Ich indian who fda gcps health and social care essay

Good Clinical Practices are some of the guidelines to be strictly followed while conducting clinical trials on human subjects. There are different GCPs which are basically similar ensuring the well being of subjects, and also good and ethical conduct of clinical studies of new drugs as well as approved drugs. WHO GCP was first of this kind. WHO has issued its GCP guidelines in 1993, but there arose need for international harmonized guidelines and led to the birth of ICH. ICH, the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use, that brings together the regulatory authorities of Europe, Japan and the United States and experts from the pharmaceutical industry in the three regions. Apart from ICH GCP, many nationalities have come up with their own Good Clinical Practices. The members include European Commission, European Federation of Pharmaceutical Industries' Associations (EFPIA), Ministry of Health, Labor and Welfare (MHLW), Japanese Pharmaceutical Manufacturers Association (JPMA), Food & Drug Administration (FDA), Pharmaceutical Research and Manufacturers of America (PhRMA). Various tragedies such as sulfanilamide tragedy, Nazi human trails, thalidomide tragedy, and syphilis study at Tuskegee lead to the creation of different rules for conduction of clinical trials and also good clinical practices.

FDA GCP Guidelines

GCP is an international scientific for proper design, ethical conduct, and reporting of clinical trials involving human subjects. Basically it is a set for rules that protect the human subjects from any harm due to participating in the study and to errors and mistakes to maximum and minimum suffering for

the subjects. FDA (Food and Drug Administration) expanded and included GMP in 1963, IRBs in 1973 and GCP in 1977.

RESPONSIBILITIES:

WHO GCP guidelines are divided into different chapters which describe responsibilities of different personalities concerned with the conduct of clinical trials. The IRB/IEC is responsible for the safety, well being and safeguarding the rights of human subjects. IRB is responsible for reviewing the proposal, trial site, subject recruitment & informed consent signature, amendments, investigator's brochure, investigator's CV etc. The investigator should be a qualified person, thoroughly familiar with the investigational product by the sponsor, audit and inspect the product and compliance with GCP. Investigator has the responsibility of creating essential documents for two years after approval of drug, documenting financial agreements with sponsor and investigator, occurrence of Serious Adverse Events, termination of trails prematurely.

MEDICAL CARE FOR SUBJECTS:

A qualified medical practitioner should take trial related medical decisions. If necessary the family doctor of the subject should be informed about the subject's participation in trial.

INFORMED CONSENT OF SUBJECTS:

The subjects should be informed about the procedure both orally and visually and must get a signed informed consent form and this should be approved by IRB/IEC. An impartial witness is required in case the subject could not write and read.

RESPONSIBILITIES OF SPONSOR:

Quality assurance and quality control with SOPs, selection of investigators, assigning a monitor, information regarding IP product and its usage, indemnifying subjects, also assists in the preparation of notification to review board and to investigator.

WHO GCP GUIDELINES

It is a set of guidelines globally applicable for the conduct of biomedical research of pharmaceutical products on human subjects. Abiding these guidelines will help in the mutual exchange of clinical research data between interested countries. Countries which do not have their own guidelines can adopt WHO guidelines as a part or whole, as a basis on which clinical trials will be conducted.

PROVISIONS AND PREREQUISITES FOR A CLINICAL TRIAL:

The clinical trial should be ethically justified. It should be on the basis of ethical principles laid by the Declaration Of Helsinki, and the three main principles of justice, beneficence and respect. There should be proper and genuine Preclinical date should to validate the trial. The investigator should be qualified and expert to take up clinical research. The trial should meet all the regulatory requirements.

PROTOCOL:

The trial should be held according to the written protocol signed by sponsor and investigator. The protocol appendices should be monitored and approved by the ethics committee.

PROTECTION OF THE TRIAL SUBJECT

The personal integrity and welfare of the trial subjects as defined in the Declaration of Helsinki should be the main concern of clinical trial. Any changes from DOH should be documented and reported. The ethics committee has been set up for the protection of human subjects in trial. The investigator and the sponsor must consult and submit the proposed protocol. Apart from the approval the ethics committee will do an ongoing monitoring of the clinical trial process. For the purpose of assuring safety of the trial subjects a process called Informed Consent process is done and this IC document should be submitted to the EC prior to the commencement of trial. Informed consent should be given both orally and written and also should get it signed. Any information that becomes available during the trial which may be of relevance to the trial subject must be made known to the investigator. Apart from the trial subject, legal guardian and the family doctor should be informed about the participation of the subject in the clinical trial. The investigator must maintain confidentiality of the information regarding the subjects.

RESPONSIBILITIES OF THE INVESTIGATOR:

Adequate medical care for the subjects is the responsibility of the investigator. He must be a qualified and experienced in the medicine or dentistry according to the protocol and should have a thorough knowledge about the process of clinical trial. The investigator is responsible for the selection of the trial subjects. Other responsibilities of the investigator includes strict adherence to the accepted protocol, giving adequate information regarding the trial to the subject, giving information about the

product to the staff, submitting details regarding the trial to the regulatory authority, ensuring the protocol has been reviewed and approved by the ethics committee, reporting any serious adverse reactions to the sponsor and regulatory authority, accepting auditing or inspection by regulatory committees and monitor, submitting final report based on the trial which is documented and signed by the investigator. The investigator must inform regulatory authority, sponsor and whomever applicable in case of premature termination of study.

RESPONSIBILITIES OF SPONSOR:

The sponsor is responsible for the selection of investigators, compliance of the procedure with GCP, providing investigational product, providing investigators with investigator's brochure, supply of investigational product, appointing committee or members to supervise the trial, providing compensation to trial subjects in case of accidental injury being participated in trial, quality assurance, ensuring the preparation of appropriate approval of final clinical study report for regulatory authorities regarding the trial. Amendments to the protocol which may affect the safety of the subject should be informed to the EC directly by the sponsor or through the investigator. If the sponsor wishes to terminate the study the same must be informed to investigator and the authority. The sponsor is responsible for the quality assurance of the trail ensuring that all the practices are recorded and reported according to GCP and the protocol.

RESPONSIBILITIES OF MONITOR:

The monitor is a person appointed by the sponsor and acts as a communication between the sponsor and the investigator. He is responsible

for overseeing the progress of the trial, controlling the adherence to the protocol, ensuring the data are correctly reported and recorded, confirming the inform consent from the subjects, assessment of trial site, educating the staff, assists the investigator in reporting the data to the sponsor, data management, ensuring correct filling of CRFs, assists the investigator in notifying the drug regulatory of the clinical trial and submitting any necessary documentation, record the details of each visit to the trial site and the phone calls made.

MONITORING OF SAFETY:

The sponsor should provide special forms to report adverse effects. The national regulations require sponsor and/ investigator to report the adverse events to regulatory authority. The investigator has to report any adverse events to sponsor, regulatory authority as well as EC. During the trial the sponsor is responsible for reporting trial related AE.

RECORD KEEPING AND HANDLING OF DATA:

The overall responsibility of accuracy and completeness of the report is on investigator. The record should be signed by sponsor, investigator as well as statistician. The investigator should maintain a confidential record of unambiguous codes to identify the subjects. Monitor should take measures to avoid missing of data. The sponsor must be able to identify the data entered for each subject using the code; also he must make a list of persons who are authorized to make corrections to the data. The sponsor has to retain all the documents, protocols, certificates, inspection reports etc.

STATISTICS AND CALCULATIONS

It should be done by a biostatistical expert. The sealed code used for blinding and randomization should be with both sponsor and investigator.

HANDLING OF PHARMACEUTICAL PRODUTS

The sponsor is responsible for the safety of the product to be tested on human subjects and should be of approved quality. Everything regarding the storage and dispatch of the product must be recorded and the investigator should not supply the investigational product to anyone who is not supposed to receive it. The investigator has to use the product according to the protocol and has to return the unused product. It is the responsibility of the monitor to check the expiry of the IP and should ensure that it has not exceeded the date of expiration.

ROLE OF DRUG REGULATORY AUTHORITY

They should ensure that the proposed protocols are submitted in advance and are approved according to the national regulations. They should evaluate the adequacy of supervising the trial according to the reports of the monitor to the sponsor. They may carry out on site supervision.

MULTICENTRIC TRIALS

They require special administrative system which depends on the end point and the knowledge of the IP involved. A coordinating committee could be set up with the responsibility of controlling the performance and progress of trial and maintaining contacts with the drug regulatory authority.

ICH GCP GUIDELINES

IRB/IEC

The IRB should consist of at least five members from various fields of life and qualified ones. Its responsibilities include: To consider the qualifications of the investigator, Continuing review of each ongoing trial at intervals, Protection of the rights, safety and/or well-being of the subjects, Consent of the subject's legally acceptable representative, in case of non therapeutic trials, Reviewing both the amount and method of payment to subjects to assure their safety and rights. Only those IRB/IEC members who are independent of the investigator and the sponsor of the trial have the right to vote or provide opinion on a trial-related matter. It should function according to the written SOPs and should comply with GCP. IRB/IEC should make its decisions at announced meetings at which at least a quorum, as stipulated in its written operating procedures, is present. IRB/IEC should notify the sponsor in writing regarding its trial related opinions, decisions etc. it should retain all the documents.

INVESTIGATOR

The investigator should be qualified by education and training, and should be thoroughly familiar with IP. The investigator could implement changes in protocol without prior consent from IRB/IEC if it is believed to cause adverse reactions and later on data has to be submitted with justification to IRB/IEC for review and approval, to the sponsor and regulatory authorities. Investigator is responsible for obtaining IC. Non therapeutic trials should be conducted with the consent of subject's legally acceptable representative. When in emergency that couldn't take consent of the subject, consent from

LAR is necessary. Essential documents should be retained for a minimum of two years after the approval or even longer period if insisted by the regulatory requirements.

SPONSOR

The sponsor is responsible for securing agreement from all parties involved to have a direct access to all trial related sites, documents and repots for inspection by domestic and foreign regulatory authorities. Sponsor may transfer one or all of his trial related duties to CRO. He should designate qualified medical personnel. Sponsor may establish an independent data monitoring committee (IDMC) to assess the progress of a clinical trial. Any transfer of the ownership of the documents should be properly documented and the sponsor should retain all sponsor specific documents. The sponsor is responsible for providing compensation to the subjects, IP, IRB approval. He appoints monitor, who monitors procedures and reports.

INVESTIGATOR'S BROCHURE

Investigator's brochure is a compilation of all clinical and non clinical data on the IP provide by sponsor relevant to the study product on human subject. It should be simple, concise, objective and non promotional that enables the clinician or potential investigator to understand it and make his /her own unbiased risk benefit assessment appropriateness of the trial. An extensive IB is not required if the product's pharmacology is widely understood by the medical practitioners. It should be renewed annually and reviewed according to the sponsor's written procedures. Sponsor should make sure that an up to date IB is made available to the investigator. IB should contain a title page and a confidentiality statement. It contains table of contents, introduction,

properties of formulation, effect on humans, and guidance for the investigator.

ESSENTIAL DOCUMENTS

Essential documents demonstrate the compliance of the investigator, sponsor and monitor with the standards of GCP and other regulatory requirements. Essential documents are inspected by regulatory authorities and audited by sponsor’s independent audit function. They are grouped into three sections according to the stage of trail where in it is generated. One before the commencement of clinical trial, the second one during the conduct of the trial and third one after the termination of trial. Trial master files should be established at the beginning of the trial, both at the investigator’s and sponsor’s office. A final close out of the file can be done only when both the investigator and sponsor files are reviewed by the monitor and confirmed that all necessary documents are in appropriate files.

INDIAN GCP

The clinical trial should be supported by pre clinical data on the IP supporting the proposed protocol. The protocol should contain an appropriate study design, inclusion exclusion exclusion criteria, quality control and quality assurance, ethical and safety considerations which includes the principle of essentiality, principle of voluntariness, IC and community agreement, principles of non exploitation, principles of privacy and confidentiality, principles of precaution and risk minimization, principles of professional competence, principles of accountability and transparency, principles of maximization of the public interest and distributive justice, principles of

institutional arrangements, principles of public domain, principles of totality of responsibility, principles of compliance.

ETHICS COMMITTIEE:

They review and approve protocol. According to Indian GCP the committee should consists of minimum of 5 members and a maximum of 12 to 15. Fairness in representation of age, gender, community etc should be followed. Formal meetings and consensus are the ways in which ethical review are done. The application should be submitted by the researcher in the prescribed format along with the protocol at least 3 weeks in advance. The IEC should be able to provide complete review of the proposals and should inform their stand by writing to the sponsor.

INFORMED CONSENT AND SPECIAL GROUPS:

In case of non-therapeutic studies the consent should be given by the subject. Research related to termination of pregnancy could be conducted in women who wish to do MTP. Pregnant women can also be included if he study is regarding techniques to detect fetal abnormalities. IC should be obtained from parents as well from the child and the child should be made aware about the trial process and his/ her refusal to participate in the clinical trial is considered. Adequate justification is required while recruiting vulnerable subjects.

RESPONSIBILITIES

The sponsor is responsible for investigator selection. A formal contract with investigator regarding compliance with GCP, recording and reporting, auditing inspection and monitoring should be done by the sponsor. Sponsor

has to confirm the review by ethics committee, provide information on IP, supplying IP, ongoing safety evaluation of the product, safeguarding study subjects, proving ADR/ AE reporting forms to the investigator, ensuring appropriate preparation of study reports, appointing monitors to monitor the study, performing audit as part of QA system, special arrangements in case of multicentric trials, make arrangements to facilitate communication between investigators of different trial centers. If the sponsor is a foreign company, a local representative or CRO can be placed to fulfill national regulations. The investigator the staff have to be aware and comply with SOPs, also the sponsor and the investigator should sign a copy of SOPs. According to Indian GCP the investigator should sign and forward CRF, results, interpretations, reports of the study from his centre to the EC and the sponsor. Monitor should be fully aware of the IP. He oversees the progress of the study, assists investigator in reporting he data to sponsor, ensure all CRFs are filled correctly, submitting report to sponsorThe investigator should have qualifications prescribed by MCI. He is responsible for ensuring the approval of protocol by ethics committee, unbiased selection of study subjects, accountability of IP at study site, submitting written summary of the study report to sponsor.

RANDOMISATION AND BLINDING

Done to avoid bias and there are certain code to identify the subjects which are kept secret during the study and broken only according to the protocol.

SPECIAL CONCERNS:

Clinical trials for vaccines

Sponsor as well as investigator should be aware of the process for conducting clinical trials involving vaccines. They should be familiar with the guidelines provided by DCGI, DBT and GEAC. Subjects should be informed if they are injected with live or attenuated microorganisms. There should be adequate laboratory facilities and also facilities for the laboratory evaluation of seroconversion. Approval from IEC should be ensured by the sponsor. Post marketing studies are required following seroconversion studies. Relevant data regarding the quality control is mandatory.

Clinical trials for contraceptives:

Subjects should be informed about the alternatives. Children borne due to failure of contraceptives should be given medical follow up also Proper follow-up must be given for the removal of implant is necessary if implant is used as a contraceptive for trial.

Clinical trials with surgical procedures/medical devices:

Animal safety data is required. Phase 1 trials are not required as trials with medical devices cannot be done on healthy volunteers. Safety procedures should be followed for the introduction of medical devices. Informed consent should be followed as in with drug trials.

Diagnostic agents- radioactive materials and x rays:

Informed consent should be obtained and the subjects should not be exposed to radiation more than that of normal. Research should be done on patients undergoing procedures for diagnostic or therapeutic purposes.

Safety measures should be taken to protect them. Pregnancies should not be included to avoid risks to embryo. Diagnostic agents which are non radioactive are considered as drugs and are to follow the same guidelines of drugs.

Herbal remedies and medical plants

Phase 1 studies are not necessary if the plant and herbal remedies are in use or mentioned in literature of traditional medicines and are prepared according to GMP. Toxicity studies are not required for phase 2 trials if it is not found toxic when used for more than 3 months. Clinical trials with herbal products should be carried out only after standardization and development of marker. Trails have to get approval from regulatory authorities. Trials should be held in the presence of competent ayurvedic, siddha, unani physician as co-investigator on in such a trial.