eliquis)</li> <li>- Metoclopramide-containing medicines: Update on outcome of review and revised recommendations for use</li> </ul>   |
| December<br>57 <sup>th</sup> Edition | <ul style="list-style-type: none"> <li>- Ondansetron for intravenous use - updated information on posology to mitigate dose-dependent risk of QT interval prolongation</li> <li>- Agomelatine (Valdoxan): New contraindication and a reminder of the importance of liver function monitoring</li> <li>- Restrictions to the use of Short Acting Beta Agonists (SABAs) in obstetric indications</li> <li>- Trazodone: Reminder of the risk of postural hypotension and somnolence in the elderly particularly in the context of polypharmacy</li> </ul> |
| December<br>58 <sup>th</sup> Edition | <ul style="list-style-type: none"> <li>- Intravenous iron-containing medicines: New recommendations to manage and minimise risk of allergic reactions</li> <li>- Cabazitaxel (Jevtana): Potential for medication error due to incorrect reconstitution</li> <li>- Medicines subject to additional monitoring requirements-update</li> <li>- Use of the IMB online adverse reaction reporting system for the DSN for CPD purposes</li> <li>- INSERT: Quick guide to medical device incident user reporting</li> </ul>                                   |

**IMB Human Medicines Articles – External Publications**

| <b>Topic</b>  | <b>Publication</b> | <b>Month</b> |
|---|--------------------|--------------|
| Diclofenac: Further evidence that the cardiovascular risk with diclofenac is higher than other non-selective NSAIDs and similar to COX-2 inhibitors | MIMS               | January      |
| Acetylcysteine: New guidance on treatment of paracetamol overdose   | MIMS               | February     |
| Updated Pharmacovigilance Legislation   | IMF                | February     |
| Tredaptive: Suspension of MA  | MIMS               | March        |
| Restriction of indications for trimetazidine-containing products (CV supplement)  | MIMS               | March        |
| iaCME: Use of the IMB online ADR report forms and DSN for CPD purposes.   | MIMS               | April        |



**IMB Human Medicines Articles – External Publications (continued)**

| Topic   | Publication         | Month     |
|---|---------------------|-----------|
| Methylphenidate: Availability of web-based educational tools.   | MIMS                | May       |
| Revlimid (lenalidomide): Risk of serious hepatic adverse reactions (oncology supplement)  | MIMS                | May       |
| Strontium ranelate (Protelos and Osseor): Updates to product information on risks of venous thromboembolism and severe allergic skin reactions            | MIMS                | June      |
| Dianette (cyproterone acetate 2mg /ethinylestradiol 35 micrograms) – New risk minimisation measures to further mitigate the known risk of thromboembolism | MIMS                | July      |
| Diclofenac: The same cardiovascular precautions now apply for diclofenac as for selective COX-2 inhibitors  | MIMS                | August    |
| Changes to arrangements for DSN distribution  | IMF                 | August    |
| Codeine: Restricted use as an analgesic in children and adolescents   | MIMS                | September |
| Medicines subject to additional monitoring  | Irish Medical Times | September |
| Medicines subject to additional monitoring  | IPU Review          | October   |
| Lariam (Mefloquine): Updated product information and availability of guidelines for healthcare professionals/alert cards for patients                     | MIMS                | October   |
| Medicines subject to additional monitoring  | MIMS                | November  |
| Medicines subject to additional monitoring (Diabetes Supplement)  | MIMS                | November  |
| Restrictions to the use of Short Acting Beta Agonists (SABAs) in obstetric indications  | MIMS                | December  |
| Medicines subject to additional monitoring December 2013 (Compendium)   | MIMS                | December  |
| Diclofenac: The same cardiovascular precautions now apply for diclofenac as for selective COX-2 inhibitors (Supplement-Rheumatology)                      | MIMS                | December  |

**IMB Veterinary Medicines Articles – External Publications**

| Topic  | Publication     | Edition |
|--|-----------------|---------|
| Flukicides update  | It's Your Field | Spring  |
| Classification of the method of supply of veterinary medicines in Ireland. | It's Your Field | Summer  |
| Functions of the IMB in relation to animal remedies                        | It's Your Field | Autumn  |
| Applying for a marketing authorisation – the process                       | It's Your Field | Winter  |

**IMB Medical Devices Newsletters**

| Edition   | Main Topics  |
|-----------|--|
| April     | <ul style="list-style-type: none"> <li>– Irish Presidency of the Council of the European Union and the impact on medical devices regulation</li> <li>– The Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR)</li> <li>– Harmonised standards</li> <li>– The medical device vigilance system and revision of Vigilance Guidelines MEDDEV Rev. 8</li> </ul> |
| September | <ul style="list-style-type: none"> <li>– Introduction to volumetric arc therapy in Ireland</li> <li>– Safe use of automated external defibrillators</li> <li>– New EU Commission Implementing Regulation on the designation and supervision of notified bodies</li> <li>– European Commission recommendation on unique device Identification of medical devices</li> </ul>           |

**IMB Medical Devices Article – External Publication**

| Topic  | Publication                                   | Edition  |
|--|---|----------|
| Focus on role of in-vitro diagnostic scientific officer in IMB | AMLS Converse magazine: Partners in Pathology | December |

### Industry Guidance Documents

| Document title   | New/Revision | Date      |
|--|--------------|-----------|
| Guide to Good Distribution Practice of medicinal products for human use  | New          | December  |
| Guide to wholesaling and brokering of medicinal products for human use in Ireland  | Revision     | December  |
| Guide to the completion of the Hospital Blood Bank Annual Report   | Revision     | December  |
| Guide to labels and leaflets for human medicines   | Revision     | December  |
| Guide to transfers of product authorisations and parallel product authorisations for human medicines                         | Revision     | December  |
| Guide to the attainment of Qualified Person status in Ireland  | Revision     | November  |
| Guide to applications for establishments regulated by Directive 2010/63/EU   | New          | November  |
| Guide to preparation of a site master file for establishments regulated by Directive 2010/63/EU and S.I. No. 543 of 2012     | Revision     | November  |
| Guide to applications for individuals regulated by Directive 2010/63/EU and S.I. No. 543 of 2012                             | Revision     | November  |
| Guide for custom-made dental device manufacturers on compliance with European Communities (Medical Devices) Regulations 1994 | New          | November  |
| Guide to the Definition of a Human Medicine  | Revision     | November  |
| Guide to the quality system for general sale wholesale distributors  | Revision     | November  |
| Guide to ethics committee assessment of project applications under Directive 2010/63/EU and S.I. No. 543 of 2012             | Revision     | October   |
| Guide to Renewal of Marketing Authorisations - Human Medicines   | Revision     | September |
| Guide to cosmetic products for Responsible Persons   | Revision     | September |
| Guide to interchangeable medicines   | Revision     | September |
| Guide to Cosmetics   | Revision     | September |
| Guide to the decentralised and mutual recognition procedures for veterinary medicinal products using Ireland as RMS          | Revision     | August    |

**Industry Guidance Documents (continued)**

| Document title  | New/Revision | Date     |
|---|--------------|----------|
| Guide to registration requirements for active substance manufacturers, importers and distributors in Ireland          | Revision     | June     |
| Guide to distribution of cosmetic products in Ireland   | Revision     | June     |
| Guide to completing a non-technical project summary for a project under Directive 2010/63/EU and S.I. No. 543 of 2012 | Revision     | May      |
| Guide to practices exempt from the scope of Directive 2010/63/EU and S.I. No. 543 of 2012                             | Revision     | May      |
| Guide to completion of tissue establishment annual report   | Revision     | May      |
| Guide to completion of the tissue establishment annual report for reproductive tissues and cells                      | Revision     | May      |
| Guide to electronic submissions - human medicines   | Revision     | May      |
| Guide to interchangeable medicines  | New          | May      |
| Guide to applying for a variation to a blood establishment authorisation  | New          | April    |
| Guide to applying for a variation to a tissue establishment authorisation   | New          | April    |
| Guide to display of chemical group symbols on product literature of sheep anthelmintics                               | New          | April    |
| Guide to electronic transmission of ICSRs and SUSARs associated with the use of human medicines                       | Revision     | March    |
| Guide to refusals and appeals   | Revision     | March    |
| Guide to parallel imports - human medicines   | Revision     | March    |
| Guide to hospital-based advanced therapy medicinal products   | New          | February |
| Guide to invented names of veterinary medicines   | New          | February |
| Guide to electronic submissions - veterinary medicines  | Revision     | January  |
| Guide to parallel imports for veterinary medicines  | New          | January  |
| Guide to the regulatory requirements for the procurement of human tissues and cells intended for human application    | Revision     | January  |

#### APPENDIX 4 – EUROPEAN AND NATIONAL COMMITTEE / WORKING GROUP PARTICIPATION

| Committee/Working Group   | Organisation                               | Meetings Per Annum |
|---|--|--------------------|
| Competent Authority for Medical Devices (CAMD)  | CAMD                                       | 2                  |
| Notified Body Operations Group (NBOG)   | CAMD                                       | 3                  |
| Compliance and Enforcement Working Party (COEN)   | CAMD                                       | 3                  |
| Committee Of Experts on Minimizing Public Health Threats Posed by Counterfeiting of Medical Products and Similar Crimes | Council of Europe                          | 2                  |
| European Pharmacopoeia Commission   | Council of Europe                          | 3                  |
| Pompidou Group – Drug Precursors  | Council of Europe                          | 1                  |
| P-SC-COS (Committee of Experts on Cosmetics)  | Council of Europe                          | 1                  |
| Implementation Group on Generic Substitution and Reference Pricing  | Department of Health                       | 6                  |
| Medication Safety Forum   | Department of Health                       | 4                  |
| Market Surveillance Forum   | Department of Jobs Enterprise & Innovation | 4                  |
| Market Surveillance Regulation & Consumer Product Safety Regulation for Cosmetic Products<br>DJEI                       | Department of Jobs Enterprise & Innovation | 1                  |
| Official Medicines Control Laboratories Network – European Directorate for Quality of Medicines (EDQM)                  | EDQM                                       | 8                  |
| Committee for Advanced Therapies  | EMA  | 11                 |
| Committee for Medicinal Products for Human Use (CHMP)   | EMA  | 11                 |
| Committee for Medicinal Products for Veterinary Use (CVMP)  | EMA  | 11                 |

| <b>Committee/Working Group</b>  | <b>Organisation</b> | <b>Meetings Per Annum</b>       |
|---|---------------------|---------------------------------|
| Committee for Orphan Medicinal Products (COMP)  | EMA                 | 11                              |
| Committee on Herbal Medicinal Products (HMPC)   | EMA                 | 6                               |
| GMDP Inspectors Working Group   | EMA                 | 4                               |
| Pharmacovigilance Inspectors Working Group (Human)  | EMA                 | 2                               |
| Pharmacovigilance Inspectors Working Group (Veterinary)                                       | EMA                 | 2                               |
| GCP Inspectors Working Group  | EMA                 | 4                               |
| Paediatric Committee (PDCO)   | EMA                 | 12                              |
| Pharmacovigilance Risk Assessment Committee (PRAC)  | EMA                 | 13 (includes informal meetings) |
| Scientific Advice Working Party   | EMA                 | 11                              |
| Biologics Working Party   | EMA                 | 11                              |
| Telematics Committee - Management Board   | EMA                 | 4                               |
| New and Emerging Technologies Working Group   | EU Commission       | 2                               |
| <i>In-Vitro</i> Diagnostic Technical Working Group  | EU Commission       | 1                               |
| Borderline and Classification Medical Device Expert Group (MDEG)                              | EU Commission       | 2                               |
| Clinical Investigation and Evaluation Working Group   | EU Commission       | 3                               |
| Competent Authorities for (1) Blood, (2) Tissues and Cells and (3) Organs for Transplantation | EU Commission       | 6                               |
| Haemovigilance – Common Approach  | EU Commission       | 1                               |
| Cosmetic Borderline Working Group   | EU Commission       | 2                               |
| Cosmetic Standing Committee and Working Group   | EU Commission       | 2                               |
| Drug Precursors Working Group   | EU Commission       | 2                               |
| MDEG Software Working Group   | EU Commission       | 2                               |

| <b>Committee/Working Group</b>  | <b>Organisation</b>        | <b>Meetings Per Annum</b> |
|---|----------------------------|---------------------------|
| MDEG Working Group on Vigilance   | EU Commission              | 2                         |
| Medical Device Expert Group   | EU Commission              | 3                         |
| Unique Device Identifier Group  | EU Commission              | 2                         |
| Vigilance and Surveillance of Substances of Human Origin (SoHO V & S)                           | EU Commission / SoHO V & S | 1                         |
| European Commission Sub-working Group on Cosmetovigilance                                       | European Commission        | 2                         |
| PEMSAC (Platform of European Market Surveillance Authorities for Cosmetics) Market Surveillance | European Commission        | 2                         |
| PEMSAC (Platform of European Market Surveillance Authorities for Cosmetics) Analytical Methods  | European Commission        | 2                         |
| Competent Authority for Medical Devices   | European Commission        | 1                         |
| HTA Advisory Committee  | HIQA                       | 2                         |
| Medicines Reconciliation Advisory Group   | HIQA                       | 3                         |
| Clinical Trial Facilitation Group (CTFG)  | HMA                        | 6                         |
| Co-ordination Group for Mutual-recognition and Decentralised Procedures (Human) CMD(h)          | HMA                        | 11                        |
| Co-ordination Group for Mutual-recognition and Decentralised Procedures (Veterinary) CMD(v)     | HMA                        | 11                        |
| Working Group of Enforcement Officers   | HMA                        | 2                         |
| Working Group of Quality Managers   | HMA                        | 2                         |
| Working Group of Communications Professionals   | HMA                        | 2                         |
| HMA ICT Working Groups  | HMA                        |                           |
| Homeopathic Medicinal Products Working Group (HMPWG)  | HMA                        | 2                         |
| PSUR Work-Sharing Working Party   | HMA                        | 11                        |
| Steering Group on Medicines for Older People  | HSE                        | 3                         |

| <b>Committee/Working Group</b>                                    | <b>Organisation</b>      | <b>Meetings Per Annum</b> |
|---|--------------------------|---------------------------|
| IMB – UK Department for Business Innovation & Skills              | Ireland/UK Working Group | 5                         |
| Anti-doping Committee   | Irish Sports Council     | 4                         |
| Healthcare Standards Consultative Committee                       | National Committee       | 4                         |
| IMB – HSE – National Organ Donation and Transplant Office (NODTO) | National Working Group   | 2                         |
| Cosmetics Standards Advisory Group                                | NSAI                     | 2                         |
| EPA Health Advisory Committee                                     | EPA                      | 3                         |
| Permanent Forum on International Pharmaceutical Crime             | PFIPC                    | 1                         |
| Committee of Officials  | PIC/S                    | 2                         |
| GDP Working Group   | PIC/S                    | 2                         |
| Heads of Medicines Agencies meetings – Human                      | Presidency               | 4                         |
| Heads of Medicines Agencies meetings – Veterinary                 | Presidency               | 4                         |
| National Immunisation Advisory Committee                          | RCPI                     | 6                         |
| Board of the UMC/WHO Collaborating Centre                         | WHO                      | 3                         |
| WHO National Pharmacovigilance Centres Meeting                    | WHO                      | 1                         |



## **APPENDIX 5 – GLOSSARY**

|         |  |
|---------|--|
| AED     | Automated External Defibrillator   |
| APHA    | Animal and Plant Health Association  |
| APMI    | Association of Pharmaceutical Manufacturers in Ireland                               |
| ASR     | Annual Safety Report   |
| ATMP    | Advanced Therapy Medicinal Product   |
| BEMA    | Benchmarking of European Medicines Agencies  |
| CAMD    | Competent Authority for Medical Devices  |
| CAT     | Committee for Advanced Therapies   |
| CD      | Controlled Drugs   |
| CESP    | Common European Submission Portal  |
| CHMP    | Committee for Medicinal Products for Human Use                                       |
| CMC     | Central Management Committee   |
| CMD(h)  | Co-ordination Group for Mutual Recognition and Decentralised Procedures - Human      |
| CMD(v)  | Co-ordination Group for Mutual Recognition and Decentralised Procedures - Veterinary |
| CMS     | Concerned Member State   |
| COMP    | Committee for Orphan Medicinal Products  |
| CTFG    | Clinical Trials Facilitation Group   |
| CVMP    | Committee for Medicinal Products for Veterinary Use                                  |
| DCP     | Decentralised Procedure  |
| EDQM    | European Directorate for Quality of Medicines  |
| EEA     | European Economic Area   |
| EMA     | European Medicines Agency  |
| EUDAMED | European Database on Medical Devices   |
| FAQ     | Frequently Asked Questions   |
| GCP     | Good Clinical Practice   |
| GDP     | Good Distribution Practice   |
| GHTF    | Global Harmonisation Task Force  |

|        |  |
|--------|--|
| GMP    | Good Manufacturing Practice  |
| GVP    | Good Vigilance Practice  |
| H1N1   | Abbreviation for the influenza virus associated with the 2009 Flu Pandemic |
| HIQA   | Health Information and Quality Authority                                   |
| HMA    | Heads of Medicines Agencies  |
| HMPC   | Committee on Herbal Medicinal Products                                     |
| HPSC   | Health Protection Surveillance Centre                                      |
| HPV    | Human Papillomavirus   |
| HSE    | Health Service Executive   |
| HTA    | Health Technology Assessment   |
| IAHS   | Irish Association of Health Stores   |
| IBTS   | Irish Blood Transfusion Service  |
| ICH    | International Conference of Harmonisation                                  |
| IHTA   | Irish Health Trade Association   |
| IMDA   | Irish Medical Devices Association  |
| IMDRF  | International Medical Device Regulators Forum                              |
| IMF    | Irish Medicines Formulary  |
| IMSTA  | Irish Medical and Surgical Trade Association                               |
| IPHA   | Irish Pharmaceutical Healthcare Association                                |
| IVD    | In-Vitro Diagnostics   |
| JIDA   | Journal of the Irish Dental Association                                    |
| MAH    | Marketing Authorisation Holder   |
| MEDDEV | Medical Devices Guidance Document from the European Commission             |
| MIMS   | Monthly Index of Medical Specialities                                      |
| MRA    | Mutual Recognition Agreement   |
| MRLs   | Maximum Residue Limits   |
| MRP    | Mutual Recognition Procedure   |
| NBOG   | Notified Body Operations Group   |
| NCA    | National Consumer Agency   |
| NHO    | National Haemovigilance Office   |
| NODTO  | National Organ Donation and Transplantation Office                         |

|         |   |
|---------|---|
| NSAI    | National Standards Authority of Ireland               |
| OMCL    | Official Medicines Control Laboratories               |
| OTC     | Over-the-Counter                                      |
| PCI     | Pharmaceutical Ireland                                |
| PDCO    | Paediatric Committee                                  |
| PDP     | Performance Development Programme                     |
| PFIPC   | Permanent Forum on International Pharmaceutical Crime |
| PIC/S   | Pharmaceutical Inspection Co-operation Scheme         |
| PRAC    | Pharmacovigilance Risk Assessment Committee           |
| PSUR    | Periodic Safety Update Report                         |
| QWP     | Quality Working Party                                 |
| RMP     | Risk Management Plan                                  |
| RMS     | Reference Member State                                |
| SoHOV&S | Substances of Human Origin Vigilance and Surveillance |
| THMP    | Traditional Herbal Medicinal Product                  |
| UMC     | Uppsala Monitoring Centre                             |
| VMD     | Veterinary Medicines Directorate                      |
| WHO     | World Health Organization                             |