IJBPAS, December, 2025, 14(12): 6750-6758

ISSN: 2277–4998

International Journal of Biology, Pharmacy and Allied Sciences (IJBPAS)

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

REGULATORY REQUIREMENTS FOR GCP: INSPECTION PROCEDURES IN EU

NISHANT PM[1*], ABHISHEK YK[2], VEDAMURTHY JOSHI[3] ABHISHEK BV[4]

1: M. Pharm, Dept. of Pharmaceutics & Regulatory Affairs, Sri Adichunchanagiri College of Pharmacy, ACU, B G Nagar, Karnataka, India

2: M. Pharm, Dept. of Pharmaceutics & Regulatory Affairs, Sri Adichunchanagiri College of Pharmacy, ACU, B G Nagar, Karnataka, India

3: Professor, Dept. of Pharmaceutics & Regulatory Affairs, Sri Adichunchanagiri College of Pharmacy, ACU, B G Nagar, Karnataka, India

4: Assistant Professor, Dept. of Pharmaceutics & Regulatory Affairs, Sri Adichunchanagiri College of Pharmacy, ACU, B G Nagar, Karnataka, India

***Corresponding Author: Mr. Nishant P Manasani: E Mail: nishantmanasani1603@gmail.com**

Received 24th Aug. 2024; Revised 15th Oct. 2024; Accepted 19th Dec. 2024; Available online 1st Dec. 2025

https://doi.org/10.31032/IJBPAS/2025/14.12.9686

ABSTRACT

Good Clinical Practice (GCP) inspection is required to assure the integrity of scientific testing and research conduct as well as the protection of study subjects' rights, safety, and well-being. The Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) has requested GCP inspection. To investigate a complaint about the way the study was carried out at a particular site and to verify the accuracy and validity of the data that has been provided. This inspection will be carried out by GCP inspectors employed by the Clinical Trials Regulatory Division. In order to make sure they are available, clinical trial inspectors are usually notified four to five weeks prior to the planned inspection date. The CAPA (Corrective and Preventive Action) Plan inspectee is obliged to address the list of deficiencies within 20 working days of obtaining the inspection report. This response needs to include a plan for preventive and corrective measures along with a deadline for their completion. To ensure adherence to GCP standards, inspectors can receive instructions on how to initiate and conduct remote inspections. The study cover every stage of remote GCP inspections, but they concentrate especially on the more difficult ones, like planning, feasibility analysis, and inspection initiation.

Keywords: EMA, Clinical Trials Regulation, GCP, CAPA, CHMP

INTRODUCTION

Good clinical practice, or GCP, is a global standard for scientific and ethical integrity for designing, conducting, recording, and disseminating research involving human subjects. Ensuring compliance with this criterion offers the public reassurance regarding the protection of the reliability of the clinical trial results, as well as the rights, safety, and well-being of trial participants in compliance with the principles **[1]**.

In order to protect the rights, safety, and well-being of study participants, as well as to ensure the integrity of scientific research and testing, Good Clinical Practice (GCP) inspection is necessary **[1]**.

The European Medicines Agency's (EMA) Committee for Medicinal Products for Human Use (CHMP) has requested GCP inspections within the framework of the Centralised procedure. The Good Clinical Practice (GCP) Inspectors Working Group has developed protocols for the planning, execution, reporting, and coordination of GCP inspections **[1]**.

The CHMP has adopted these inspections, which may be routine or may be prompted by problems found during the dossier evaluation or by additional data, like prior inspection experience **[1]**.

The **Clinical Trials Regulation (EU) No 536/2014** (CTR) was followed by the launch of the EMA's Clinical Trials Information System (CTIS) on **January 31, 2022 [2]**.

Assessing whether the trials are conducted in harmony with applicable regulatory requirements, ethical standards, and GCP guidelines is made easier with the help of the Good Clinical Practice (GCP) Inspection **[2]**.

Regulatory inspections are performed to ensure that clinical trials are carried out in accordance with good clinical practice (GCP). To offer advice on how to get ready for and handle any fallout from a GCP inspection by an EU regulatory body, a variety of GCP inspections may be carried out **[3]**.

The committees and inspections department of the Agency oversee the inspections conducted by inspectors from the European Union (EU) and the European Economic Area (EEA). The written inspection request (IREQ) is submitted by the CHMP and contains the following: the purpose of the inspection, its parameters, reporting requirements, suggested locations, and any other relevant information the inspectors may find. An official regulatory authority review of records, documents, facilities, and other resources deemed pertinent to the clinical trial is called an inspection. The trial site, the sponsors' and/or CRO's facilities, and any other locations the regulatory body deems appropriate may all have access to these resources **[4]**.

OBJECTIVES

- To verify the **exactness and trustworthiness** of data that has been submitted.
- To look into a **complaint regarding the way a study is being conducted** at a specific location.
- To provide an **instantaneous assessment** of the investigator's trial oversight and preservation of human subjects

RESULTS AND DISCUSSION

There are different types of GCP Inspections, the three major types of inspections can be categorized as:

1. **Routine GCP Inspections:**

   When certain trigger elements are absent, routine inspections are conducted as part of the routine monitoring of GCP compliance. Preannounced assessments like these are carried out keeping in mind ongoing clinical trials.

   The sites and clinical trials are selected according to a customary of standards that certify a variety of circumstances are sheltered.

   How long an inspection takes and how many inspectors are present will depend on how complex the clinical trial is and how much work is being done there. Usually, they dedicate three or five days.

2. **Triggered GCP Inspections:**

   Concerns regarding the actual problems discovered, the prospective sway of GCP eccentricities on the study's overall comportment, particular study sites, or instances of significant GCP breaches were the driving forces behind the request for this inspection.

   It makes sense to think that products with a high impact factor require special attention.

3. **GCP Inspections relevant to premarketing sanction:**

   These inspections, which cover finished clinical trials, are typically conducted after notification **[5]**.

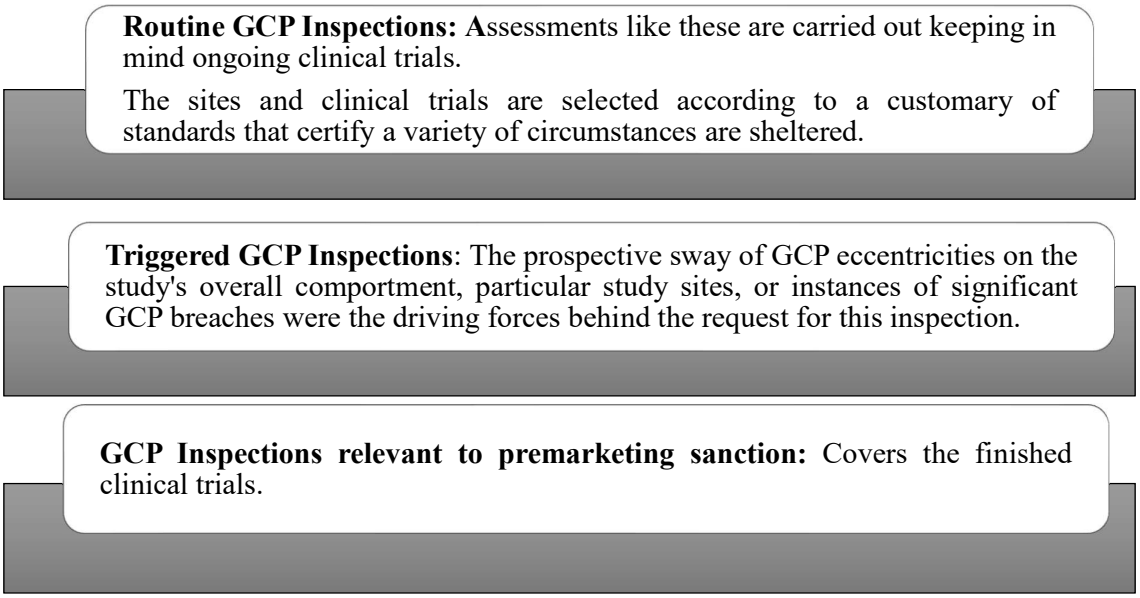

Figure 1: Classification of Inspections

GCP Inspection Process

- **Types of Inspectors:**

The inspection will be carried out by GCP inspectors employed by the Clinical Trials Regulatory Division. In the role of an outside expert, a CTEC member may go with the inspection team.

A memo of nomination from the Specialist to conduct the inspection should be provided to the inspectors, along with their current GCP certification and continuous qualification.

- **Types of Inspectees:**

In a GCP inspection, the inspectees may be the sponsor and/or key agent.

- **Notification of Inspection:**

Inspectors of clinical trials are usually contacted four to five weeks erstwhile to the planned inspection date to authorize their accessibility. A list of the proposed sites, including any investigator sites, and the study that will, if applicable, be inspected will be included in the notification.

Prior to the inspection, a schedule of meetings with the sponsor and/or investigator will be provided, along with an inspection plot detailing the entities to be inspected.

- **Pre-Inspection preparation:**

After receiving notification of the GCP inspection, the inspectee will be contacted to confirm the inspection dates. He has 14 days to turn in the necessary paperwork and the previously mentioned data.

- **Conduct of GCP Inspection:**

As stated in the inspection plan, an inspection typically consists of an introductory gathering, file examination, conversation gatherings, spot visits, and a terminating gathering.

In their initial meeting, the inspectors and the study staff will describe the GCP inspection schedule and ensure that the necessary records, supplies and all the facilities needed for the assessment. The inspectors have the opportunity to visit the sites of the clinical trials and speak with study staff to learn more about the procedures being followed.

For a clinical trial, every document that discretely and mutually permits appraisal of the hearing's supervision and data superiority needs to be included in the TMF. The TMF for the trial must be unwavering at the beginning and updated habitually as it moves through its various phases. A lowest grade of documents created preceding to, through and following the trial is included in the required documents; this list needs to be kept up to date in the Trial Master File besides the investigator and sponsor.

Protocol specific inspections may include:

- Trail Master File
- Legal and Administrative Aspects:

1. Communication with Ethics committee
2. Communication with Regulatory Authority

- Organizational Aspects:

1. Facilities and Equipment
2. Management of biological samples
3. Organization of the documentation
4. Monitoring and Auditing

- Informed consent of trial participants
- Review of the trial participant data
- Adverse event reporting
- Management of the investigational medicinal product(s)
- Protocol deviations

System inspections may include:

- Organization and Personnel
- Facilities and equipment
- Sponsor/CRO Operating Procedures
- Implementation and Termination of clinical trial
- Sample management
- Data handling and clinical trial report
- Documentation archiving

Specific Clinical Trial Inspection:

- Implementation and termination of the clinical trial
- Investigational medicinal product
- Case Report Form Data verification
- Data handling and clinical trial report
- Audit trials

In order to make sure that everyone is aware of the findings, following the GCP inspection, there will be a terminating gathering where the inspectors will rank and acquaint the inspectees of any paucities found during the inspection. There will be a prompt debriefing for the inspectee for the

written report's Corrective and Preventive Action (CAPA) plan.

The assessment information will be conversed at the next CTEC conference. If the inspectee needs clarifications or a defence, the CTEC may ask them to participate in a discussion. Following CTEC's approval of the report, should be provided to the individuals being inspected. For a span of four weeks, inspectors are allowed to contest the recommendations one more time. CTEC will make a final determination and submit the appeal.

❖ **Inspection Reports:**

An inspection description will be sent to the inspected gatherings, the clinical trial sponsor, or a sponsor representative, following the conclusion of a GCP inspection. The following entities may be subject to an inspection: manufacturer, investigator, agreement acceptor (CRO), infirmary apothecary, sponsor, and workroom. After every GCP inspection, the clinical trial's principal investigator will receive one inspection report.

The inspected site, the inspection's account, and its scope all have an impact on the report's content. The report includes information about the participants, the date, time, and location of the inspection, in addition to a portrayal of the conclusions. A summary of the weaknesses from the most recent laws, regulations, and trials is provided a set of guidelines for operations, rules, and regulations. The report is expected to be released on 20 working days following the evaluation.

Based on the particulars of each inspection, defects are characterized and calculated, and consideration is given to both the risk that the abnormality pretences to the welfare and uprightness of the test subjects and the truthfulness of the data.

❖ **Classification of deficiencies:**

Deficiencies can be categorised as:

Critical Deficiency: Serious mistakes are never acceptable and may lead to data rejection and/or legal action. Fraud, a pattern of deviations categorised as severe deficiencies, a lack of source documents, and poor-quality data are some of the observations.

Major Deficiency: These are flagrant inadequacies that contravene GCP guidelines. Legal action or the rejection of data could follow from the observations. They could also be a series of small errors or a pattern of deviations.

Minor Deficiency: Events, protocols, or techniques that are not expected to jeopardise the welfare, security, or rights of subjects, or to compromise the consistency and accuracy of the data. A succinct observation indicates that practises, policies, and conditions should all be enhanced.

Figure 2: Classification of Deficiencies

❖ **Corrective Action and Preventive Action (CAPA) Plan:**

Within 20 working days of receiving the inspection report, the inspectee is required to address the deficiencies mentioned in it. This response needs to include a plan for preventive and corrective measures along with a deadline for their completion.

❖ **GCP Inspection Closure:**

The inspection team evaluates the responses to ascertain their suitability. A GCP inspection closing letter will be sent by the NMRA once the CAPA is deemed sufficient.

❖ **Regulatory Actions:**

If the inspectee flops to report the insufficiencies, particularly the precarious and foremost ones, of the GCP inspection, one may append or withdraw the letter of authorization for the trial in harmony with regulations 12 or 13 of **Clinical Trials Regulations No. 2145/2** of October 14, 2019 imperfections within the given time ranges.

A clinical trial site may be retrieved by any inspector as specified in point 7 in accordance with section 125 of the National Medicines Regulatory Authority Act No. 05 of 2015. Once inside, they can conduct inspections, search, and open any containers or packages they think may contain collect samples, go through books, files, or documents, and search for any undiscovered electronic data wherever, to duplicate or remove portions of it, and to snatch and preserve it for the necessary amount of time vibrant to a piece of writing. If information or documentation is withheld, or if an inspector or inspectors are persistently hampered in the course of an inspection, letters of authorization may be denied, suspended, or revoked **[8]**.

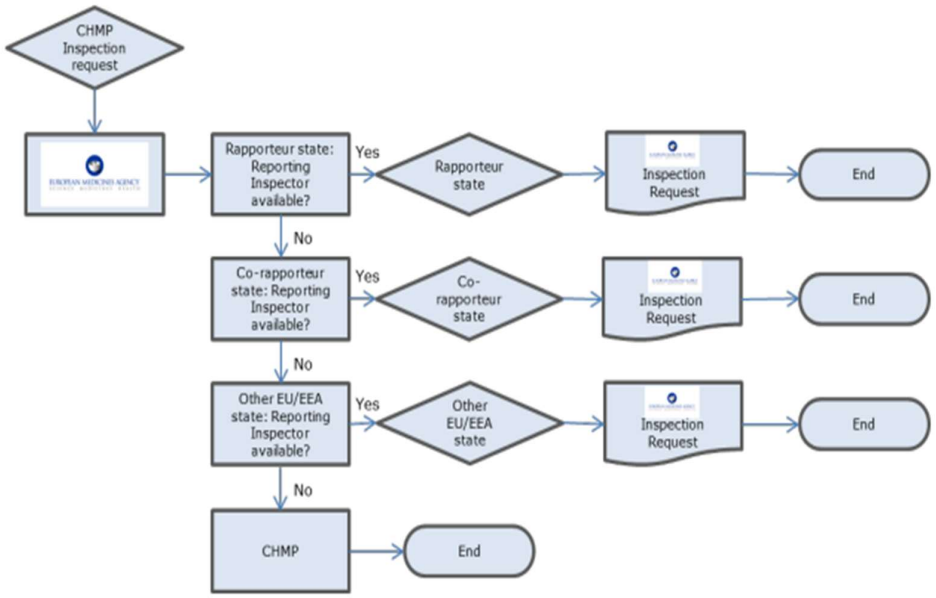

Figure 3: Flowchart of GCP Inspection

CONCLUSION

Within the structure of the centralised procedure, the European Medicines Agency (EMA) has industrialized protocols for the organisation, management, documentation, and direction of Good Clinical Practise (GCP) inspections. These inspections are required by the EMA's Committee for Medicinal Products for Human Use (CHMP). These inspections are typically entreated during the preliminary appraisal of a marketing authorization application, GCP inspections can be routine or prompted by issues discovered during the database calculation, or by other information such as earlier inspection skill, at the request of the CHMP. Protocols for organising, setting up, carrying out, and recording GCP inspections have been industrialized by the Working Group for Good Clinical Practise (GCP) Inspectors. To certify passivity with GCP standards, inspectors can obtain instructions on how to recruit and conduct secluded inspections. The study cover every stage of remote GCP inspections, but they concentrate especially on the more difficult ones, like planning, feasibility analysis, and inspection initiation. The reliability of clinical trials and the safety of human subjects both depend on the EU's GCP inspection protocols. Site inspections, conversations with important stakeholders, and a careful review of all supporting documentation are some of these procedures. The objective is to identify and correct any GCP infringements in order to improve participant safety and the accurateness of clinical trial data. The post-inspection stage is essential for addressing problems that are found and keeping them from happening again in subsequent studies. This involves driving remedial measures into action. Achieving the scientific strength of the studies and accurate documentation of the clinical structures of the untried product are the key goals of GCP Inspection. GCP guidelines comprehend fortification of human rights for volunteers and participants in studies. An imperative section of the assessment that is covered during the benefit/risk discussion is the outcomes of a GCP inspection. Both the European Public Assessment Report (EPAR) and the CHMP Assessment Report (AR) must applicably reflect it.

ACKNOWLEDGEMENT:

The author wants to acknowledge the management of Sri Adichunchanagiri College of Pharmacy for their valuable support.

CONFLICT OF INTEREST:

The authors declared that there is no conflict of interest.

REFERENCES

[1] Klingmann, I. (2003, April 28). EU-Directive 2001/20/EC – Implementation of GCP in the conduct of clinical trials. *BMC News*

and Views, *3*(S1). https://doi.org/10.1186/2048-4623-3-s1-op003

[2] Cox, S., Solbakk, J. H., & Bernabe, R. D. L. C. (2022, August 27). Research ethics committees and post-approval activities: a qualitative study on the perspectives of European research ethics committee representatives. *Current Medical Research and Opinion*, *38*(11), 1897–1907. https://doi.org/10.1080/03007995.2022.2115773

[3] E. (2023, November 7). *Good clinical practice - European Medicines Agency*. European Medicines Agency. https://www.ema.europa.eu/en/human-regulatory/research-development/compliance/good-clinical-practice

[4] Hock, N. (2013, September 1). C1-4: Preparing for FDA Bioresearch Monitoring (BIMO) and Good Clinical Research Practice (GCP) Inspections: Fundamentals for KP Clinical Trial Sites. *Clinical Medicine & Research*, *11*(3), 164–164. https://doi.org/10.3121/cmr.2013.1176.c1-4

[5] Nishihara, S., Kuroda, S., Ueda, K., Hitobe, Y., Higashikage, A., Konuma, T., Yukiyoshi, K., Okuda, H., Tanaka, Y., Kitamura, Y., Abe, K., & Sendo, T. (2018, November 30). **Handling of GCP Inspection by FDA and Comparison with GCP Inspection by EMA**. *Rinsho Yakuri/Japanese Journal of Clinical Pharmacology and Therapeutics*, *49*(6), 231–235. https://doi.org/10.3999/jscpt.49.231

[6] Popik, Z. (2023, February 17). *EMA Good clinical practice (GCP) inspection procedures*. https://www.propharmagroup.com/thought-leadership/ema-good-clinical-practice-gcp-inspection-procedures

[7] E. (2023, September 22). *Good clinical practice (GCP) inspection procedures - European Medicines Agency*. European Medicines Agency. https://www.ema.europa.eu/en/human-regulatory/research-development/compliance/good-clinical-practice/good-clinical-practice-gcp-inspection-procedures

[8] *Good Clinical Practice (GCP) inspections in the EU | Practical Law*. (n.d.). Practical Law. https://uk.practicallaw.thomsonreuters.com/w-001-2105?transitionType=Default&contextData=(sc.Default)&firstPage=true