



**CO-ORDINATION GROUP FOR MUTUAL RECOGNITION &
DECENTRALISED PROCEDURES – HUMAN (CMD(h))**

FUNCTIONING OF THE CMD(h)

Doc. Ref.: CMDh/018/2009

February 2009

INDEX

List of Abbreviations	.....	Page 3
Introduction	.....	Page 4
Executive Summary	.....	Page 5
Results of questionnaire to CMD(h) Members	.....	Page 6
Results of questionnaire to Interested Parties	.....	Page 10

LIST OF ABBREVIATIONS

CMD(h):	Co-ordination Group for Mutual Recognition and Decentralised Procedures – human
WGs:	Working Groups
SPC:	Summary of Product Characteristics
EMA:	European Medicines Agency
MSs:	Members States
CTS:	Communication and Tracking System
PhVWP:	Pharmacovigilance Working Party
GCP:	Good Clinical Practice
VITERO:	Virtual Team Room
CHMP:	Committee for Human Medicinal Products
EC:	European Commission
EU:	European Union
SGs:	Subgroups
Q&As:	Questions & Answers
PSRPH:	Potential Serious Risk to Public Health
e-CTD:	electronic Common Technical Document
AESGP:	Association Européenne des Spécialités Pharmaceutiques Grand Public
EFPIA:	Fédération Européenne d'Associations & d'Industries Pharmaceutiques
EGA:	European Generic Medicines Association

INTRODUCTION

The CMD(h) was set up in Art 27 of Dir 2001/83/EC, as amended, and started its activities in November 2005 with a broad mandate for the examination of any question relating to marketing authorisation of a medicinal product in two or more Member States in accordance with the Mutual Recognition or Decentralised Procedure.

Before the end of the first three-year term of the CMD(h), it was considered important to conduct an evaluation on how the Group is functioning in view of the agreed mandate and new responsibilities and discuss how further improvements in the operation of the CMD(h) can be achieved.

Questionnaires to collect the views of the CMD(h) Members and of Interested Parties have been prepared by a Working Group of the CMD(h).

The results of the questionnaire to CMD(h) Members were discussed in detail at the informal CMD(h) meeting in Slovenia, held on 10th and 11th June 2008 in Kranjska Gora.

At the informal CMD(h) meeting in France, held on 6th and 7th October 2008 in Paris, an action plan was presented to address the main issues identified by CMD(h) Members and Interested Parties.

The questionnaire to CMD(h) Members was divided in the following sections:

- I. CMD(h) Members
- II. CMD(h)
- III. CMD(h) Subgroups/WGs/Break-out Sessions
- IV. CMD(h) and EMEA
- V. CMD(h) and Competent Authorities
- VI. CMD(h) and European Commission
- VII. CMD(h) and Interested Parties
- VIII. Comments, suggestions, identified risks

The overall response rate to the questionnaire was 87% (26/30 CMD(h) Members).

A questionnaire to Interested Parties was sent to Trade Associations in June 2008 and published on the CMD(h) website. The questionnaire was divided in the following sections:

- I. Interaction with CMD(h)
- II. CMD(h) Guidance documents and press releases
- III. CMD(h) 60-day referral procedure
- IV. SPC harmonisation
- V. Working group on Validation issues/National requirements
- VI. Break-out Sessions
- VII. Comments, suggestions, identified risks.

Responses were received from the three Trade Associations, AESGP, EFPIA and EGA and from 3 individual Companies.

A summary of the responses to the various sections of the questionnaires and the main actions proposed to address the issues raised are presented in this report.

EXECUTIVE SUMMARY

The results of the questionnaire to CMD(h) Members show that Members consider the mandate given by their National Competent Authority adequate to perform their tasks within the CMD(h).

CMD(h) Members are generally satisfied with the information available to perform their regulatory and scientific tasks.

CMD(h) Members consider the topics discussed in the CMD(h) and the outcomes of the discussions useful for their work within their National Competent Authority and are satisfied with the functioning of the group, including its decisions, the conduct of meetings and the support provided by the CMD(h) Secretariat.

The CMD(h) is highly valued as a platform for sharing knowledge and experience.

CMD(h) has decided to further improve its effectiveness by amongst others:

- Finalising the improvement of the CMD(h) website by end of Q1, 2009;
- Improving participation of CMD(h) Members in CMD(h) related activities;
- Replacing Break-out sessions by teleconferences & possibility for the RMS to bring issues raised within a MR/DC procedure for early discussion in the CMD(h) plenary;
- Contributing to the HMA Taskforce on Resources;
- Further reducing national requirements.

Areas for improvement outside the direct remit of CMD(h) include:

- The need to increase resources by National Competent Authorities for assisting CMD(h) & recommendation to the Heads of Medicines Agencies for the appointment of a CMD(h) Alternate;
- To further develop videoconference facilities available to the CMD(h);
- To improve the MRI-Product Index and increase transparency of publication of PARs.

With regard to the views from Interested Parties on the functioning of the CMD(h), the Group acknowledges that Interested Parties consider the overall experience with the CMD(h) and their Members very good and appreciate CMD(h) broad mandate for issues raised during MR/DC procedures.

Interested Parties identify as main issue the availability of resources in MRP/DCP and the need to reduce national requirements and enforce automatic validation process.

Interested Parties proposed that CMD(h) could take more responsibility for the MRI-Product Index, to enhance this important source of information.

The CMD(h) has implemented the following suggestions from Interested Parties:

- To make presentations by CMD(h) Members available on the CMD(h) website, following CMD(h) meetings with representatives of Interested Parties;
- To implement a numbering system for CMD(h) documents;
- Publication of a yearly plan of documents to be developed/revised by the CMD(h);
- Publication on the CMD(h) website of a tracking table with information on the status of Article 30 referral procedures for the medicinal products in the list for SPC harmonisation, including a link to the respective Commission Decision.

QUESTIONNAIRE TO CMD(h) MEMBERS

I. CMD(h) Members

The CMD(h) Members consider that the information available is enough and appropriate to perform their regulatory tasks, legal tasks and scientific tasks.

However, CMD(h) Members would welcome training sessions/workshops on scientific issues.

In order to address this comment, it was proposed to identify the areas where training is needed, to liaise with the EMEA for involvement of CMD(h) in training of assessors and to share best practice between MSs.

All CMD(h) Members consider the mandate given by their National Competent Authority adequate to perform their tasks within the CMD(h).

II. CMD(h)

The CMD(h) Members consider the mandate and rules of procedure of the CMD(h) clearly defined. A revision of the rules of procedure was not considered necessary in advance of the new three-year term for the CMD(h).

The majority of the CMD(h) Members consider the regulatory and scientific expertise adequately balanced within the CMD(h), whilst some identify a greater regulatory expertise of CMD(h) Members, which is balanced by adequate expert representation on an ad hoc basis.

The CMD(h) Members consider that the CMD(h) has access to enough/appropriate expertise to fulfil its tasks with regard to regulatory guidance, CMD(h) referral procedure, harmonisation of SPCs and paediatrics.

The CMD(h) Members consider that there are enough guidance documents covering the work of the CMD(h) and the CMD(h) referral procedure, the CMD(h) Working Groups/ Sub-Groups, the SPC harmonisation and Paediatrics.

CMD(h) Members consider that CMD(h) guidance documents are easily accessible and the correct version easily identifiable and retrievable whilst some recognise that improvements to the CMD(h) website will facilitate accessibility to CMD(h) documents.

Proposals for improvement of the CMD(h) website, prepared by a Sub-group of the CMD(h) were presented at the informal CMD(h) meeting in France.

It is expected that the update of the CMD(h) website will be concluded by the end of Q1, 2009.

Participation in CMD(h) activities

The majority of CMD(h) Members has been involved in the main activities of the CMD(h), such as developing/commenting guidance documents, CMD(h) referral procedure, preparation of the list of products for SPC harmonisation and paediatric work-sharing procedure.

The CMD(h) discussed how to improve participation of CMD(h) Members in CMD(h) related activities.

It was agreed to bring to the attention of the Heads of Medicines Agencies the need to increase the resources by National Competent Authorities for assisting CMD(h) Members and recommend the appointment of a CMD(h) alternate.

It was also proposed to try to distribute allocation of Rapporteurships for guidance documents by all MSs and to facilitate co-operation between experienced and new CMD(h) Members (“buddy system”).

Organisation of CMD(h) meeting

The CMD(h) Members considered the organisation of the CMD(h) meetings optimal in relation to agendas, minutes, deadlines for submission of topics, circulation of documents, premails/postmails, duration of meeting, allocation of time for discussions and contribution from MSs.

All CMD(h) Members consider the topics discussed at the CMD(h) useful for their work within their National Competent Authority and consider the outcomes of CMD(h) discussion satisfactory.

Most CMD(h) Members would agree to follow the position of the majority of the MSs, with a view to achieving harmonised positions on MRP/DCP issues.

CMD(h) Members acknowledged the importance of video/teleconferencing for experts attending scientific discussions, break-out sessions, Sub-group meetings, etc and proposed to develop further the videoconference facilities available to the CMD(h).

III. CMD(h) Subgroups/WGs/Break-out Sessions

CMD(h) Sub-groups and Working groups

With regard to the CMD(h) Sub-groups and Working groups, the majority of CMD(h) Members considered the mandates and objectives of the Sub-groups/Working Groups clearly defined.

However, it was agreed by the CMD(h) to work on the mandates and objectives of the CMD(h) Sub-groups/Working Groups for publication on the CMD(h) website.

The CMD(h) acknowledges that not all Member States need to be represented in Sub-groups/Working groups, as they report to the CMD(h), but agreed to prepare a list of core Members in the CMD(h) Sub-groups/Working groups.

All of the existing Sub-groups/Working groups (CTS Working group, SPC harmonisation, WG on validation issues/national requirements, CMD(h)/PhVWP WG, Paediatric Regulation and CMD(h)/GCP Inspectors Sub-group) were considered helpful to the tasks performed by the CMD(h) by the majority of CMD(h) Members.

Break-out Sessions

The CMD(h) discussed the organisation and objectives of Break-out sessions, as CMD(h) Members have indicated that due to the low attendance of Break-out sessions, these are not contributing towards achieving consensus on the points of disagreeing and avoiding referrals/arbitrations.

The CMD(h) agreed that it is possible for the RMS to bring the issue raised for discussion in the CMD(h) plenary or to organise a Break-out session.

The CMD(h) agreed also to replace Break-out sessions by teleconferences and to explore the possibility of using VITERO for Break-out sessions.

IV. CMD(h) and EMEA

The CMD(h) considered the tasks of the Secretariat clearly defined and the organisation of the CMD(h) Secretariat optimal.

The CMD(h) considered also the interaction with the EMEA helpful to the tasks performed by the CMD(h).

V. CMD(h) and Competent Authority

The preparation and feedback on the CMD(h) meetings within the National Competent Authority was addressed in the questionnaire.

In all National Competent Authorities the support to CMD(h) activities is ensured through staff of the Agency and for 3 MSs also through external experts.

Most CMD(h) Members prepare for the meetings through discussions with colleagues/management on the issues in the agenda, organisation of internal meetings, checking of CMD(h) mailboxes and response to questionnaires, contribution to documents, etc.

Most CMD(h) Members ensure feedback on CMD(h) decisions within their National Competent Authority through internal meetings, reports of the meetings, publication of CMD(h) agendas and minutes.

Two thirds of CMD(h) Members have indicated that they are not provided with sufficient time to perform their CMD(h) related tasks at national level, due to lack of resources/high workload within the NCA.

The CMD(h) discussed this issue at the informal CMD(h) meeting in Slovenia and agreed to recommend to the Heads of Medicines Agencies the appointment of a CMD(h) alternate to share the work with the CMD(h) Member.

VI. CMD(h) and European Commission

The majority of CMD(h) Members consider the interaction between the CMD(h) and EC useful to the tasks performed by the CMD(h) and is prepared to follow EC interpretation of legislation, with a view to achieving harmonised positions.

However, it was noted that in case of conflict with national legislation, it might not always be possible to follow EC interpretation.

The CMD(h) discussed how to achieve harmonised views on the interpretation of EU legislation and agreed that the CMD(h) should have a proactive approach and take responsibility for reaching harmonised working positions within the Group.

The CMD(h) recognised also the importance of agreeing on the interpretation of EC responses to CMD(h) requests within the CMD(h), to ensure that CMD(h) Members have the same understanding of the positions received.

VII. CMD(h) and Interested Parties

The CMD(h) Members considered the interaction between the CMD(h) and Interested Parties optimal, also in terms of usefulness and frequency of meetings, and the majority of CMD(h) Members regularly participate in the meetings with Interested Parties.

VIII. Comments, Suggestions, identified risks

The main risk identified in the open part of the questionnaire relate to resources and to the need for all parties, including individual MSs and EMEA, to input an adequate level of resource to support the continued success of CMD(h) and European procedures.

In this regard, the proposals from the CMD(h) to minimise this risk include the appointment of a CMD(h) alternate, a wider distribution of rapporteurship for CMD(h) documents by all CMD(h) Members and to increase co-operation between experienced and new CMD(h) Members (“buddy system” and Co-rapporteurship).

Another risk identified concerns the replacement of the ‘old withdrawals’ (aimed at avoiding a discussion of the objections raised at EU level through a CHMP referral) by commitments not to market the medicinal product or to withdraw the medicinal product in the objecting MS.

The CMD(h) recommends that MSs should not allow agreements to be reached on the basis of commitments not to market or to withdraw the medicinal product from their MS.

The EC has also clarified on this regard that if a MS considers, following a discussion in the CMD(h), that the authorisation of the medicinal product represents a potential serious risk to public health, the issue should be referred for discussion to the CHMP, regardless of whether the application has been withdrawn or not in the objecting MS.

The CMD(h) has also agreed to develop a paper with recommendations to avoid referrals to CMD(h)/CHMP and will address the issue of withdrawals/commitments in this paper.

QUESTIONNAIRE TO INTERESTED PARTIES

I. Interaction with CMD(h)

With regard to the interaction with the CMD(h), Interested Parties consider the meetings and the topics discussed useful and the outcome of the discussions satisfactory.

Interested Parties highlighted the wish for more regular meetings with the CMD(h), proposed to make the presentations by CMD(h) Members available on the CMD(h) website and for a systematic follow-up of the agreed action plan, to evaluate progress on the issues identified.

Interested Parties suggested also a closer cooperation with CMD(h) Sub-groups on specific issues, with a view to allowing Industry to contribute to discussions at an earlier stage of elaboration of documents.

Meetings between the CMD(h) and Interested Parties are organised yearly in accordance with the CMD(h) guidance on contacts with representative organisations.

However, the CMD(h) agreed that CMD(h) Sub-groups/Working-groups should consider the impact to Industry of new or revised guidance and decide whether earlier consultation or a meeting with Interested Parties is useful for specific issues.

II. CMD(h) Guidance documents and Press releases

Interested Parties consider that there are enough guidance documents covering the work of the CMD(h) and of the CMD(h) referral procedure. Interested Parties consider also the CMD(h) guidance documents clear and easily understandable.

However, they identified the need for more guidance documents and transparency covering the work of the CMD(h) Sub-groups/Working groups, e.g. Paediatrics, information on SPC harmonisation, implementation at national level of work of validation working group, etc.

The CMD(h) agreed to draft mandates and objectives for the CMD(h) Sub-groups/Working groups, for publication on the CMD(h) website.

With regard to the ease of accessibility to CMD(h) guidance documents, Interested Parties consider that there is a need for an easier and more visible structure for the CMD(h) website and for a general overview of the guidance documents available.

The comments received on the CMD(h) website will be taken into account in the improvement of the CMD(h) website.

In order to facilitate identification of the correct versions of CMD(h) documents, Interested Parties proposed a numbering system for CMD(h) documents, which was endorsed and implemented by the CMD(h).

Interested Parties are, in general, satisfied with the possibility of input in the development of CMD(h) documents, but proposed that the CMD(h) publishes yearly a work plan of the documents to be drafted/revised.

The CMD(h) will consider the possibility of including the documents to be developed/revised in the work plan for 2009.

CMD(h) press releases were also considered very useful by Interested Parties, who are, in general, satisfied with the overall level of transparency of the CMD(h).

The areas identified for improvement include the MRI-Product Index, publication of Public Assessment Reports and a request for more information on discussions in the CMD(h) and SGs/WGs, SPC harmonisation and transfer to MRP after Article 30 referral procedures.

In order to increase transparency on CHMP referrals for medicinal products included in the CMD(h) list for SPC harmonisation, the CMD(h) has published a table with information on the status of the referral and, for the finalised referrals, the date of the CHMP opinion, a link to the respective Commission Decision and the assigned Reference Member State.

Interested Parties consider the responses received to question raised with the CMD(h) satisfactory, but proposed to develop a formalised mechanism to raise specific questions to the CMD(h) with agreed timelines for response.

The CMD(h) will consider, on this regard the need to update the Q&As – Requests for advice from CMD(h).

III. CMD(h) 60-day referral procedure

Interested Parties consider the support from the CMD(h) Secretariat optimal during the CMD(h) referral procedures in relation to provision of information, compliance with overall timetable for the procedure and organisation of oral explanations.

With regard to the support from the RMS during the procedure, Interested Parties noted that this varies depending on the RMS and the particular application and assessors involved.

The areas identified for improvement include the need to follow the guideline on PSRPH, to avoid the misuse of the definition of PSRPH for minor concerns and to improve participation from MSs in oral explanations and, in particular, from objecting MSs.

The CMD(h) will consider the issues raised when developing recommendations to reduce the number of referrals to CMD(h).

IV. SPC Harmonisation

Interested Parties consider the mandate and objectives of the CMD(h) Sub-group on Harmonisation of SPCs clearly defined. However, they raised concerns with regard to a timely completion of the harmonisation exercise, the implementation of Commission Decisions following CHMP referrals and maintenance of the harmonisation achieved.

Interested Parties proposed also to clarify the mechanism for implementation of Commission Decisions into national marketing authorisations and the scope of the referral procedure.

The CMD(h) has agreed a revised version of the ‘Recommendations for Mutual Recognition Procedure after finalisation of an arbitration procedure with a positive decision by the European Commission’ which has been published for public consultation on the CMD(h) website.

V. Working Group on Validation issues/National Requirements

Interested Parties consider, in general, the work of the Working Group on Validation issues and national requirements helpful to Applicants and asked for more regular updates on the activities of the Working Group.

Interested Parties identified the need to reduce national requirements, enforce automatic validation process and proposed to restrict the validation to common EU dossier requirements and to handle specific national requirements during the procedure by the Member State concerned.

Interested Parties identified also the need for information on electronic submissions/e-CTD.

VI. Break-out Sessions

In general, Interested Parties did not have much experience with Break-out sessions, but considered that the scientific dialogue with the Applicant and contribution from objecting Member States could be improved further.

VIII. Comments, Suggestions, identified risks

Interested Parties consider the overall experience with the CMD(h) and their Members very good and appreciate their broad mandate for issues raised during DC/MR procedures.

The main risk identified relates to the availability of resources in MRP/DCP.

It was also proposed that the CMD(h) could take more responsibility for the MRI-Product Index, to enhance this important source of information.