



MHRA
Regulating Medicines and Medical Devices

Good Documentation Practices

Documentation Requirements For Regulated Environments



Agenda



- Example Deficiency 2014
- Result Of Poor Record Creation
- Data Integrity
- EU GMP Chapter 4 Requirements
- Non GMP Compliant Record
- Date Stamped Entry In QPulse
- Example Policy



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- **Example Deficiency 2014**
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Example Deficiency 2014



The Trusts' Quality Management System lacks adequate controls to ensure a common understanding of the requirements of good documentation practice



Example Deficiency 2014



Records are not always made or completed at the time each action is taken and in such a way that all significant activities undertaken are traceable

ie contemporaneous records to identify who conducted an activity and when



Example Deficiency 2014



There was no awareness that the records for good practice compliance require either a handwritten signature and date or an equivalently controlled record generally with a date stamp within a document control system

Examples include but are not limited to:

- The Change Control process, including approvers of change proposals
- Approvals of incident management events (Quality Deviations) and associated Corrective and Preventative Actions. (CAPA)
- Qualification records including the Diamed analysers



Example Deficiency 2014



There are records where alterations made to the entries on the documents are not signed and dated

The alterations do not ensure that the original information may be read and they lack explanations for the alterations

Obliteration (including Tippex tape (or stickers) and overwriting) had been used to amend original entries



Example Deficiency 2014



The document control system is deficient in that:

- Historically procedures had been made Active in QPulse without using the approvals process
- The active dates on Policies and Procedures can differ for example, xxx xxx xxx 007 had an active date of 1 December 2013 on the document but had an active date of 22 January 2014 in QPulse



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Result of poor record creation



Issues over the past year in Pharma side of our Regulated organisations

(Reuters) - Britain's MHRA drug regulator has halted the sale of 16 medicinesafter it identified manufacturing deficiencies.

The medicines that are affected have *not been manufactured to Good Manufacturing Practice (GMP) standards*, U.K. inspectors cited

- Inadequate record keeping and production controls

Findings over the year have included:

- Evidence of "forged documents relating to staff training records"
- Deletion of key analytical data from hard drives
- Data generated lacked reliability and accuracy
- Laboratory records are not in compliance with established standards



Result of poor record creation



Consequences

Questions raised over the reliability and accuracy of tests
.....inability to implement a robust and sustainable quality system?

Evidence of falsification can lead to a lack of reliance on ANY data presented

Therefore any attempts at mitigating risk through presentation of other information cannot be relied upon

Patient safety could be at risk, chance of regulatory action increases, and the organisations credibility and integrity as a whole might be called into question

Could lead to increased interest from other organisations with whom we share regulatory information (such as CQC)



December 2013



MHRA expectation regarding self inspection and data integrity

The MHRA is setting an expectation that pharmaceutical manufacturers, importers and contract laboratories, as part of their self-inspection programme will need to review the effectiveness of their governance systems to ensure data integrity and traceability



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Data integrity from Wikipedia!



Data integrity refers to maintaining and assuring the accuracy and consistency of data over the entire life-cycle:

- ensure data is recorded exactly as intended
- upon later retrieval, ensure the data is the same as it was when it was originally recorded



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Principle

- The Quality Management System should include sufficient instructional detail to facilitate a common understanding of the requirements, in addition to providing for sufficient recording of the various processes and evaluation of any observations, so that ongoing application of the requirements may be demonstrated.
- There are two primary types of documentation used to manage and record GMP compliance: instructions (directions, requirements) and records/reports. Appropriate good documentation practice should be applied with respect to the type of document.
- Suitable controls should be implemented to ensure the accuracy, integrity, availability and legibility of documents..... The term 'written' means recorded, or documented on media from which data may be rendered in a human readable form.



- ***Record/Report type:***
- **Records:** Provide evidence of various actions taken to demonstrate compliance with instructions, e.g. activities, events, investigations, and in the case of manufactured batches a history of each batch of product, including its distribution. Records include the raw data which is used to generate other records.
For electronic records regulated users should define which data are to be used as raw data. At least, all data on which quality decisions are based should be defined as raw data
- **Reports:** Document the conduct of particular exercises, projects or investigations, together with results, conclusions and recommendations.



Good Documentation Practices

4.7 Handwritten entries should be made in clear, legible, indelible way.

4.8 Records should be made or completed at the time each action is taken and in such a way that all significant activities are traceable.

4.9 Any alteration made to the entry on a document should be signed and dated; the alteration should permit the reading of the original information. Where appropriate, the reason for the alteration should be recorded.



Blood Good Practice Guide



(link below)

http://www.edqm.eu/site/good_practice_guidelines_dec_2013pdf-en-31298-2.html

GMP quotations used are aligned with those in the new standard



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Non GMP Compliant Record



<input type="text"/>	Hospital Services NHS NHS Trust
Pathology Change Control Proforma for Improvement Ideas	

Number: INC4171	Originator: <input type="text"/>	Department: Blood Transfusion	Date: 26/3/2013
-----------------	----------------------------------	-------------------------------	-----------------

Title of Change: Replacement of <input type="text"/> with GelStation Plus
Reason for Change: Current <input type="text"/> grouping analysers are old and experiencing re-current problems requiring an engineer to visit.
Description and Intent of Change (costings): One <input type="text"/> has already been replaced by an IH-1000 see INC3444 as part of a managed service contract with DiaMed/Bio-Rad. The GelStation Plus will serve as a back-up instrument but will also be used routinely to cover IH-1000 downtime as a result of maintenance. Once the IH-1000 has been fully implemented delivery of the GelStation Plus will be arranged at the same time as removal of one of the existing <input type="text"/> instruments by DiaMed/Bio-Rad. Once the GelStation Plus is fully validated the remaining <input type="text"/> will also be removed.
Impact of Change (including staffing & revenue implications):



Non GMP Compliant Record



time as removal of one of the existing [redacted] will also be removed.	
GelStation Plus is fully validated the remaining [redacted] will also be removed.	
Impact of Change (including staffing & revenue implications): Staff will require a limited amount of training on the instrument in order to become familiarised with any modifications present. The instrument has been purchased as part of a managed service contract. See full validation for further documentation.	
Risk Assessment: [redacted]	
Responsible Person: [redacted]	
Approved by: [redacted]	Date: 26/3/13
Validated by: [redacted] as part of project for Bio-medical science degree at [redacted] under the supervision of [redacted]	Date: 17/9/13
Procedure/ SOP/ written / amended by: SOP's to be written after software upgrade INC4214	Date: 2/10/13
Training record /competency log produced /amended by: Staff passwords set up but training will take place as part of software upgrade INC4214	Date: 2/10/13
Risk and COSHH assessments reviewed /performed by : No COSHH assessment required as similar analyser using same reagents in use already RA-300-019 updated	Date: 12/9/13
All relevant staff trained and competency log completed: N/A see	Date: 2/10/13

Windows taskbar at the bottom shows the date 24/02/2014 and time 06:20.



Non GMP Compliant Record



Training record /competency log produced /amended by: Staff passwords set up but training will take place as part of software upgrade INC4214	Date: 2/10/13
Risk and COSSH assessments reviewed /performed by : No COSHH assessment required as similar analyser using same reagents in use already RA-300-019 updated	Date: 12/9/13
All relevant staff trained and competency log completed: N/A see INC 4214	Date: 2/10/13

Target Date: 26/7/2013	Actual Date: 7/10/2013	Close Date: 7/10/2013	Closed By: [Redacted]
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[Redacted] Hospital Services NHS	Implemented: 11/04/07	Page 1 of 1
Trust Pathology Directorate	Title: Pathology Change Control Proforma for Improvement Ideas	Authorised by: [Redacted]
Departments: All	Doc No: [Redacted] 000-012	Author: [Redacted]
Version: 1.02	Issued: 12/02/09	



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Date stamped entries



INC4171 - CA/PA Details - Q-Pulse

File Edit View Actions Window Help

Number: INC4171 Status: Closed Raised Date: 15/08/2013
Source: Improvement Idea Owner: Target Date: 30/09/2013

Details / Issue: Replacement of Gestation with GelStation Plus as part of managed service contract

Raised By: Internal Customer Against: Department Supplier Risk
Keywords

Process: Analysis Document: Resolution: Equipment Updates Standard: Root Cause: Closed Date: 23/10/2013

Fault Category: Product Service: Diagnostic Test Results

Impact of Change
Risk Assessment
Approval to Progress
Own: Target Date: 25/08/2013
Details: OK to proceed

Implementation Plan
Validation
Properties

Non-Conformance Properties Editor

Signatures

Signature	Item	Signee	Date (GMT Stan... Δ
CA/PA Stage Closure	Impact of Change		5/08/2013 09:01...
CA/PA Stage Closure	Risk Assessment		5/08/2013 11:22...
CA/PA Stage Closure	Approval to Progress		5/10/2013 15:07...
CA/PA Action Closure	Implementation Plan - 1		5/10/2013 15:16...
CA/PA Action Closure	Implementation Plan - 2		5/10/2013 15:16...
CA/PA Action Closure	Implementation Plan - 4		5/10/2013 15:18...
CA/PA Action Closure	Implementation Plan - 3		6/10/2013 16:54...
CA/PA Stage Closure	Implementation Plan		10/10/2013 22:10...
CA/PA Action Closure	Validation - 6		10/10/2013 22:12...
CA/PA Stage Closure	Validation		10/10/2013 22:13...
CA/PA Action Closure	Validation - 5		10/10/2013 22:13...

Completed By: Closed Date: 28/08/2013

OK Cancel

11:32

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Example Policy



1.0 Entering Data

1.1 Handwritten entries on documents must be made using permanent (indelible) blue or black ink. Erasable ink, non-waterproof ink, and pencil are not permitted

1.2 Correction fluid and correction tape are not allowed on documents.

1.3 The date and time hand written on a document will be the current date and time at the location where the handwritten entry is made

1.4 The preferred format for the handwritten date on documents is the format: 2 digit day, three character month, 4 digit year.

1.5 Document entries must be made at the time of completing a task.



Example Policy



- 1.6 Signature entries shall be consistent with the signature recorded in the site signature log.
- 1.7 Initial entries shall be consistent with the initials recorded in the site signature log
- 1.8 No one shall enter a signature or initials for someone else.
- 1.9 All entries must be made directly onto the official record or document. The use of scratch paper, post-it notes, or unofficial notes to record data is not permitted.
- 1.10 All documents requiring review and approval signatures shall contain the original handwritten signature and date signed. Signatures made by rubber stamps, pre-printed labels, photocopy, or fax are not permitted.



Example Policy



2.0 Editing Data

2.1 When a correction is needed, draw a single line through the entire incorrect entry, enter the correct information and initial and date the correction. When the reason for the correction is not obvious, place an asterisk or number next to the incorrect entry and explain the correction at the bottom of the page, identified by the asterisk or corresponding number.

Note: Over writing is not permitted.

2.2 All missing entries must be explained. If an entry is not completed at the time the function is performed, place an asterisk or number at the point of the missing entry and at the bottom of the page explaining the missing entry. Initial and date the entry



Example Policy



2.3 To ensure that inappropriate entries are not made at a later date, a line shall be drawn on all blank spaces if the reason for that blank space is not apparent. If the blank space is left because an entry is not applicable, “NA” may be entered.

2.4 Backdating (entering a date on a day after the entry was made or the task was performed) is not permitted

2.5 Postdating (entering a date in the future) is not permitted

2.6 When a document requires an entry upon completion of an activity and the activity was performed but not documented, an explanation (by the performer of the activity) of why there was an omission must be included, signed, and dated



Example Policy



3.0 Computer based records

3.1 Primary (raw data) records such as:

- Approval of Policies / Procedures
- Pre approval and post approval of Change Controls
- Approval of Non conformances

shall be completed using a “date stamped” entry

3.2 Typed dates and names entered in the system to record completion of actions for which the primary record (raw data) is elsewhere (for example recording completion dates of actions) shall reference the primary data source and match the date entries in that raw data



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