# ANNUAL REPORT 2017

HPRA
An tÚdarás Rialála Táirgí Sláinte
Health Products Regulatory Authority

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# Chairperson's Statement

**It is a great pleasure to introduce the 2017 annual report, which outlines the extensive work of the HPRA over the past 12 months.**

As Chair of the HPRA, I see my role as being to work with the members of the Authority to support the Chief Executive and the members of the executive team in our mission to continually protect and enhance public and animal health. As outlined in my report last year, we are guided by our strategic plan and we depend ultimately on having dedicated, qualified and experienced staff to deliver on our ambitions. This is how we ensure that the highest standards of excellence and capabilities are maintained and continually evolve so as to meet all our stakeholders' needs into the future.

In order to measure our effectiveness as an organisation, we engage in external benchmarking programmes with our counterparts across Europe. The learnings from such reflective and thorough analysis continue to drive the HPRA's ambition to deliver better outcomes for patients and members of the public.

In this respect, I would like to highlight two significant developments in 2017; our involvement in the Joint Audit Programme (JAP) for inspections and our participation in the Benchmarking of European Medicines Agencies (BEMA).

The European Heads of Medicines Agencies (HMA) Joint Audit Programme is an external benchmarking process. The HPRA's quality system for good manufacturing practice (GMP) – incorporating inspection and licensing of manufacturers of medicines, management of quality defects and recalls, and sampling and analysis of medicines – was evaluated under this programme in May. The audit was observed by the US FDA as part of its review of equivalency of our systems in relation to the US/EU mutual recognition agreement (MRA) on GMP inspections. The audit was successful, validating the strength of the HPRA's processes and procedures for inspection and quality defect management. As a result, I look forward to the significant achievement of Ireland's anticipated inclusion as a country recognised under the MRA during 2018.

This was followed in October by the HPRA's participation in BEMA, the benchmarking programme for European human and veterinary medicines agencies which is now in its fourth cycle. This programme aims to contribute to the development of a world-class pharmaceutical regulatory system across Europe, based on a network of agencies consistently employing recognised best practices. The HPRA's assessment, which was carried out by representatives from three other EU regulatory agencies, resulted in an excellent overall rating of 4.5 (out of 5). Of particular note, there was a top rating of 5 for nine specific indicators.

One of those indicators related to human resources and I am very proud of the emphasis that the Authority places on the development of its most important asset, its staff. In 2017, we saw the second year of activity under the organisation's HR Strategy and the commencement of the HPRA's Management Development Programme focusing on developing leadership capabilities and talent management. This investment in our people managers is central

to developing the internal capabilities across the organisation for now and into the future. Investment in technical expertise was also a key priority in 2017.

As an organisation, the HPRA always strives to develop new approaches to foster engagement and ensure we best serve public and animal health. For many reasons 2017 was a notable year in this regard. For example, as outlined by our Chief Executive in her 2017 Report, the management of Brexit and its potential implications in terms of medicines availability, has brought about the need for a different approach to our engagement with patients and healthcare professionals for the purposes of ensuring effective management of this situation.

The Authority also recognises the importance of transparent and open communication with our stakeholders, especially patients, healthcare professionals and members of the public. During 2017, a number of new initiatives were progressed to enhance and develop our communications. I look forward to working further with the Authority and HPRA staff in shaping and evolving the work that has commenced and I intend to report more fully on this in next year's annual report.

## Forward Focus

Looking ahead, the members of the Authority and I are ever conscious that the HPRA faces a range of opportunities and challenges in 2018. These include management of a changing complex regulatory environment in Europe across many areas including medical devices, clinical trials and veterinary medicines, supporting innovation and, of course, Brexit. All of these activities will be addressed and prepared for alongside the critical routine work of the organisation and its ongoing development of capabilities and support services. We are greatly assured by the expertise, preparedness and pragmatic approach of the agency staff in addressing its many priorities.

Over the coming years, working together, we will ensure that the HPRA remains alert and agile with the capability and capacity to anticipate and meet the demands of a rapidly changing external environment. As always, we remain fully committed to our constant and common goal of protecting the health and safety of all those who use health products.

## Acknowledgments

On behalf of the Authority, I thank the Minister for Health, the Minister for Agriculture, Food and the Marine, their advisors and the staff of their departments for their ongoing support of the HPRA and its activities.

I would particularly like to thank the Chief Executive, management and all the staff and to acknowledge the excellence of their work. The very significant progress and results achieved in 2017 are clearly reflected throughout this report.

On a personal note, as Chairperson, I would like to express my gratitude to the members of the Authority for their expert input and support throughout 2017. Finally, my thanks also to the Chairs and members of the HPRA advisory committees and sub-committees. The contribution of all the independent experts who give freely of their expert opinion and time is of huge value to our organisation.

**Ms. Ann Horan**
Chairperson

# Authority Members

The Authority of the HPRA 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 Authority members up to 31 December 2017.

Ms. Ann Horan
(Chairperson)

Mr. Pat Brangan

Mr. Wilfred J. Higgins

Mr. David Holohan

Prof. Mary Horgan

Mr. Brian Jones

Prof. Elizabeth Keane

Prof. Caitriona O'Driscoll

Dr. Diarmuid Quinlan

# Management Committee

**Dr. Lorraine Nolan**
Chief Executive

**Ms. Rita Purcell**
Deputy
Chief Executive

**Dr. J.G. Beechinor**
Director of
Veterinary Sciences

**Dr. Jayne Crowe**
Director of Human
Products Authorisation
and Registration

**Dr. Caitríona Fisher**
Director of Quality,
Scientific Affairs and
Communications

**Dr. Joan Gilvarry**
Director of Human
Products Monitoring

**Mr. Kevin Horan**
Director of ICT and
Business Services

**Mr. John Lynch**
Director of Compliance

**Ms. Lynsey Perdisatt**
Director of Human
Resources and Change

# Chief Executive's Report

**In preparing my third foreword to the Annual Report since I was appointed as Chief Executive in January 2016, I have been struck by how it has been a very busy year that has seen many new opportunities and developments emerge. It continues to be my privilege to lead a dynamic agency that makes a major and tangible contribution every day to safeguarding public and animal health in Ireland and beyond.**

2017 resulted in some clear step changes for the Health Products Regulatory Authority (HPRA) and the continued progression of our organisation in line with the goals set by our 2020 Strategic Plan. During the year, we made significant inroads in advancing our processes for direct engagement with patients and the public, healthcare professionals and innovators. I believe that this progress brought about in 2017, which is further expanded below, is changing the way in which we are connecting with our key stakeholders and is delivering more meaningful two way engagement. In addition to positioning the HPRA as being accessible and approachable in terms of our remit of protection of public and animal health, developments in 2017 have ensured that the value-add of our regulatory approach continues to be better understood by our stakeholders. It has also played a significant role in informing us on how we should continue to grow and develop our organisation into the future.

## Stakeholder Engagement and Communications

One of the developments from 2017, which I am particularly proud of, was the execution of our role as an education partner in the Irish Platform for Patient Organisations, Science and Industry (IPPOSI) Patient Education Programme. The HPRA's contribution focused on the areas of regulatory affairs, medicinal product safety and pharmacovigilance. This initial programme, tailored for Irish patient communities, concluded with the graduation of 20 expert patients who will play an important role in sharing their knowledge and experiences for the benefit of others.

The HPRA, through our colleague Almath Spooner, the Vice-Chair of the Pharmacovigilance Risk Assessment Committee (PRAC), was centrally involved in the first ever public hearing at the European Medicines Agency (EMA) held in September. This unique opportunity to give EU citizens a voice in the evaluation of the safety of medicines and empower them to express their views on issues related to the management of risks, is something to emulate at national level. In 2017, our mechanisms for engagement with patient groups and healthcare professionals have been further enhanced to involve greater use of multi-stakeholder discussion forums for key medicines safety issues. This is something we believe will better serve the public as it will deliver greater alignment between health product regulation and healthcare provision.

As an organisation, the HPRA is completely committed to ensuring that the market for health products in Ireland is highly and appropriately regulated to enable the highest standards of public and animal health protection. Consistent with this, we continue to apply our expertise to ongoing safety assessment and monitoring of authorised medicines on the market whilst utilising our regulatory powers as required. Simultaneously, we place considerable focus on minimising the entry of illegal medicines to the marketplace. In this regard, Operation Pangea again highlighted the significant collaboration taking place between the health product regulators, law enforcement agencies and the private sector in combating the illegal supply of medicines and medical devices on an annual basis. The 2017 operation, which represented the tenth year of Pangea, took place in September, and was led by the HPRA in partnership with Revenue's Customs Service and An Garda Síochána. It resulted in the detention of over 200,000 units of illegal prescription medicines, a threefold annual increase. This outcome was a result of enhanced intelligence-led enforcement activities building successfully on our strong year-round collaboration with our partner agencies. Globally, Pangea led to over 25 million illegal medicines and medical devices worth over US$56 million being detained across 123 countries. Significantly, from a public health perspective, this enforcement operation also provided the HPRA and our partner organisations with a key opportunity to highlight the serious risks involved in sourcing illegal prescription medicines and medical devices online, many of which are from dubious sources and may be counterfeit.

## Supporting Innovation

In 2017, we also continued to identify ways to support and facilitate product development for patients in need of new treatments by further improving early engagement with key stakeholders. The Innovation Office at the HPRA was established in late 2016 with our first innovation stakeholder event to provide a platform for sharing knowledge and information taking place in May 2017. The conference brought together researchers, entrepreneurs and other interested parties from various sectors including academia, research organisations, SMEs and the life sciences industries. Enhancing communication and strengthening the links between academia, industry and regulators is a critical support for a sector which is highly dynamic and innovative. This area was a key focus for us during the year as we continued to build on our programme of outreach with the sector which first commenced in 2016.

Our focus on innovation also extended to involve greater contribution at European level, through the Innovation Network, and internationally. Specifically, we assumed a role in supporting innovation through our participation in the International Coalition of Medicines Regulatory Authorities (ICMRA) which established a new strategic priority in innovation during the year. This priority includes a work stream, focusing on outcomes of horizon scanning, which is jointly led by the HPRA and the EMA.

## Brexit

Many of the advancements we made in 2017 were brought about as part of our proactive approach to managing the significant challenges presented by the United Kingdom's decision in 2016 to withdraw from the EU. Our focus since this announcement has always been, and will continue to be, public health protection. The HPRA hosted a Brexit stakeholder event in August 2017, the first such event hosted by a competent authority in Europe. Brexit has potentially significant implications for the European regulatory network as a whole and particularly for Ireland given our shared marketplace with the UK. We have confirmed our commitment to support the European network to ensure that the resources and capacity required are available to guarantee an orderly redistribution of the work currently undertaken by the UK and we will continue to position our agency to swiftly contribute to addressing any additional issues that may arise from the UK's exit. Through this preparedness, and our support of the EMA's relocation to Amsterdam, we will assist the smooth continuation of EMA activities and help to deliver the network's shared goal of protecting human and animal health in Europe at all times. Nationally, the HPRA is fully committed to working to ensure that the availability of medicines and other health products is not negatively impacted by Brexit and we have been proactively focused on supporting measures to ensure sustainable levels of product marketing authorisations in Ireland.

One of the consequences of Brexit is that the EMA has to relocate from its present location in London. During 2017, the HPRA, working with colleagues from the Department of Health and IDA Ireland, as well as other Government officials and diplomats in Brussels and throughout Europe, led the development of a proposal to have the Agency relocated to Dublin. Ireland was one of nineteen countries that submitted proposals to the European Commission. The decision was subsequently made through the European Council in September and Amsterdam was chosen as the new location for the Agency. The HPRA looks forward to supporting both the

EMA and the European network in ensuring a successful transition to the new location in the Netherlands which will begin during 2018.

Although Dublin was not the chosen location, the preparation of the proposal, the strength of which was recognised by numerous stakeholders, was a unique opportunity to showcase the many strengths of Ireland in relation to the wider life sciences sector, our access to scientific talent and the strong regulatory environment that has been established by the HPRA. It was a great pleasure to work with our Government colleagues on this project, which was of significant strategic importance from the perspective of public health and promoting Ireland's economic interests and reputation internationally.

Separate to Brexit, but nonetheless related, the HPRA established a new project on medicines shortages in 2017. This followed a request by the Department of Health for the HPRA to undertake a role in the national coordination of medicines shortages following a review it convened under its Medication Safety Forum. Due to a range of factors, medicine shortages are increasing in prevalence and affecting all the global regions. The HPRA-led project is focused on developing enhanced methods and devising new solutions to ensure better coordination among key stakeholders in Ireland for both the prevention and management of medicines shortages. The objective is to develop a national protocol for management of shortages to ensure better patient outcomes and enhanced communication and engagement on this key public health issue.

## Building Internal Capabilities

The environment in which we operate is fast paced, dynamic and evolving. Our strategic goals drive us to develop our internal capabilities and plan for future expertise requirements in line with the constant development of new and innovative health products and technologies. In the past year, our focus has been on attracting new talent with diverse and expert skills in the areas of software, analytics and new areas of clinical interest. In addition, we have continued to invest in the development of the skills and expertise of our staff. 2017 saw further developments under our HR strategy, which sets out a five-year roadmap for talent development within the HPRA. Key deliverables achieved last year include the launch of our Management Development Programme.

All the while, our regulatory environment continues to evolve. Indeed, during 2017, political agreement was reached on the new medical devices regulatory framework for Europe. This is a significant development in further strengthening the regulatory environment within which we operate to provide further protection for patients and users of medical devices. It also requires the HPRA to continue to evolve and develop our approach so that as an organisation we can continue to deliver a robust system of regulation for medical devices which meets current and future needs. A key focus for the year ahead will be reshaping our internal structures and processes for medical devices to allow us to effectively deliver our remit in the context of the revised framework and, most importantly, to best serve the needs of Irish patients.

## Network Participation

Throughout the year, the agency has worked very closely with our European counterparts through representation on a wide range of committees and working groups at the EMA and within the Heads of Medicines Agencies' network, as well as at a bilateral level. HPRA representatives continued to hold the substantial roles of Chair of the EMA's Committee for Medicinal Products for Veterinary Use (CVMP) and Vice-Chair of the EMA's Pharmacovigilance Risk Assessment Committee (PRAC).

We have also continued to grow our participation and footprint within international networks through our work in the International Coalition of Medicines Regulatory Authorities and the International Medical Device Regulators Forum. The work of both these groups aims to enhance global harmonisation among regulators. As an agency, we are honoured to be the host and are very much looking forward to the World Health Organisation's International Conference of Drug Regulatory Authorities (ICDRA) in Dublin in 2018 and work continued during the past year in preparation for this major event.

## A Look Forward

The HPRA regulates a wide range of health products in Ireland. Indeed, as a regulator of ten classes of health products across nine regulatory regimes, we have one of the widest remits when compared to other agencies internationally. We set ourselves high standards and are well placed to continue on our planned development trajectory. To achieve our potential, we must reflect on our achievements in 2017 and plan for the known and indeed the unknown opportunities and challenges that lie ahead. Our investment in building internal capabilities, stakeholder engagement and innovation supports, position us well as we continue on our journey to meet the challenges of being a regulator of the future.

## Acknowledgments

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 during 2017.

On behalf of our management team and all our colleagues, I also wish to thank the members of the Authority and advisory committees for their continued contribution and commitment to the HPRA. Their independent expertise and advice is of huge value to our agency. My particular gratitude to the Authority Chairperson, Ann Horan, and the Authority members for their support and dedication throughout the year.

I must expressly thank my colleagues within the HPRA for the tangible results and achievements outlined in this annual report. It clearly reflects the expertise, commitment and professionalism displayed across the organisation as we both delivered on our planned work programme and responded to the opportunities and challenges that arose.

The HPRA is the agency it is because of all those who contribute to its work: the members of the Authority, scientific committees and advisory groups, our staff, Management Board and national experts, and all our stakeholders who share their views and experiences to help us deliver on our absolute commitment to protect public and animal health.

**Dr. Lorraine Nolan**
Chief Executive

# Human Medicines

**The HPRA grants licences for medicines subject to a review of their safety, quality and effectiveness and continuously monitor their use once they become available on the Irish market. We also approve and monitor clinical trials, inspect and license manufacturing sites and wholesalers, and investigate activities associated with the illegal supply, manufacture or advertising of medicines.**

## Authorisation and Registration

- Prior to a new medicine being placed on the Irish market, it must be assessed and authorised (licensed) by the HPRA or by the European Medicines Agency (EMA) in conjunction with the European Commission. The assessment involves establishing that a medicine's 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 HPRA. 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 centralised route is coordinated by the EMA and results in an authorisation which is granted by the European Commission and is valid across Europe. The assessment is carried out by Member States appointed as lead assessor (rapporteur), joint lead assessor (co-rapporteur) and peer reviewer, with input also from all other Member States.

  During the year in review, the total number of new medicines authorised in Ireland was 684. This compares to 637 in 2016. The 2017 figures incorporate:

  – 104 new national applications which includes 99 parallel import applications;

  – 58 applications made under the MRP and 324 applications made under the DCP. The HPRA acted as reference (lead) Member State for the assessment of 12 of the DCPs.

  – 2 rapporteurships and 10 co-rapporteurships under the centralised route. A number of these applications were for biological medicines.

  – An additional 186 medicines authorised through the centralised route where the HPRA was neither rapporteur nor co-rapporteur.

- In 2016, we established a new national scientific advice procedure to assist commercial and non-commercial entities in the development of new or existing medicines or making applications for clinical trial authorisation or marketing authorisations. This service complements advice which we provide on earlier stage product development through the Innovation Office as well as scientific advice provided at an EU level through the EMA's Scientific Advice Working group. During the year:

  – We continued a pilot study based on a number of national scientific advice meetings. Six meetings

were held as a result of which we were able to review the cumulative experience gained over the nine months of the pilot.

- Our external guidance document for stakeholders was revised and published to our website.
- Initial discussions were held with the National Centre for Pharmacoeconomics in late 2017 in respect of horizon scanning, early scientific advice, the EMA-EUnetHTA three-year work plan and patient education.

- Timely access to medicines is critical for patients so they can benefit from new and promising therapies and a number of procedures are available to assist in this. During 2017:
  - The HPRA secured its first rapporteurship for a medicine under the EMA's PRIME scheme which offers early support to developers so they are better positioned to generate robust data on the medicine and enable accelerated assessment of the marketing authorisation application.
  - A total of 96 new clinical trials were approved to commence in Ireland; 19 of these related to voluntary harmonisation procedures for clinical trials with the HPRA acting as lead Member State for five of these co-ordinated work-sharing assessments for multinational clinical trials.

- Reclassification of the legal status of medicines aims to increase the number of medicines available to patients without prescription where it is safe to do so. This year:
  - One prescription-only medicine for pain relief was authorised for non-prescription, pharmacy-only sale while another pharmacy-only medicine, indicated for nicotine replacement therapy, was reclassified to general sale.

- In June 2013, the HPRA commenced publication of a list of interchangeable medicines to facilitate generic substitution by pharmacists and to allow for reference pricing by the Health Service Executive (HSE). By year end, the interchangeable medicines list included 60 active substances.

- A biosimilar medicine is a biological medicine that is very similar to an original biological medicine called the reference medicine.
  - During 2017, we published an online questions and answers document which was developed in plain English and approved by the National Adult Literacy Agency (NALA) prior to completion in November. In addition, we commenced work on a plain English video.
  - Also in November, the HPRA hosted a successful information evening for healthcare professionals to outline how biosimilar medicines are approved for use in patients.
  - During the year, we delivered a series of presentations at external events to inform healthcare professionals and patients about the use of biosimilars. Staff members also contributed to a number of peer-reviewed papers and conference papers that focused on this topic.
  - The HPRA's biosimilars project in conjunction with Regulatory Science Ireland was successfully completed in 2017 with all elements of the work plan accomplished. The research scientist who commenced work on this project in January 2016 submitted her thesis entitled 'The Regulatory Science of Biosimilars' to University College Cork in December 2017.

- Medicine shortages have been an ongoing concern globally and in Ireland for some years. Under our current strategic plan, we have committed to establishing a system for co-ordinating the management of shortages. During 2017:
  - We commenced a project, following Department of Health approval, to design and implement a system for co-ordinating the management of shortages. In Q4, we conducted an intense phase of stakeholder engagement, meeting with patient groups, healthcare professional groups, the HSE and various industry associations to gather their experience and perspectives about the reasons for shortages and the appropriate management of them.
  - In light of potential shortages arising from the response of companies to the exit of the UK from the EU, we also began discussions with other regulatory authorities with a view to developing harmonised product information and joint packaging. There were bilateral meetings/contacts throughout the year between the HPRA and the MEB (Netherlands) and the MPA (Sweden) to discuss labelling issues and work sharing opportunities. Discussions are also ongoing with the UK in this regard. There is a general consensus that in so far as possible we should continue with joint labelling and maintain the close communication between both agencies.

- We continued to monitor the numbers of unauthorised products notified to us through the exempt medicinal product scheme. One aspect of our approach to reducing the risks to patients is to actively seek new marketing authorisation applications for high-volume products currently being imported through this scheme. One application was received by year end and is being considered. It is anticipated that this will be assessed under an accelerated procedure.

- In November 2016, the Minster for Health requested the HPRA to provide scientific advice in respect of the potential medical use of cannabis. The HPRA convened an expert working group to assist with its review of this matter. The HPRA report – Cannabis for Medical Use: A Scientific Review – outlines the key findings and conclusions of the working group. Following approval by the Authority of the HPRA on 25 January 2017, the report was presented to the Minister for Health on 31 January and published on the HPRA website. The HPRA then commenced a series of engagements in respect of the report findings and met with a number of patient and public representatives. The HPRA also appeared before the Oireachtas Joint Committee on Health to discuss the report on 7 March.

  The Minister for Health endorsed the HPRA report and established the Cannabis Reference Group during 2017 to prepare clinical guidance and develop a national Cannabis Access Programme to enable access to cannabis for medical use. In conjunction with stakeholders, including the HPRA, the Department of Health is developing the Cannabis Access Programme and the Statutory Instruments to underpin the programme.

## Authorisation and registration: Key figures

| | 2015 | 2016 | 2017 |
|---|---|---|---|
| Classification queries | 80 | 49 | 34 |
| Scientific advice | | | |
| Lead in EMA scientific advice: | 39 | 51 | 47 |
| National scientific advice (commenced in 2016) | -- | 13 | 6 |
| Clinical trial applications | 108 | 108 | 96 |
| Voluntary Harmonisation Procedures (multinational clinical trials) | | | |
| Lead | 8 | 8 | 5 |
| Participating member state | 15 | 22 | 14 |
| New medicines applications for marketing authorisations | | | |
| National | 137 | 71 | 104 |
| Mutual recognition and decentralised RMS | 17 | 12 | 10 |
| Mutual recognition and decentralised CMS | 422 | 365 | 370 |
| Centralised Rapp/Co-Rapp/Peer reviewer | 12 | 20 | 12 |
| Traditional herbal medicinal products under the simplified registration scheme | 7 | 9 | 4 |
| Homeopathic medicines under the simplified rules scheme | 0 | 1 | 2 |
| Variations to marketing authorisations (Type IA, IB, II) | 14,461 | 13,837 | 11,600 |
| Articles 45 and 46 - Variations to Update Product Information | 1 | 1 | 2 |
| Renewals of marketing authorisations | 322 | 351 | 248 |
| Transfer of marketing authorisation holder | 245 | 209 | 208 |
| Parallel product authorisations | 125 | 57 | 99 |
| Manufacturers | 95 | 103 | 111 |
| Manufacturers of investigational medicinal products | 52 | 55 | 52 |
| Wholesalers | 287 | 318 | 348 |
| Registrations for active pharmaceuticals ingredients | 22 | 21 | 28 |
| Manufacturers | 37 | 41 | 59 |
| Importers | 37 | 49 | 81 |
| Distributors | | | |
| Brokers | 1 | 3 | 9 |
| Export certificates | 1,646 | 1,274 | 1,375 |
| Exempt medicines programme for notification of unauthorised medicine import | 1,639,312 packs | 1,827,047 packs | 1,961,541 packs |

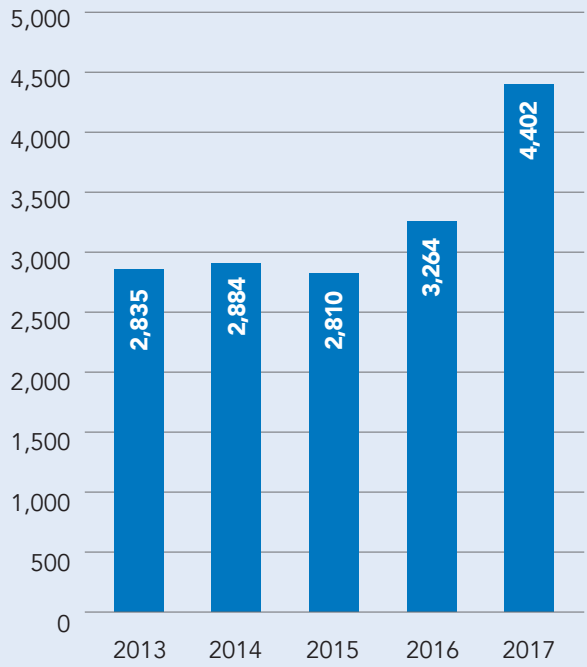
# Safety and Quality

- Under the SCOPE project (Strengthening Collaboration for Operating Pharmacovigilance in Europe) created to support pharmacovigilance in the EU following legislative requirements that came into effect in June 2012:
  - There was collaboration with stakeholders concerning the distribution of joint DHPCs, and targeted communications to raise awareness of the availability of educational materials on the HPRA website.
  - We engaged with IPPOSI, as part of its pilot Patient Education Programme specifically tailored for Irish patient communities, to provide medicines safety input for patient training materials.
  - Additional modalities were explored for communication of pharmacovigilance issues, including social media platforms, focused safety alerts to stakeholders and video sharing websites, while quality standards, 'best practice' and training materials were implemented.

- In anticipation of the changed reporting rules for the EU's Eudravigilance database of adverse reactions:
  - The HPRA's own adverse reaction database was updated to ensure compliance with the new reporting standard. This was fully operational in October, ahead of the move to centralised reporting to the Eudravigilance in November, including an updated reporting process and training of all staff.
  - Updates were given to stakeholders to facilitate appropriate and timely testing of the new standard and reporting arrangements, including through the Medicinal Products Newsletter and website updates and alerts.

- Adverse reactions reports assist the HPRA, in co-operation with pharmacovigilance professionals in Europe and further afield, to look for new types of reactions or changing trends in reporting. Reports submitted to the HPRA in many instances arise from concerns occurring during observation of an unexpected and / or unwanted event, in the context of use of a medicine. They also include known adverse reactions, such as those described in the product information. This year:
  - 4,402 adverse reactions reports were received associated with the use of human medicines. This represents a 35% increase in overall reporting rates compared with 2016. While there was already a legal obligation for marketing authorisation holders (MAHs) to report all serious adverse reaction reports of which they become aware to the HPRA, since 22 November 2017 this requirement was extended to include non-serious reports. This change to reporting requirements largely accounts for the increase in the volume of reports received.

**Adverse Reaction Reports**




  - In the context of the changed reporting requirements, 76% of all adverse reaction reports received by the HPRA in 2017 were reported by MAHs, with a further 1.5% reported in the context of ongoing clinical trials. It is important to note that these reports will have initially been notified to companies by healthcare professionals, patients or consumers. The remainder of the reports received (22.5%) were submitted directly to the HPRA by healthcare professionals and members of the public with almost half of these submitted through the HPRA's online reporting system.
  - Medicines subject to additional monitoring accounted for 26% of the reports submitted.
  - The medicines most frequently included in reports to the HPRA accounted for 78% of the adverse reaction reports received in 2017 (see table). It is important to note that the place 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.

| Suspect Medicine(s) / Class of Medicines | Number of Reports* |
|---|---|
| Antineoplastics, including immunomodulating medicines, monoclonal antibodies and endocrine medicines | 1,854 |
| Psycholeptic medicines | 453 |
| Anti-infective medicines, including antibacterials, antimycotics, antivirals and immunoglobulins | 413 |
| Vaccines | 294 |
| Medicines for the treatment of bone disease | 193 |
| Cardiovascular medicines, including antihypertensives and lipid lowering agents | 166 |
| Medicines used in Diabetes | 155 |
| Medicines used to treat Parkinson's Disease | 149 |
| Antithrombotic medicines | 136 |
| Respiratory medicines | 125 |

- Of the new adverse reaction reports received by the HPRA in 2017, 262 patients were reported to have died while on treatment. The table below outlines the medicines or class of medicines associated with the highest number of reports. In many of these cases, the patients 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 subject to close monitoring, those used in the management of severe underlying medical conditions, in patient support programmes and special patient monitoring programmes.

| Suspect Medicine(s) / Class of Medicines | Number of Reports* |
|---|---|
| Antineoplastics, including immunomodulating medicines, monoclonal antibodies and endocrine medicines | 114 |
| Psycholeptic medicines | 31 |
| Antithrombotic medicines | 19 |
| Analgesic medicines | 16 |
| Anti-infective medicines, including antibacterials, antimycotics, antivirals and immunoglobulins | 15 |
| Parenteral nutrition preparations | 10 |
| Cardiovascular medicines, including antihypertensives and lipid lowering agents | 8 |
| Respiratory medicines | 6 |
| Medicines for the treatment of bone disease | 5 |
| Radiopharmaceuticals for treatment of cancers | 4 |

* Please note that in some cases treatment may have involved more than one medicine from the groups listed.

- The HPRA also plays a key role in monitoring the safety of medicines on the Irish market via our vigilance assessment and risk management activities. This incorporates our contribution to the work of the Pharmacovigilance Risk Assessment Committee (PRAC) at the EMA. During 2017, the HPRA:
  - Continued our involvement in the work-sharing initiative for signal detection within the EU acting as lead Member State for the monitoring of 54 nationally-authorised active substances. Serving as PRAC rapporteur, we were also responsible for the further management of any signals detected in relation to 42 centrally authorised medicines (containing 28 active substances / combination of active substances).
  - Participated in the EU periodic safety update report (PSUR) single assessment procedure, contributing to the evaluation of 941 PSURs and leading the single EU assessment for 29 of these procedures.
  - Participated as a concerned Member State in 13 newly initiated safety referrals seven of which reached a conclusion during the year.
  - Contributed to the review of 154 risk management plans (newly approved or updated) submitted via national, mutual recognition, decentralised and centralised procedures. We also provided assessment input to 348 post authorisation safety study procedures (protocols, reports and other post authorisation safety-related measures).

- The inspections and audits programme focuses on ensuring industry compliance with relevant standards and legislation. This year, there were:
  - 106 good manufacturing practice (GMP) inspections conducted at sites that produce human medicines or active substances.
  - 183 good distribution practice (GDP) inspections at wholesalers and distributors;
  - 13 good clinical practice inspections;
  - 4 pharmacovigilance inspections.

- The HPRA's risk based sampling and analysis programme is part of our monitoring of the quality and safety of medicines on the Irish market or which are manufactured in Ireland for export. It involves the analytical testing of products and / or examination of their packaging and labelling. A total of 288 samples were taken under the programme in 2017. This included:
  - The examination of the packaging and labelling of 136 medicines and other products available on the

Irish market. A total of 35 non-compliances were identified including Braille-related issues, non-compliant packaging and labelling, and the absence of updated safety information. Appropriate follow-up actions were taken in each case.

– Additionally, 128 medicines and other product samples for human use were sent for analytical testing during the past year. Although the majority of the samples tested were compliant with their specifications, a number of out-of-specification results were also obtained. The most frequent of these related to product appearance not being in accordance with the specification. Again, appropriate follow-up actions were taken in each case.

- The quality defect and recall programme investigates, on a risk basis, reports of suspected quality defects in medicines and in their related active substances. It also co-ordinates recalls from the Irish market. Quality defects pertaining to 650 medicines for human use were reported or identified in 2017. The risk classifications that were assigned, along with the corresponding figures for the previous two years, are outlined in the accompanying table.

| Year | 2015 | 2016 | 2017 |
|---|---|---|---|
| Critical quality defects | 213 | 119 | 124 |
| Major quality defects | 218 | 331 | 196 |
| Minor quality defects | 301 | 382 | 327 |
| Number of reports not justified | 5 | 3 | 3 |
| **Total Number Quality Defects** | **737** | **835** | **650** |

As in previous years, companies (65%), including manufacturers, distributors and/or authorisation holders, and other competent authorities (27%) were the primary sources of received reports.

- In certain cases, it may be deemed necessary to withdraw, or recall, medicines from the Irish market in order to protect public health. During the year, 82 medicine recalls occurred representing a 59% decrease when compared to 2016 (when an unusually high number of recalls occurred due to distribution issues). Overall, the most common causes of recalls during 2017 were:

| Cause of Recall | Human Medicines |
|---|---|
| Erroneous distribution activities | 11 |
| Stability issues | 11 |
| Non-compliance with variations | 7 |
| Lack of sterility assurance | 9 |
| Other non-compliance with GMP | 6 |
| Non-compliance with SPC/printed artwork | 5 |
| Non-compliance with specifications | 5 |
| Adverse reactions or changes in benefit/risk ratio | 4 |
| Primary/secondary packaging component issues | 4 |

- One of the mechanisms used by the HPRA to aid continuity of supply to the market place in the event of a medicine shortage includes the granting of a temporary authorisation for a batch of a medicine known as a 'batch specific request'. In 2017, there were 115 requests received.

- The HPRA monitors the general retail sale of consumer healthcare products in outlets such as grocery shops, health food shops and, where necessary, pharmacies. This year, 73 cases, some of which involved multiple products, were investigated. Of these,

  – 34 related to the sale of medicines that did not carry a valid registration number or authorisation number for the Irish market.

  – 22 related to proactive monitoring of compliance of retailers in the sale of certain medicines with additional restrictions; and

  – 17 related to the sale of products that had been incorrectly classified as non-medicines by those placing them on the market.

  A total of 57 medicines that did not carry a valid registration or authorisation for the Irish market were removed from sale with 11 of these medicines subject to prescription control.

- Three regulatory compliance inspections were conducted at the premises of marketing authorisation holders to determine the level of compliance with the legal requirements for the marketing and advertising of medicines.

- The advertising compliance programme monitors and reviews advertising and promotion activities by the industry for compliance with the legislation. This year 334 advertisements were reviewed, and non-compliances, including both major and minor issues, were identified in 160 of these. In all cases, the HPRA oversaw the necessary corrective and/or preventative actions for those issues, where relevant. Eight advertisements were recalled. (The HPRA has published a standalone report available from our website which provides an overview of the main elements of the advertising compliance programme for 2017).

- Under our enforcement programme:
  - The HPRA detained 948,915 dosage units (including tablets, capsules and vials) of falsified and other illegal medicines last year compared to 673,906 units in 2016 – an increase of more than 40%. The products detained, through both ongoing surveillance and targeted intelligence based operations, included anabolic steroids (47%), sedatives (23%) and erectile dysfunction medicines (13%). There was a significant rise in the number of anabolic steroids detained rising from 109,006 in 2016 to 449,411 dosage units in 2017. The HPRA also took possession of 336,200 dosage units of expired medicines in order to arrange for their destruction in accordance with national waste legislation. Separately, a total of 3,866 enforcement cases were initiated, compared to 4,054 in the previous year.
  - In one operation of particular significance, over 60,000 vials labelled as containing anabolic steroids were detained as part of a joint operation carried out with An Garda Síochána and Revenue's Customs Service at a number of locations in County Donegal. Other medicines, including human growth hormone and products indicated for erectile dysfunction, were also found. The total value of illegal medicines detained was estimated to be in excess of €2 million.
  - We initiated six prosecution cases and issued six voluntary formal cautions. Prosecutions are taken where the HPRA considers that there is a significant risk to public health. The 2017 prosecutions related to the unauthorised supply of prescription medicines, including anabolic steroids and erectile dysfunction products. The HPRA also supports prosecutions brought by the Director of Public Prosecutions in relation to the illegal supply of medicines.
  - The HPRA, in partnership with Revenue's Customs Service and An Garda Síochána, detained over 200,000 units of illegal prescription medicines in Ireland, valued at over €850,000, as part of the Interpol-coordinated Operation Pangea X. The products detained included significant volumes of anabolic steroids, sedatives and erectile dysfunction medicines. Nationally, the week-long operation also resulted in two arrests, the investigation of 38 websites and eight social media pages being taken offline. Operation Pangea X was an international week of action across 123 countries to tackle the online sale of counterfeit and illicit medicines and highlight the dangers of buying medicines online.

## Legislation and Regulation

- The new Clinical Trial Legislation, Regulation EU No 536/2014, was originally intended to be implemented throughout the EU by October 2018 but this timeline has been deferred due to delays in building the online portal for applications at the European Medicines Agency. Notwithstanding these European delays, some national activities have been progressed during 2017:
  - We engaged with the Department of Health and HIQA regarding the implementation of the Regulation and the development of national legislation.
  - We developed a pilot scheme (for commencement in January 2018) for simultaneous submission of applications to both the HPRA and ethics committee which will enable preparation for implementation of the Regulation. Guidance and templates for sponsors were published in December.
  - We actively participated in the European voluntary harmonisation project which is similar to the approval process for clinical trials under the planned new legislation (see page 13).

- From 9 February 2019, under the Falsified Medicines Directive, medicines must carry special safety features in the form of an anti-tamper device and a barcode containing 'unique identifiers' (including a serial number) to enable the authenticity of the pack to be checked prior to dispensing. This year:
  - Updates in respect of the national implementation and introduction of these measures, including the establishment of the National Medicines Verification Organisation's repository, were given to industry stakeholders at the HPRA's Good Manufacturing Practice (GMP) and Good Distribution Practice (GDP) information days which took place on 7 and 8 February.
  - The EU working group, led by the HPRA, on supervision of the national repositories of unique identifiers developed a work plan for the project with agreed outputs and timelines for completion.

- We participated in audit teams as part of the Joint Audit Programme (JAP) of GMP inspectorates of competent authorities. This also included the allied Joint Reassessment Programme (JRP) of the Pharmaceutical Inspection Co-operation Scheme (PIC/S).

## Stakeholders and Partners

- As previously outlined (see page 14), the HPRA appeared before the Oireachtas Joint Committee on Health in early March along with officials from the Department of Health to discuss the report – Cannabis for Medical Use: A Scientific Review. The HPRA Chief Executive, who was accompanied by the Clinical Assessment Manager, outlined the report findings and recommendations which were finalised following input from an expert working group comprising relevant clinical experts and patient representatives. The HPRA representatives provided responses to a number of queries from the Committee members.

  In May, the HPRA's Director of Human Products Monitoring joined experts from the Department of Health, the Royal College of Physicians in Ireland and the HSE in addressing members of the Joint Committee on Health on the issue of vaccine uptake levels. Among the topics discussed were the huge positive public health impact of vaccination, how the safety of vaccines are monitored on an ongoing basis, and issues related to the fall in the numbers receiving the HPV vaccine in the recent past.

- As in recent years, the HPRA delivered a programme of presentations and talks at external stakeholder events such as meetings, seminars, conferences and training courses. These presentations provide stakeholders such as healthcare professionals and regulatory professionals with access to relevant, up-to-date information. In addition, a programme of presentations was delivered to undergraduate and postgraduate students studying courses related to the role of the HPRA. A full list of all presentations delivered during 2017 relevant to human medicines is provided in Appendix 2.

- Publications and Information
  - The Drug Safety Newsletter provides important safety information to healthcare professionals with hyperlinks to product information and other relevant documents on the HPRA and EMA websites. Seven issues of the newsletter were published and distributed to registered healthcare professionals, all of which are accessible from the HPRA website. A full index of topics covered during the past year is included in Appendix 3.
  - Risk communications:
    - During 2017, 106 new or updated educational materials were approved by the HPRA in addition to 21 direct healthcare professional communications.
    - The PRAC monthly agendas, minutes, meeting highlights, notifications of safety reviews and signals were also made available via our website.
  - There were a number of articles provided for inclusion in the monthly MIMs (Ireland) publication in addition to articles for the Irish Medicines Formulary. The full list of topics covered in these articles is included in Appendix 3.
  - The Medicinal Products Newsletter provides regulatory news and updates for those working in the pharmaceutical industry. Three editions were published on our website in 2017 and are available to download from the 'Publications' section.
  - Three new guidance documents relevant to human medicines were published in 2017 and are available to download from our website:
    - Guide to Scientific and Regulatory Advice for GXP activities
    - Guide to Clinical Trials Regulation (EU) No. 536/2014 Pilot Project
    - HPRA Brexit Guidance

- HPRA information seminars and training events provide regulatory guidance and updates to a range of stakeholders. Our programme of events in 2017 included:
  - The biennial good manufacturing practice (GMP) and wholesale distribution information days which were held on consecutive days in February and attracted a combined attendance of almost 650 industry representatives.
  - A GMP inspector training course, organised by the HPRA on behalf of PIC/S, which took place in Dublin from 23 to 27 October and was attended by 34 GMP inspectors from 17 countries.
  - An information day in November for stakeholders on the HPRA's regulatory compliance inspection and advertising programmes. This was attended by over 140 industry representatives.

# Medical Devices

**As the national competent authority for medical devices, the HPRA carries out a range registration, surveillance, monitoring and compliance activities. Our aim is to make sure that these products perform as intended and do not compromise the health and safety of the patient or the person using them.**

## Authorisation and Registration

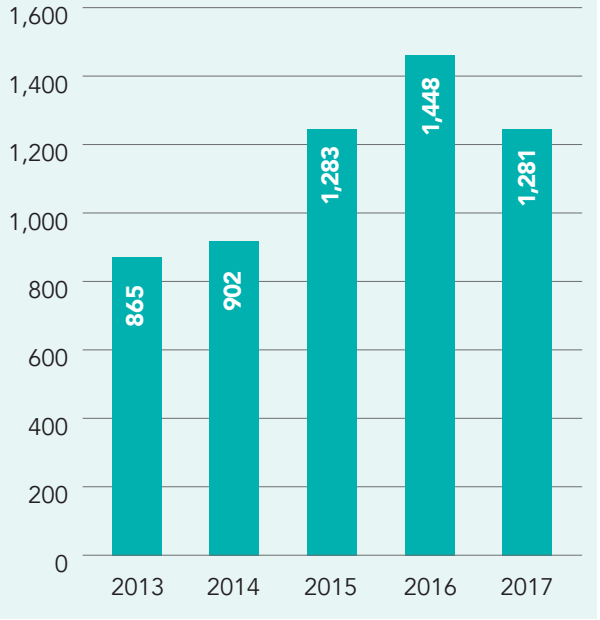
- The HPRA is focused on ensuring effective and consistent designation and oversight of notified bodies at national and European level. In 2017, we:
  - Continued our schedule of oversight of the notified body in Ireland based on ongoing assessment, surveillance and observed audits.
  - Provided expert assessors to participate in four EU joint assessments of notified bodies based in other European countries. Since the scheme's introduction in 2013, the HPRA has provided the highest number of expert assessors to this programme compared to other EU countries.
  - Continued to provide leadership and support development of EU coordination of notified body designation and oversight by acting as the deputy chair for the EU Notified Body Operations Group (NBOG) and participated in the core EU Joint Assessment Coordination Group (JACG).
  - Identified and prioritised development of systems and resources at national and EU level to allow, from November 2017 onwards, timely and effective designation of notified bodies required under the new EU Device Regulations (EUDR).
- Supporting innovation and research of new technologies is a key strategic priority for the HPRA devices team. In 2017, this involved:
  - The review of applications to conduct clinical investigations of medical devices in Ireland. The number of clinical investigations taking place continues to increase with nine new applications and six amendments to ongoing investigations received in 2017. The HPRA continues to focus on this area to ensure regulatory requirements and processes are clear to potential applicants.
  - Organising a medical device innovation workshop in Galway hosted by the NUIG Clinical Research Facility in conjunction with the CURAM and BioInnovate facilities. The workshop was attended by over 50 innovators, researchers and clinicians.
  - Encouraging engagement during product development and innovation of medical technologies. During 2017, we met with 16 groups of innovators (13 preliminary and three pre-submission meetings).
  - Supporting the work of the HPRA Innovation Office by responding to around 40% of all queries received.
  - Presenting and participating in innovation sessions at a variety of conferences and workshops including the EuroPCR conference in Paris.
- In 2017, the HPRA received 31 registrations of new organisations manufacturing self-declared medical devices in Ireland. A total of 362 new self-declared medical devices were also registered. Additionally, during the year we developed a comprehensive listing

of economic operators within the medical device sector in Ireland (manufacturers, authorised representatives, distributors) to allow for better planning and coordination of our market surveillance activities.

## Safety and Quality

- We continue to develop and reinforce our market surveillance activities, with particular emphasis on proactive rather than reactive actions. Of note in 2017:
  - We launched a new lifecycle market surveillance strategy and planning mechanism to ensure continued safety and performance of devices throughout their lifetime.
  - We led or participated in various elements of both technical work packages of the EU Joint Action on Market Surveillance (JAMS) of medical devices initiative which is funded by the European Health Programme. In 2017, we hosted two workshops in Dublin and attended a further two in London involving delegates from 17 European countries with a view to:
    - developing a process for coordination of EU level market surveillance issues;
    - identifying a single secure communication platform for information sharing;
    - developing a process, best practices and training for joint manufacturer inspections;
    - developing a process for prioritisation of devices requiring common specifications.
  - We continued our participation in the European COEN Joint Action 2014 on reusable and re-sterilisable medical devices. In 2017, seven Irish based manufacturers were audited as part of the programme. One of these audits was conducted jointly with assessors from other Member States. In addition, the HPRA participated in one joint audit of a manufacturer in another Member State during 2017.
  - A total of 43 COEN notices were sent to the European network relating to medical device compliance concerns arising from HPRA activities while five information notices were published in relation to medical device issues.
  - There were 1,281 market surveillance cases* undertaken in 2017. The decrease in cases, when compared to 2016, is the result of a 26% decrease in the number of EU notifications received by the HPRA relating to notified body certificates. This decrease is likely as a result of the success of the joint assessment scheme. During 2017, the HPRA increased the number of other market surveillance cases by 24%, including technical file and clinical evaluation review cases. Such cases are more resource intensive and complex than certificate notification cases.

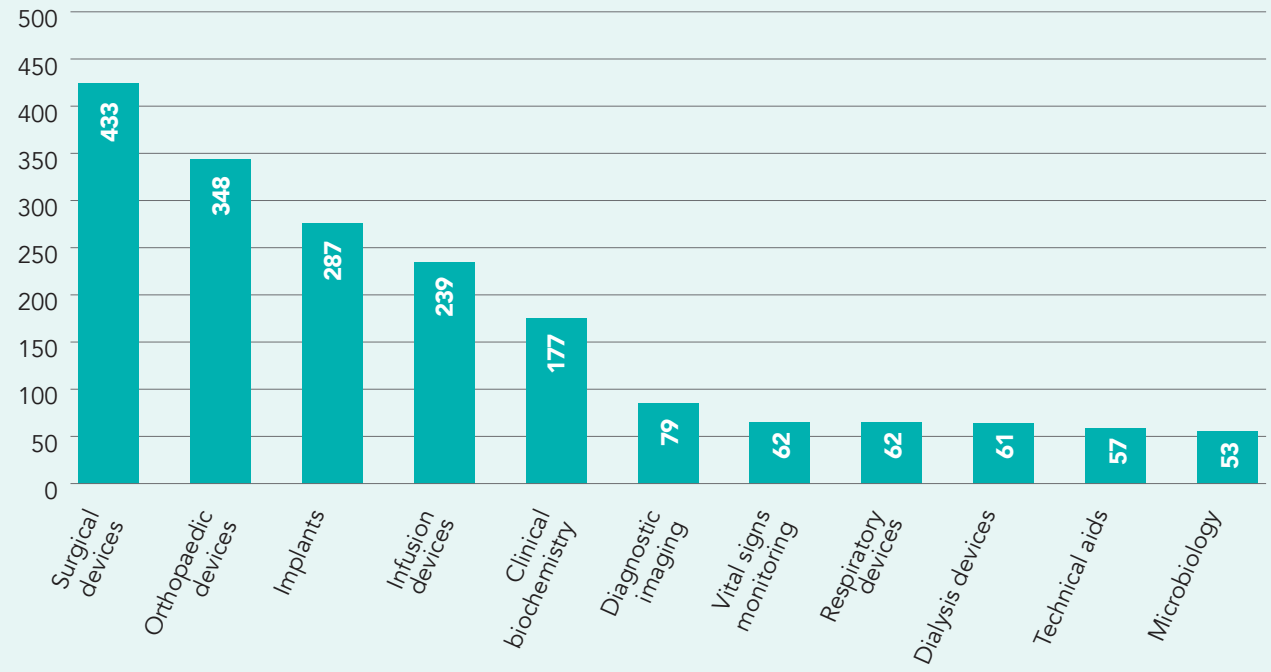
**Market Surveillance Cases**




* Please note that from the start of 2014, the HPRA changed the way we define market surveillance cases and so the figures in the graph have been adjusted to allow for comparison of annual figures.

- We continued to focus our vigilance activities during 2017 on the areas of user reporting and dissemination of HPRA medical device safety communications. This included:
  - The receipt and assessment of 2,339 medical device vigilance reports representing a 6% increase on 2016.
  - Of the incident reports notified to the HPRA, 12% came from users of medical devices. Manufacturers accounted for 62% of reports received in 2017 while 30% came from other competent authorities.
  - There were 178 product removals conducted in Ireland during 2017. The HPRA also issued 89 national competent authority reports.
  - Surgical devices, orthopaedic devices and infusion devices accounted for 42% of the total vigilance reports. Reports continue to be received relating to diagnostic imaging and radiotherapy devices. In addition, we continue to receive reports relating to revision procedures associated with the ASR Articular Surface Replacement and ASR XL Acetabular system manufactured by DePuy. During the year, we also continued development work on signal detection of medical device issues.

**Vigilance Reports Received - Top 10 Product Types**




- As part of its market surveillance activities, the HPRA undertakes proactive and 'for-cause' audits of manufacturers, notified bodies and authorised representatives with the objective of monitoring compliance of devices emanating from Irish based organisations. During 2017, 22 audits were performed at both medical device manufacturers and authorised representative facilities, of which:
  - three were for cause audits, one of which was in the US;
  - eight were reactive audits based on vigilance / market compliance issues;
  - sixteen were audits based on proactive market surveillance projects – including the EU joint action (COEN JA2014);
  - two audits were conducted joint with other EU and international regulatory authorities.

## Legislation and Regulation

- Following publication of two new European Regulations on medical devices in May 2017, the HPRA continued its work to help ensure an effective and timely implementation of these EU Device Regulations (EUDR) at national and European level. This included:
  - Developing internal resources, procedures and systems to ensure notified body requirements could be applied at national level from November 2017.
  - Assisting the Department of Health in the development of relevant national legislation (S.I. No. 547 of 2017) to nominate the HPRA as the National Competent Authority (NCA) for medical devices and the authority responsible for notified bodies in Ireland.
  - Preparing detailed information relating to the new requirements with respect to the need for national legislation, the timelines and impact on existing national legislation.
  - Contributing to the European development of the secondary legislation required to enable notified body provisions to become applicable on time from 26 November 2017.
  - Accepting nominations to represent Ireland at the newly established EU Medical Device Coordination Group (MDCG) and as part of the Regulatory Committee which decides on secondary legislation for the new EUDR. The first meeting of the MDCG took place in late November 2017.
  - Participating in the EU steering group for development of the new European database (MDR EUDAMED) envisaged by the new Regulations. The HPRA also participated in a number of the associated technical working groups on certificate & registration, UDI and clinical aspects with a view to developing the system requirements and functional specifications.
  - Participating in the development of Competent Authorities for Medical Devices (CAMD)'s Frequently Asked Questions on transition to the new legislation, which are now published on the CAMD website.

- We continued to engage with the Department of Health throughout 2017 on policy and legislative issues. Of note, a national fee-based funding model for medical devices was implemented in January to recover the costs associated with our medical device activities. Fees were confirmed for all economic operators (manufacturers, authorised representatives and distributors) in Ireland. Further information and feedback received from the sector obtained during 2017 will be used to inform future revisions to the model which will be subject to further public consultation during 2018.

- The HPRA continues to play a significant role in the development of EU regulatory systems and mechanisms to promote coordination, cooperation and consistency. During 2017, we:
  - Participated as a member of the Executive Group of the Competent Authorities for Medical Devices (CAMD) network. This group has successfully worked in partnership with the EU Commission over the last number of years to develop the regulatory system in Europe.
  - Proposed the establishment of an Implementation Task Force (ITF) at the CAMD to identify priorities for EU work on implementation, provide a forum for discussion and consensus on interpretation of the new Regulations, and establish a mechanism for engagement with stakeholders on implementation. During 2017, the HPRA acted as interim chair for this taskforce, which published the European Implementation Roadmap in October.
  - Contributed to the design and delivery of training on notified body joint assessments to authority expert assessors at the EU Commission's premises in Grange, Co. Meath.
  - Continued to lead the work of the clinical investigation and evaluation working group, acting as the co-chair of the group along with the EU Commission.

- The HPRA continued to participate actively in initiatives to promote regulatory convergence and harmonisation of medical devices globally through the International Medical Device Regulators Forum (IMDRF). This involved:
  - Participation in the IMDRF Management Committee as part of the European delegation (along with the EU Commission, France and Germany).
  - Continuing to act as the IMDRF secretariat for the National Competent Authority Report (NCAR) Exchange programme. We also participated in a number of different IMDRF working groups including the group on regulated product submissions (RPS) and medical device registries.
  - On behalf of the EU, we officially observed two Medical Device Single Audit Programme (MDSAP) assessments of manufacturing sites witnessing the performance of the auditing organisations. The HPRA also observed the assessment by a MDSAP consortium of an applicant auditing organisation.
  - Contributing to briefings for the EU Commission for the purposes of the MDSAP Regulatory Authority Committee discussions and also encouraged discussions at EU level to further Europe's future engagement in the programme.

- We have an ongoing focus on horizon scanning and on developing our capabilities to effectively regulate new and emerging technologies. During 2017:
  - Team members researched and attended training courses in a number of medical technology areas including software, cybersecurity and additive manufacturing.
  - The Advisory Committee for Medical Devices (ACMD) established a new subgroup on medical device software and cybersecurity with a view to identifying challenges and regulatory / guidance needs.
  - The HPRA also assumed a leadership role in Europe, chairing the software classification subgroup of the EU classification borderline working group.
  - We presented at a number of conferences and engaged with companies adopting additive manufacturing techniques (such as 3D printing) and were part of a cross-organisational horizon scanning project to examine and report on the regulatory aspects of additive manufacturing.

## Stakeholders and Partners

- We continued to invest in stakeholder engagement and communication with medical devices stakeholders throughout 2017. This involved the promotion of direct reporting of incidents and medical devices issues by device users and members of the public. We also continued our engagement with health services and healthcare professionals to encourage reporting and raise awareness of the roles and activities of the HPRA. Work was undertaken with the HSE to identify mechanisms and identify appropriate individual contacts to facilitate dissemination of safety

information on medical devices to the relevant health services/users (designated person and vigilance liaison officers). We also continued to promote the adoption and communication of the HPRA step-by-step guide to user reporting which is targeted at healthcare providers.

- The HPRA undertook a number of communication initiatives to raise awareness of the impact and requirements being introduced as a result of the new EUDR. During 2017, we:
  - Established a dedicated section on HPRA website regarding EUDR. This incorporated stakeholder guidance and application forms for notified bodies to reflect the new requirements for designation to EUDR by the November timeframe.
  - Published a dedicated newsletter and other information resources to raise awareness of specific aspects of the Regulations and its practical application. These included specific information leaflets targeting medical device innovators and also the cosmetic industry (given the inclusion under the new device Regulations of certain aesthetic products).
  - Contributed to the development and actively participated in two European stakeholder days on the new EUDR hosted by the EU Commission and CAMD.
  - Provided briefings, advice and workshops on the new Regulations to a range of different stakeholders including notified bodies and distributors.

- Throughout the year, we engaged in ongoing strategic, operational and communication initiatives on a bilateral and multilateral basis with European and international authorities, and the EU Commission. We also further developed our bilateral partnerships with a number of those authorities. In addition, we participated in operational and strategic discussions on developing cooperation between the CAMD and the Heads of Medicines Agencies (HMA) networks.
- The HPRA continues to deliver a programme of presentations and talks at a range of external stakeholders. A full list of all presentations related to the regulation of medical devices that were delivered during 2017 is provided in Appendix 2.

## Medical Devices: Key Figures

| Year | 2015 | 2016 | 2017 |
|---|---|---|---|
| Lead Competent Authority role on specific vigilance issues | 74 | 98 | 89 |
| NCARs and vigilance related communications | 79 | 116 | 96 |
| Vigilance cases received/opened | 2,140 | 2,242 | 2,339 |
| Field safety notices uploaded | 474 | 476 | 519 |
| Medical device safety notices | 33 | 46 | 44 |
| Medical device targeted healthcare professional communications | 11 | 33 | 23 |
| NCARs managed as IMDRF NCAR secretariat | - | 18 | 8 |
| COEN reports (market surveillance and vigilance) to EU network | 12 | 45 | 44 |
| Medical device information notices | 3 | 0 | 5 |
| Market surveillance cases (unadjusted) | 324 | 335 | 411 |
| Notifications relating to notified body certificates | 959 | 959 | 844 |
| Classification requests | 54 | 35 | 51 |
| Compassionate use applications | 3 | 5 | 5 |
| Medical device free sale certificates | 2,601 | 2,122 | 2,371 |
| Medical device queries received | 459 | 477 | 496 |

# Blood, Tissues and Organs

**The HPRA is responsible for monitoring the safety and quality of blood and blood components, and of tissues and cells. Along with the HSE, we are joint Competent Authority for organs intended for transplantation.**

## Authorisation and Registration

The authorisation of blood establishments, tissue establishments and organ procurement organisations / transplantation centres permits those facilities to carry out specified activities. The total number of authorisations in place at year end for the past five years is presented by category in the accompanying table.

| Number of Authorisations | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| Blood establishments | 4 | 4 | 3 | 3 | 3 |
| Tissue establishments | 23 | 24 | 24 | 25 | 25 |
| Organ procurement/ transplantation | 0 | 0 | 4 | 4 | 4 |

## Safety and Quality

- Following collaboration with the National Haemovigilance Office (NHO), we submitted an annual report of serious adverse reactions and events to the EU Commission during 2017. The report reflected information received by the NHO in 2016 and included information on 61 serious adverse reactions and 152 serious adverse events which met the mandatory legislative reporting requirements.

- We also submitted an annual report on serious adverse reactions and events associated with tissues and cells to the EU Commission during 2017. The report reflected information received in 2016 and consisted of some 112 reports, 103 of which met the legislative reporting requirements, including seven serious adverse reactions and 96 serious adverse events.

- The Joint Action on Vigilance and Inspection for the Safety of Transfusion, Assisted Reproduction and Transplantation (VISTART) promotes and facilitates the harmonisation of inspection, authorisation and vigilance systems in the EU for blood, tissues and cells used in transfusion, transplantation and assisted reproductive technology. As part of the HPRA's contribution to VISTART activities, we are leading Work Package 9 which involves a voluntary programme of inter-member state inspection systems auditing. Consequently, we carried out a pilot audit in Q3 using tools developed under this

work package. In Q4, we also conducted an audit of the relevant Latvian authority as part of the pilot phase of the VISTART project.

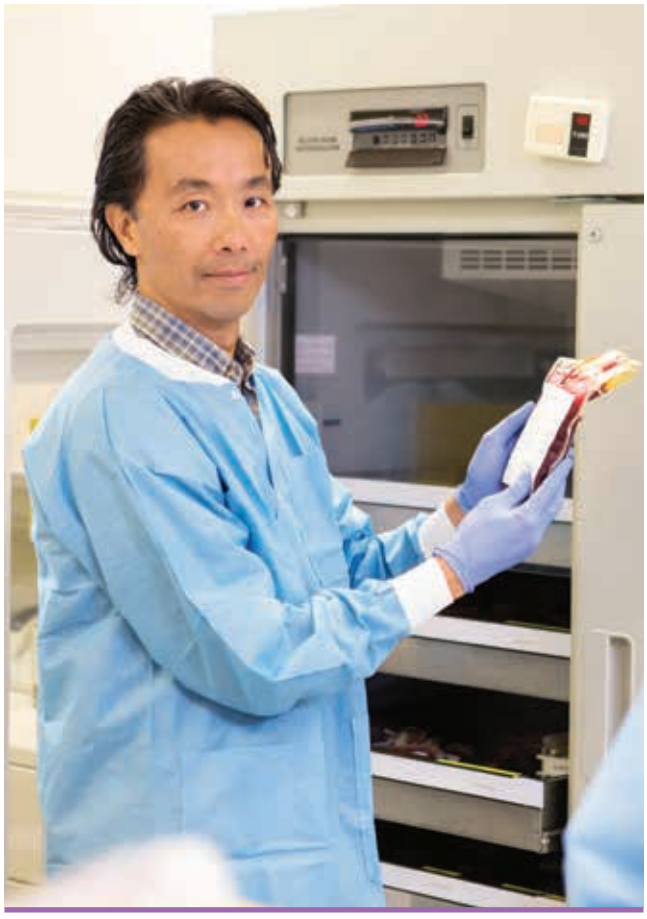
- We continued to liaise with the HSE lead and colleagues from Organ Donation and Transplant Ireland (ODTI) in relation to our respective roles under EU and national legislation on the Quality and Safety of Human Organs intended for Transplantation. During 2017, this included:
  - The exchange of relevant information on serious adverse reactions and events. During 2017, the HPRA received 13 reports of serious adverse reactions and events associated with organ donation / transplantation;
  - The ongoing review of procedures and guidance incorporating the finalisation of updates to the report form which were completed by year end;
  - The submission of proposals to the OTDI in respect of updating the framework for quality and safety.

- As part of our regulatory role, the HPRA inspects relevant establishments, organisations and centres to monitor compliance with applicable EU guidelines on the quality and safety of blood, blood products, tissues and cells, and human organs intended for transplantation. Our inspection programme in 2017 consisted of:
  - 19 tissue establishment inspections of which four were non-routine;
  - 7 routine inspections of blood establishments; and
  - 1 routine inspection of an organ establishment.

## Legislation and Regulation

- As part of our ongoing contribution to the review of relevant legislation, we provided feedback to the Department of Health on draft SIs for transposing EU Directives on coding and import for human tissues and cells.

- In relation to assisted human reproduction, we engaged with the Department of Health during 2017 to discuss the development of assisted human reproduction legislation including the proposed regulatory agency. We also engaged in respect of the commencement of parts 2 and 4 of the Children and Family Relationships Act.



# Veterinary Medicines

**Our role is to grant licences for veterinary medicines subject to a review of their safety, quality and effectiveness. We continuously monitor their use in animals once they become available on the market in addition to authorising clinical field trials and inspecting / licensing manufacturing sites.**

## Authorisation and Registration

- There are a number of routes through which a veterinary medicine can be authorised by the HPRA. These include the national procedure, the mutual recognition procedure (MRP) and the decentralised procedure (DCP). The following applications were issued by the HPRA during 2017:
  - 10 new national applications;
  - 75 new applications made under the DCP;
  - 28 new applications made under the MRP.

  We acted as reference (lead) Member State for the assessment of one of the MRPs and 30 of the DCPs. We also issued five applications as RMS under the repeat use procedure.

  The centralised route administered by the EMA is another mechanism whereby veterinary medicines can be authorised in Ireland. In 2017, the HPRA issued 16 cases as rapporteur or co-rapporteur for veterinary medicines. An additional 18 new medicine applications were issued through the centralised route where we were neither the rapporteur nor co-rapporteur.

  By end of year, there was a record total of some 1,700 veterinary medicines authorised for the Irish market.

- During 2017, the HPRA acted as co-ordinator for three requests under the EMA scientific advice procedure.

- Medicine shortages continue to be an issue for many veterinary practitioners tasked with treating a range of different species and conditions. Problems of non-availability can arise from a number of issues and different solutions are needed depending on the issues involved. During 2017:
  - We conducted planned twice yearly reviews of AR18 and AR16 lists. The HPRA strategy is to review incoming requests and seek Irish authorisation where practicable.
  - We carried out gap analysis and prioritised applications linked to shortages.
  - Meetings were held with the Department of Agriculture, Food and the Marine to discuss shortages related issues. There was agreement to develop an inter-departmental process in respect of potential shortages arising from Brexit.
  - Communicated and met with applicants regarding transfer of reference member state (RMS) to Ireland. We also revised the relevant procedure and established a register of products for transfer.
  - We worked closely with EU competent authorities to enable the use of common packs and carried out a survey to explore dual labelling interest in other Member States.

- **Authorisation and registration: Key figures**

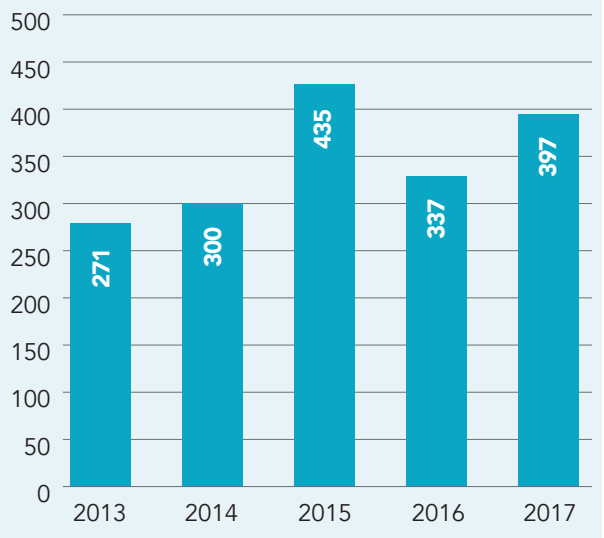
| Year | 2015 | 2016 | 2017 |
|---|---|---|---|
| Classification enquiries | 21 | 16 | 11 |
| Clinical trials | 0 | 1 | 2 |
| New centralised as (co-)rapporteur | 11 | 11 | 16 |
| New MR/DCP as RMS | 15 | 14 | 30 |
| New MR/DCP as CMS | 93 | 78 | 44 |
| New homeopathic applications | 6 | 0 | 3 |
| New national applications | 5 | 8 | 8 |
| Renewals, national and MR | 88 | 100 | 108 |
| Variations, national and MR | 1431 | 1341 | 1366 |
| Manufacturers of veterinary medicines | 25 | 24 | 20 |
| Export certificates | 99 | 155 | 111 |

## Safety and Quality

- The operation of a national pharmacovigilance system for veterinary medicines is dependent on the submission of reports by veterinarians, pharmacists, licensed merchants and others involved in dispensing or using the medicines concerned. These reports may be submitted either directly to the HPRA or to the companies marketing the medicines. The companies, in turn, must relay the data to the HPRA.

  Over the course of 2017, we received 397 national reports of suspected adverse events to veterinary medicines with the vast majority of reports, as in previous years, received from pharmaceutical companies.

**Adverse Event Reports**




- We evaluated 630 periodic safety update reports (PSURs) which incorporated the assessment of individual medicines on the market in Ireland as well as a work-sharing initiative where we led, or contributed to, the assessment of a class of veterinary medicines for the European Union.

- Containment of the development of antimicrobial resistance (AMR) is essential for public and animal health. Our work in this area includes the collection of annual information on the sale of veterinary antibiotics from each marketing authorisation holder. This information, which is included in the European Surveillance of Veterinary Antimicrobial Consumption (ESVAC), is important as it allows us to benchmark our usage rate against those of our European neighbours and to follow any developing trends. The data show that due to a variety of factors there are significant fluctuations in sales annually and, consequently, that a clear trend is not identifiable.

| Veterinary antibiotic use | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|
| Tonnes sold | 97.4 | 99.1 | 89.4 | 96.9 | 103.4 |

  Additionally in 2017, we continued our participation in the National Interdepartmental Antimicrobial Resistance Consultative Committee which in October published 'Ireland's National Action Plan on Antimicrobial Resistance 2017-2020'.

- The analytical testing of products is a key component of the HPRA's risk based sampling and analysis programme. A total of 31 samples of veterinary medicines were taken under the programme in 2017 and all were subject to laboratory testing. Although the majority of the samples tested were compliant with their specifications, a number of issues, such as the crumbling of tablets, were noted. Appropriate follow-up actions were taken as necessary.

- We investigate, on a risk basis, reports of suspected quality defects in medicines and active substances, and co-ordinate subsequent recalls from the Irish market where necessary. There were 48 quality defects pertaining to medicines for veterinary use reported or identified in 2017. The risk classifications that were assigned, along with the corresponding figures for the previous two years, are outlined in the accompanying table.

| Year | 2015 | 2016 | 2017 |
|---|---|---|---|
| Critical quality defects | 1 | 7 | 5 |
| Major quality defects | 8 | 12 | 13 |
| Minor quality defects | 25 | 22 | 30 |
| Number of reports not justified | 1 | 0 | 0 |
| Total Number Quality Defects | 35 | 41 | 48 |

Companies, including manufacturers, distributors and/or authorisation holders, accounted for 64% of the reports received with the balance received from other competent authorities.

In certain cases, in order to protect animal and / or public health, it is deemed necessary to withdraw, or recall, a veterinary medicine from the Irish market. In 2017, seven recalls of medicines occurred which was one less than the previous year. Of these, three were recalled due to stability issues.

- Our inspections and audits programme focuses on ensuring industry compliance with relevant standards and legislation. In 2017, there were:
  - 12 good manufacturing practice (GMP) inspections conducted at sites that produce / test veterinary medicines;
  - 2 pharmacovigilance inspections.

## Legislation and Regulation

- We continued to engage with the Department of Agriculture, Food and the Marine in respect of the proposed new EU veterinary medicines legislation. Meetings were held to review the proposals and we presented feedback on each Commission revision. We also met before year end to consider the European Council discussions on the new legislation. The Department participates at Council meetings.

## Stakeholders and Partners

- As part of our ongoing stakeholder engagement, in 2017:
  - We conducted a survey during Q2 in respect of outgoing MR/DCP applications to determine stakeholder perceptions of the HPRA's service levels and performance, and to assess their communication needs and expectations. Analysis of the results were completed by year end and the findings will be used to inform future service provision and communications.
  - We held meetings with a number of stakeholders during the year as part of our review and audit of the current level of national regulatory and scientific advice provision at each stage of product development.
  - We are committed to participating in activities that promote pharmacovigilance reporting, in particular with respect to food-producing species. During the year, we developed a training proposal and submitted a draft training module to a third level institute for review and consideration.
  - As part of our commitment to enhance our stakeholder communication on safety issues, we developed and published a number of safety notices on our website in relation to vaccine shortages and topics including euthanasia, zinc oxide and monitoring of medicines.

- Throughout 2017, we continued our involvement across the EU regulatory network which includes active participation at the EMA and the HMA. Of particular note, Dr David Murphy continued to serve as Chair of the EMA's Committee for Medicinal Products for Veterinary Use (CVMP) following his election in 2016.

- As in recent years, we delivered a programme of presentations to veterinarian students and veterinary nursing students on the role of the HPRA and the promotion of veterinary pharmacovigilance. We also presented at a number of industry stakeholder events. A full list of all presentations delivered during 2017 is provided in Appendix 2.

- We continued during 2017 to publish relevant content in our Medicinal Products Newsletter. This newsletter provides updates for those working in the veterinary medicines sector on Irish and European legislation, new / revised HPRA regulatory publications and stakeholder events such as information days. Three editions were published on our website in 2017 and are available to download from the 'Publications' section.

  We also contributed a number of articles to the Veterinary Ireland Journal and the It's Your Field publication. Details are included in Appendix 3.

# Scientific Animal Protection

**The HPRA is the competent authority in Ireland responsible for the implementation of EU legislation (Directive 2010/63/EU) for the protection of animals used for scientific purposes.**

## Authorisation and Registration

- The HPRA carries out evaluations of applications for the authorisation of research establishments and projects in addition to evaluating applications from individuals to allow them to conduct procedures or euthanasia of animals. As shown in the accompanying table, there was an increase in both the total number of individuals and projects authorised in 2017. Please note that the higher level of individual authorisations during 2013 and 2014 was due to the legal requirement for existing establishment personnel to apply for individual authorisations, which are valid for five years, before the end of 2014.

**Authorisations**

- In October, we published the fourth annual statistical report on the use of animals for scientific purposes in Ireland. The HPRA is required to collect and make publicly available, on an annual basis, statistical information on the use of animals in procedures, including information on the actual severity of the procedures.

**Authorisation and registration – Key 2017 figures:**

| Year | 2017 |
|---|---|
| Individual authorisations | 319 |
| Project authorisation | 125 |
| Individual amendments | 74 |
| Project amendments | 186 |
| Establishment renewals | 22 |

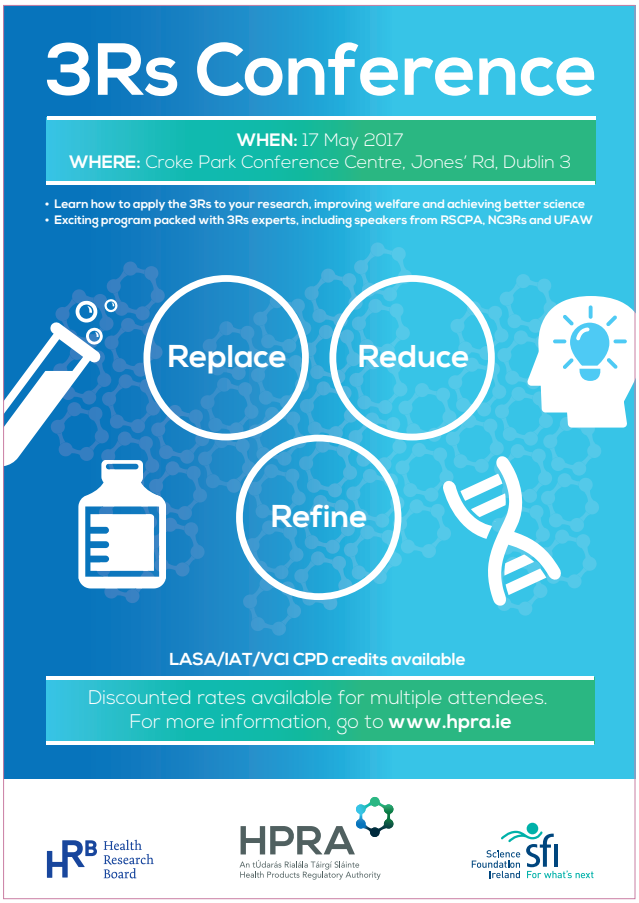
## Safety and Quality

- During 2017, there were 33 inspections completed, of which 18% were unannounced, to monitor animal welfare standards and compliance with legislation. This total incorporated 25 establishment authorisation inspections and eight compliance inspections.

- One of the HPRA's responsibilities in respect of scientific animal protection is to grant permission to rehome animals if certain criteria are met that protect and provide for the animal's overall well-being. Early in 2017, we approved a pilot rehoming scheme for a group of dogs from Charles River Laboratories as a result of the closure of a facility in County Mayo. Following the positive outcome of the pilot, when a number of dogs were effectively rehomed through animal welfare organisations, the rehoming scheme was subsequently extended. It was concluded after the successful rehoming of 342 dogs and 249 cats confirming it as one of the largest projects of its kind ever undertaken.

## Stakeholders and Partners

- In May, in co-operation with the Health Research Board and Science Foundation Ireland, we hosted a 3Rs conference in Croke Park, Dublin. The conference presented over 200 delegates with information and recommendations on how to apply the 3Rs to research with the aim of improving animal welfare and achieving better science.




- We published and disseminated three regulatory updates to provide stakeholders with the latest news and guidance from the HPRA, with information on education and training, and with information and best practices in respect of the 3Rs and compliance with the legislation.

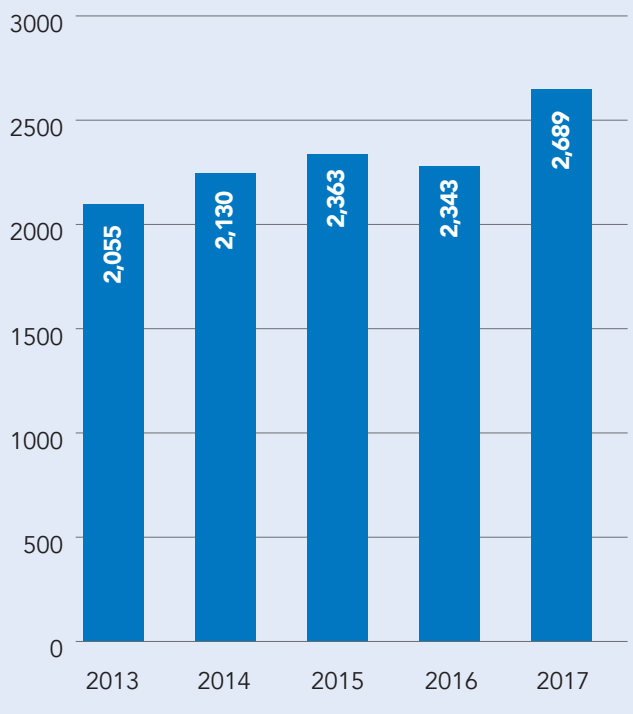
- In December, we delivered a Laboratory Animal Science and Training (LAST) lecture in relation to the legislative and regulatory aspects of scientific animal protection.

# Controlled Drugs and Precursor Chemicals

## Authorisation and Registration

- Import, export and holding of controlled drugs (for legitimate purposes) are subject to licensing. The Department of Health is the licensing authority while the HPRA handles the administrative aspects of the application and licensing process. Licensing activity consists primarily of export and import licences, and letters of no objection. Data for the past five years are outlined in the accompanying graph.

**Controlled Drugs Licensing Activity**




- The HPRA is the licensing authority for precursor chemicals. These are subject to different licensing requirements, dependent upon specific categories. The following table shows the licensing activity since 2013.

| Precursor Chemicals Licensing Activity | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| Total | 27 | 46 | 32 | 16 | 23 |

## Legislation and Regulation

- Following commencement of the Misuse of Drugs (Amendment) Act 2016 on 4 May 2017, changes were made to the requirements for controlled drug import and export licences. All necessary adjustments to HPRA procedures and forms were subsequently implemented.

## Stakeholders and Partners

- Prior to the commencement of the new legislation, we communicated with relevant stakeholders to remind them that a number of substances that were not previously controlled would now fall under the scope of the Misuse of Drugs framework. We published the relevant details in the HPRA's Medicinal Products Newsletter in January and this was followed by the dissemination of an e-mail update in April. Companies were advised to review products handled to ascertain any impact of the proposed changes and to update procedures and authorisations where necessary.

# Cosmetic Products

**The role of the HPRA is to regulate the manufacture, sale and supply of cosmetic products in Ireland. We identify and address cosmetic product quality and safety issues, in conjunction with the HSE, so that a cosmetic product will not compromise the health and safety of the consumer or the person applying the product.**

## Authorisation and Registration

- During 2017, we issued 174 cosmetics free sale certificates which may be required by companies exporting products to third countries.

## Safety and Quality

- As part of our proactive market surveillance activities, we conducted three inspections of cosmetic distributors to assess compliance with the Cosmetics Regulation. Distributors were informed of any non-compliances identified and requested to implement corrective actions.

- Our reactive market surveillance includes investigation of quality-related complaints (compliance cases), reports of adverse events relating to the use of cosmetics (vigilance cases) and serious risk alerts received from other countries (RAPEX). In total, there was 312 reactive surveillance cases initiated during 2017.

## Stakeholders and Partners

- We developed a cosmetic products information pack which was published in March 2017 to guide stakeholders through placing a cosmetic for sale on the market and to provide an easy-to-use checklist to help ensure all regulatory requirements were met before placing a cosmetic on the market. This initiative was undertaken as a result of direct feedback from stakeholders in 2016.

- We hosted three regulatory information seminars in Leitrim, Limerick and Dublin during October to provide cosmetic stakeholders with useful, up-to-date information on their responsibilities under the Cosmetics Regulation. Given that many attendees were small businesses, we invited a member of the Local Enterprise Office to speak at each event also. These evening events were well attended and the feedback from stakeholders was that the information, which included printed copies of the information pack, was relevant and well presented.

- In addition, we launched a media information campaign in December to raise awareness among consumers of the dangers presented by counterfeit cosmetics in the run up to the Christmas period. The information was published by both print and online media and we participated in a number of national and regional radio interviews. Consumers were informed on how to spot a counterfeit cosmetic and of the risks these products can pose.

# Other Regulatory Programmes

## Inspections, Audits and Market Compliance

- The Joint Audit Programme (JAP) is a key element of the quality system adopted by good manufacturing practice (GMP) inspectorates in Europe and aims to ensure consistency of GMP standards and a harmonised approach throughout Europe.
  - A positive JAP evaluation of the HPRA was carried out from the 15 to 19 May by GMP inspectors from Austria, France and Iceland, and an auditor from the Commission's Directorate General (DG) for Health and Food Safety. Our GMP inspections, manufacturers' licensing, quality defects and recall programme, and sampling and analysis systems were examined in addition to the legislation for both human and veterinary medicines and our overarching quality management system. As part of the assessment, the conduct of a full GMP inspection by the HPRA was observed by one member of the audit team.
  - Also in 2017, the HPRA led two JAP evaluations of the GMP compliance programme of other member states. One was at the State Institute for Drug Control (SIDC), the competent authority for human medicines in the Slovak Republic, while the other was at the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP).
- The successful completion and positive outcome of the HPRA's JAP evaluation validates the strength of our processes and procedures for inspection and quality defect management. Of particular note, our audit was observed by the US FDA as part of its review of the equivalency of HPRA systems in relation to the US/EU mutual recognition agreement (MRA) on GMP inspections. A detailed data package was also prepared and presented to the FDA for its consideration as part of competency assessment. The FDA subsequently confirmed that the HPRA has the capability, capacity and procedures to carry out GMP inspections at an equivalent level. As a result, it is anticipated that Ireland will be included on the list of recognised member states under the MRA during 2018 and from that point forward the FDA can rely on HPRA inspections to replace its own inspections.
- Other EU contributions included leading on:
  - the development of a new risk assessment tool for the selection of medicinal products and active substances for surveillance testing;
  - a new risk-based tool to support inspection and surveillance relating to heparin manufacturers and their related products; and
  - the development of a communication tool-kit for the Official Medicines Control Laboratory (OMCL) Network.
- We completed a pilot project, which commenced in 2016, on advertising compliance with regard to advertising advisory boards. A report on the outcome of this project will be finalised in early 2018.

# Innovation Support

- Supporting innovation is one of the HPRA's five strategic goals. This is in recognition of the pace of development of new health products, technologies and platforms and the resulting potential to provide huge benefits for patients. However, the changes being brought about by innovation can also present challenges for the regulatory model as it is currently constructed. Our actions under this theme during 2017 included the following:
  - This was the first full year of activity for the HPRA's Innovation Office which provides regulatory support and advice to individuals, academics, small and medium enterprises, pharmaceutical and medical device companies, and other groups who are developing innovative health products or technologies. A total of 38 of queries were received, mainly from SMEs and academia, with the majority relating to medical devices, medicines and borderline products.
  - A new formal in-house horizon scanning process was developed during 2017 to enable the HPRA to identify, at an early stage, developments and events that may require discussions at an EU level and potential changes to the regulatory framework. There may also be a resulting need to develop knowledge or expertise within the HPRA or to identify and recruit external experts. The first report produced by the horizon scanning group focused on additive manufacturing / 3D printing. A cross-organisational group is now moving ahead with the implementation of the report recommendations. Linked to this initiative, the EU Innovation Network adopted a HPRA proposal concerning a roadmap for the establishment of common approach to horizon-scanning.
  - The HPRA played a leading role in setting up an innovation project among members of the International Coalition of Medicines Regulatory Authorities (ICMRA). Following an initial survey, we prepared a project proposal that identified three work streams that will be the focus of future activities. One of the work streams, focusing on outcomes of horizon scanning, is jointly led by the HPRA and the EMA.
  - The HPRA provides a classification service to stakeholders for products which are on the borderline between medicines and medical devices and other categories such as cosmetics and food supplements. This will generally determine the legislation under which a product be regulated. During 2017, an integrated medicines and medical devices classification system for handling requests from stakeholders was developed to optimise the consistency of HPRA decision-making process. This will be implemented from Q1 2018.

# Outreach and Engagement

**The HPRA is committed to a strategic focus on outreach and engagement with key partners and stakeholders so as to enhance and maximise the effectiveness of the regulatory system.**

- **In our outreach activities to support innovation developments in Ireland:**
  - The HPRA organised an innovation day in May in the O'Reilly Institute in UCD. Over 260 attendees registered for the event from various backgrounds including academia, research networks, SMEs, other agencies with an interest in innovation and the pharmaceutical and medical device industries. Feedback subsequent to the event was very positive with stakeholders welcoming the HPRA's desire to reach out and engage with innovators. Extensive tweeting of @TheHPRA Twitter account during the day helped promote the HPRA to new audiences.
  - We participated in a number of external events to promote our supports to innovation including the Medtech Innovation Showcase at the 'Med in Ireland' event organised by Enterprise Ireland. This was attended by over 250 international companies, 70 indigenous medtech companies and a number of other organisations focused on encouraging innovation in Ireland. We also exhibited and presented at the 'Taking Care of Business' event organised by the Department of Business, Enterprise and Innovation in November. In the same month, the HPRA's innovation office exhibited at the SME Information day held at the EMA.
  - As part of outreach activities, we met with a variety of research bodies including the RCSI, the Regenerative Medicine Institute (REMEDI) and the Centre for Cell Manufacturing Ireland (CCMI). We also met with Science Foundation Ireland (SFI) and the National Institute for Bioprocessing, Research and Training (NIBRT) to discuss HPRA supports for innovation and areas of common interest
  - The HPRA is an active participant of the Pharmaceutical Education and Research with Regulatory Links (PEARRL) programme. As part of this initiative, four early stage researchers were given the opportunity to work within the medicines assessment area for three months so that they could get an understanding of the regulatory process. As part our participation in this programme, we were involved in organisation of a regulatory science symposium in Cork in June 2017 entitled 'Regulatory Support of Innovation in the Pharmaceutical Industry'.
  - Staff also presented on horizon-scanning and innovation supports to the National Centre for Pharmacoeconomics and industry association meetings.
  - Additionally, we commenced a review of the HPRA's contribution to external education programmes which incorporates consideration of the most appropriate formats for future activities. We met with APPEL (Affiliation for Pharmacy Practice Experiential Learning) to discuss involvement in education of pharmacists.

- **Stakeholder communications and engagement:**
  - The HPRA was pleased to participate as one of a number of education partners working with the Irish Platform for Patient Organisations, Science & Industry (IPPOSI) to deliver a Patient Education Programme in the area of health innovation. The programme, which was specifically tailored for Irish patient communities, was piloted from September 2017 to March 2018 based on a 'blended learning' approach consisting of e-learning and face-to-face sessions. The HPRA module, which ran for five weeks during November and December, was focused on regulatory affairs, medicines safety and pharmacovigilance. The programme students completed three modules in total with the additional modules focused on clinical trials and health technology assessments.
  - The HPRA's first ever national information campaign was launched in September 2016. The campaign, which incorporates radio, digital and print advertising, was repeated in 2017 during March / April and again in October. The focus of the HPRA adverts is to highlight the importance of the safe use of medicines as well as medication adherence in general. Our key message to members of the public is to take care when taking medication and specifically to be aware of and read the information and directions for use that come with every medicine.
  - Throughout the year, we continued our media communications programme to proactively communicate important safety messages and to build awareness of the role of the HPRA. We issued 25 press releases and website 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 a HPRA spokesperson. In addition, we responded to more than 500 initial and follow-up queries from national, local and specialist media during the year.
  - The HPRA website – www.hpra.ie – is a key communications channel and we continuously monitor and analyse key visitor and usage statistics. Among the key findings from 2017 were:
    - Almost 314,000 unique visitors accessed our website during the past twelve months representing a more than 10% increase compared to 2016.
    - There were in excess of 770,623 visits in total throughout the year.
    - Of those who accessed the site, close to 20% were new or first time users.
  - The @TheHPRA Twitter account was launched in late 2016 as a tool to support our communications activities and direct additional traffic to the HPRA website. We continued to develop our Twitter activity during 2017 and by year end we had secured more than 800 followers. Among the highlights was our participation in an EU-wide social media campaign to promote the reporting of suspected side effects from medicines. This campaign was supported by a range of patient organisations and other national health agencies.

- **HPRA information seminars and training events:**

  These events provide regulatory guidance and updates to a range of stakeholders. The HPRA also partners with other regulatory organisations to co-host relevant sessions. During 2017, we hosted the following events:

  - VISTART Workshops, 1 – 2 February and 30 – 31 March
  - GMP Information Day, 7 February
  - GDP Information Day, 8 February
  - JAMS Workshops, 10 – 11 April and 30 November
  - 3Rs Information Day, 17 May
  - Innovation Day, 25 May
  - Brexit Stakeholder Meeting, 31 August
  - Cosmetic Information Days: 11 October in Carrick-on-Shannon, 12 October in Dublin and 19 October in Limerick
  - Biosimilar Information Seminar, 18 October
  - PICs Training, 23 – 27 October (NIBRT)
  - Working Group of Quality Managers and Working Group of Communications Professionals, 27 – 29 November
  - EMA QWP Assessor Training, 4 – 5 December

- **European and international initiatives:**
  - We continued providing technical assistance to the Zambia Medicines Regulatory Authority with our consortium partners, and issued a 'Health Systems Strengthening Programme for Zambia' report in June.

– In early 2017, the World Health Organisation (WHO) announced Ireland as the location for the next International Conference of Drug Regulatory Authorities (ICDRA) which takes place in September 2018. This WHO global event provides regulatory authorities with a unique forum to meet and discuss ways to strengthen global collaboration in the area of medicines' regulation. Throughout the year, the HPRA progressed planning and preparation for the five-day conference which is expected to attract more than 300 delegates from up to 100 countries worldwide. This included a meeting in Dublin with WHO representatives where a range of items were reviewed and agreed in addition to a site visit to the meeting venue. The development of a dedicated conference website – icdra2018.ie – was also completed and commenced taking registrations in early 2018.

– The UK withdrawal from the EU has potentially significant implications for the European health products sector and regulatory network as a whole and particularly for Ireland with its shared market place. Protecting the availability of medicines for Irish patients and the integrity of our market are key strategic aims of the HPRA's Brexit-related activities while also optimising our role within the European regulatory network and maintaining our strong working relationships with UK colleagues. There were a number of Brexit-related initiatives either completed or progressed in 2017 including:

  - A strategic review by the senior management of the implications of Brexit and the resulting HPRA response. A detailed, dedicated plan was agreed focusing on five key areas: communication, existing work, new work, stakeholder influence and resourcing. As part of the initial rollout of the plan, an internal working group was established with representatives from across each of the product areas regulated by the HPRA.
  - In August, we held a successful stakeholder event which was attended by almost 300 delegates from the biopharma, medtech and life sciences sector. The meeting was one of the first opportunities for stakeholders from across the sector to meet and engage in respect of the challenges being presented by Brexit. The HPRA intends to host a further such meeting during the second half of 2018 once greater clarity on the conditions and terms of the UK exit is available.
  - The HPRA Brexit working group developed a detailed guidance document for industry stakeholders to complement similar information published at a European level. The guide was published in a newly established dedicated Brexit section on the HPRA website in December.
  - We participated in a number of speaking engagements to outline the potential impact on the Irish market and the planned HPRA Brexit strategy.
  - At a European level, we continue to be very active participants in initiatives and preparations linked to Brexit. This includes our high-level contribution to EMA activities and our membership of the HMA Brexit Task Force.

## Additional key outreach and engagement figures

| Year | 2017 |
|---|---|
| Public consultations launched:<br>- Regulatory fees<br>- Consultation on medical devices distributor guidance | 2 |
| Public consultations we responded to:<br>- Included CORU, Department of Health, European Commission; Heads of Medicines Agency, HSE, Medical Council and PSI | 12 |
| Events managed by HPRA events teams | 16 |
| Freedom of information requests | 20 |
| Requests received in accordance with the Data Protection Acts | 2 |
| Parliamentary questions | 93 |
| Queries from government departments or members of the Oireachtas | 76 |
| Protected disclosures received by external persons under section 7(2) of the protected Disclosures Act, of which investigation is:<br>- Concluded<br>- Ongoing | <br>7<br>1 |
| Protected disclosures from HPRA staff members | 0 |
| Complaints | 0 |
| Customer service queries | 3,096 |

# Organisation Development

**The HPRA is committed to having the necessary corporate functions, systems and supports in place to deliver on our public health mission. We must ensure that our organisational capabilities continue to expand and evolve in line with regulatory and scientific developments and that we adapt to other changes in our operating environment.**

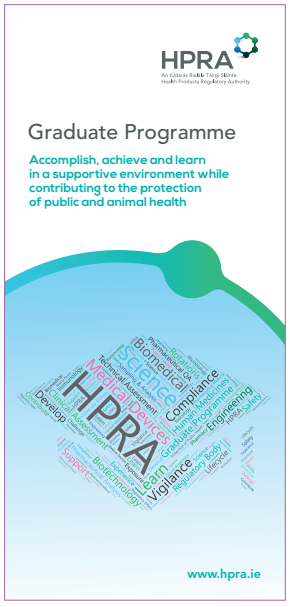
- **BEMA**
  - The BEMA (Benchmarking of European Medicines Agencies) assessment of the HPRA's management systems and systems for regulating human and veterinary medicines took place on 10 to 13 October, by an assessment team from three other EU countries. The assessment against a range of indicators was thorough and challenging, with very positive results for the HPRA, including 'best practices' acknowledged in a number of areas. A small number of improvement actions will be addressed in 2018.

- **Quality Management**
  - During 2017, the HPRA's quality management system continued to be extended with the deployment of policies and procedures in preparation for the upcoming General Data Protection Regulation, new policies on risk management, energy and the internal audit strategy, and new procedures to better support innovation office queries and media queries. Guidance documents for stakeholders were published on the website including a guide to the notified body designation process, and a guide to scientific and regulatory advice for GXP activities.
  - We continued our preparations for compliance with the General Data Protection Regulation (GDPR) which comes into force on 25 May 2018. This included the establishment of a data processing register.

- **Human Resources and Change**
  - Management and development of our staff is critical to the success of the HPRA's regulatory functions. Using a framework of six core themes, our HR and Change Strategy 2016 – 2020 identifies and delivers key supports required by the organisation to achieve its goals over the coming years.

During the year:

- We established a programme to further develop managerial capability in the HPRA and delivered three of the six modules of the management development programme to all managers in the organisation.
- A strategic approach to succession planning was developed and a key role review and forecasting analysis completed. Development plans were agreed and are underway. In addition, we began work on developing a scientific role skills matrix and approach agreed for the key role review.
- A new graduate recruitment programme was launched, with an 18-month programme for two rotations to be offered to candidates in relevant scientific disciplines. By year-end, interviews were completed and candidates identified to commence their placements in September 2018.




- We continued to deliver existing programme of activities, such as health and wellness programmes, organisational awareness fora and lunchtime learning. The receipt of a gold Active@ work award from the Irish Heart Foundation was recognition of our efforts in this regard.
- Our LinkedIn presence was established with online recruitment testing in progress.

- **Medical Devices Department**

– In consideration of the changing regulatory environment for medical devices, we reviewed the internal structures for the delivery of expanded functions with the management committee and held a number of workshops for staff. The subsequent report presented to the Authority identified the need for changes to the structure to allow us to effectively plan and implement the new EU Regulations. These involve bringing together in one department all medical devices staff except for the auditors who remain with the inspectorate section. Plans were underway by the end of the year to begin this process and recruit a head for the new department.

- **Finance**

– The 2017 financial statements presented in this report were prepared 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.

– The annual review of regulatory fees for 2018 was completed following public consultation and resulted in the introduction of a modest general fee increase. Fees had not been increased by the HPRA since 2010 with reduced fees introduced both in 2011 and 2012.

– Invoicing was introduced to support the introduction of a fee based funding model for the HPRA's regulatory functions in respect of medical devices. The finance team engaged with relevant stakeholders as necessary in respect of the fees issued and payments received while monitoring the collectability rate on an ongoing basis.

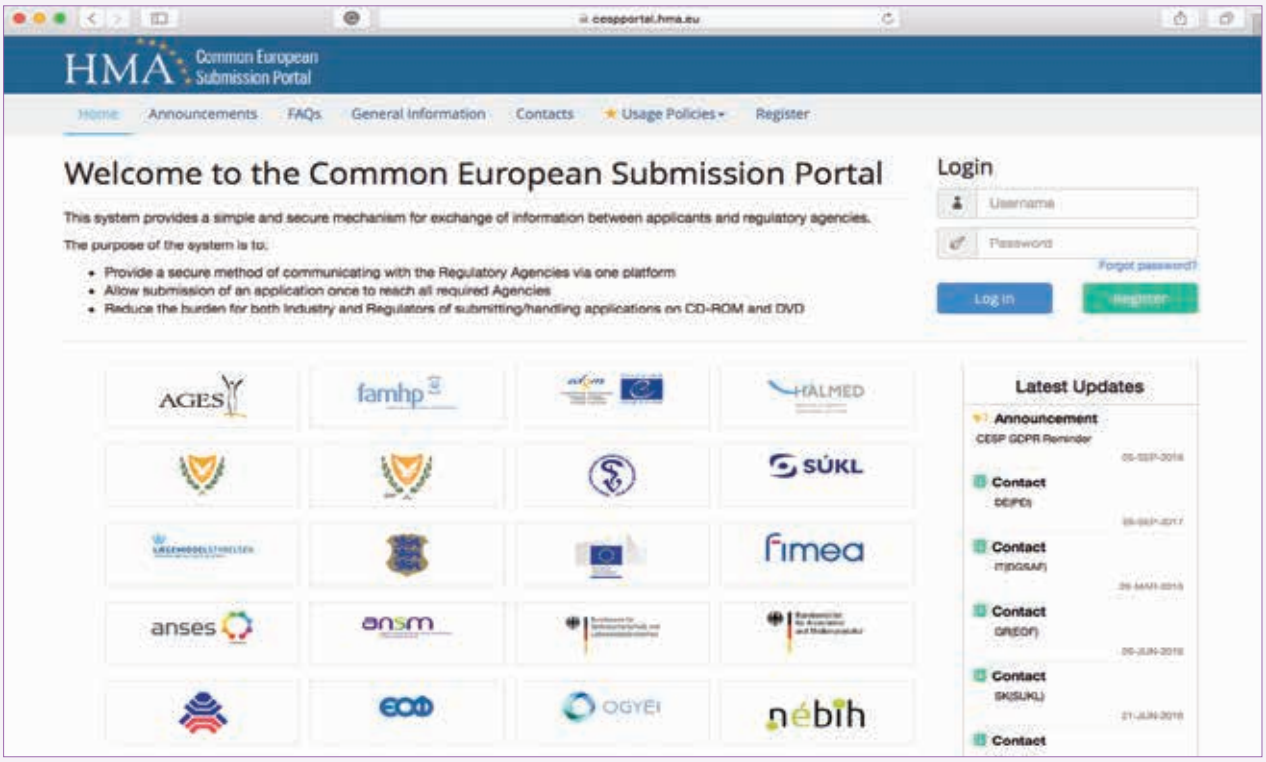
- **Energy Usage**

– The HPRA, as a public sector body, is required to report annually on its energy usage and actions taken to reduce consumption in accordance with the European Union (Energy Efficiency) Regulations 2014 (S.I. No. 426 of 2014). As an organisation, we use electricity for lighting, air conditioning or heating as required and the provision of hot water; natural gas is used for central heating. In 2017, the HPRA consumed 804.5 MWh* of energy consisting of:

  - 600.5 MWh of electricity
  - 203.9 MWh of fossil fuels
  - 0 MWh of renewable fuels.

  * these figures may differ from those officially published by the SEAI – official figures were not available at time of printing.

- **IT Developments**
  - EOLAS is the HPRA's new workflow technology solution, which will provide the organisation with a single workflow and data management system to support its regulatory activities. It will also incorporate new EU standards for regulatory data management. In 2017, the system was deployed to our Veterinary Sciences department in addition to the receipts and validations, and quality management sections. End users were supported through the provision of both general and role specific training and this was supplemented with training documents and online videos. Following go-live, end users worked closely with the project team to identify and manage any issues or adjustments required. This user insight supported ongoing preparations for deployment in 2018 to human medicines procedures.
  - There were 417,211 regulatory submissions made through the Common Electronic Submission Portal (CESP), which is managed by the HPRA on behalf of the wider EU regulatory community. By year-end, there were 5,000 organisations availing of CESP with over 12,000 individual users.
  - The HPRA participated, as part of a European consortium, in the European Commission's Horizon 2020 research programme on the openMedicine project that provided recommendations on the identification of medicines in a cross border setting, this project concluded in 2017.



# Authority and Committees

- The Authority of the HPRA met six times in 2017 and considered a number of strategic matters including corporate policy, planning and financial matters. The latter included monthly management accounts, annual budgets and the financial statements for 2016. The Authority also reviewed update reports from the Statutory Advisory Committees and the Audit and Risk Committee. In addition, it reviewed the licences for all medicinal healthcare products as approved by the Management Committee.

  The number of meetings attended by each Authority member during 2017 was as follows:

| Authority Member | Number of meetings held during the period the member was on the Authority | Number of meetings attended during the period the member was on the Authority |
|---|---|---|
| Ms. Ann Horan (Chairperson) | 6 | 5 |
| Mr. Pat Brangan | 6 | 6 |
| Mr. Wilf Higgins | 6 | 6 |
| Mr. David Holohan | 6 | 6 |
| Prof. Mary Horgan | 6 | 2 |
| Mr. Brian Jones | 6 | 6 |
| Prof. Elizabeth Keane | 6 | 6* |
| Prof. Caitriona O'Driscoll | 6 | 6 |
| Dr. Diarmuid Quinlan | 6 | 5* |

*One via T/C

  - The Audit and Risk Committee, a subcommittee to the Authority, met four times in 2017. Further details are provided in the HPRA's Financial Statements.
  - The Advisory Committee for Human Medicines met on one occasion in 2017. The Clinical Trials Sub-Committee is a sub-committee to the Advisory Committee for Human Medicines and it met twelve times in the past year.
  - The Advisory Committee for Veterinary Medicines met twice as did the Advisory Committee for Medical Devices.
  - The National Committee for the Protection of Animals Used for Scientific Purposes, a statutory committee to provide guidance to the regulator and those working in this area, met twice in 2017.

- Decisions of the Authority:

  The terms of reference of the Authority, which are published on the HPRA website, include an overview of how the Authority operates, an overview of all decisions taken by the Authority and those devolved to the Management Committee.

  The following decisions are reserved functions of the Authority:

  - The Authority takes decisions relating to very significant and serious public and/or animal health matters except in circumstances where a meeting of the Authority cannot be convened, in which case the Management Committee takes the decision and informs the Chairperson at the earliest opportunity and the Authority as soon as is practical.


- The Authority refuses applications, or suspends, revokes or terminates authorisations as set out in legislation except in circumstances where:
  (a) the urgency is such that a meeting of the Authority cannot be convened, or
  (b) the application or authorisation is subject to a binding European decision, or
  (c) the application or authorisation is for a clinical trial or clinical investigation; in which case the Management Committee takes the decision and informs the Authority.
- Through its Audit and Risk Committee, the Authority approves the internal financial controls and the financial audit function and satisfies itself that the financial controls and systems of risk management are robust and defensible. The Authority appoints the internal financial auditor.
- The Authority approves the investment policy, major investments, capital projects and the terms of major contracts.
- Significant acquisitions and the disposal or retirement of assets above a threshold set by the Authority are subject to Authority approval.
- The Authority approves treasury policy and risk management policies.
- The Authority approves corporate plans as required.
- The Authority approves the annual budget, monitors expenditure and supervises the preparation and submission of the annual statutory accounts.
- The Authority makes an annual report on the activities of the HPRA, including a financial statement, to the Minister for Health. This report is then published.
- The Authority selects and appoints the Chief Executive, with the consent of the Minister for Health. The terms of office and the remuneration of the Chief Executive are determined by the Minister for Health, after consultation with the Authority and with the consent of the Minister for Finance. The Authority, through its Performance Review Committee, conducts a process of annual performance appraisal of the Chief Executive. Succession planning for the role of Chief Executive is also undertaken by the Authority.

# Financial Statements for the Year Ended 31 December 2017

## Authority Members and Other Information

| **Authority:** | *Most recent appointment date* | *Expiry date* |
|---|---|---|
| Ms. Ann Horan (Chairperson) | 01/01/2016 | 31/12/2020 |
| Mr. Pat Brangan | 22/05/2017 | 31/12/2019 |
| Mr. Wilfrid Higgins | 22/05/2017 | 31/12/2019 |
| Mr. David Holohan | 27/01/2016 | 26/01/2021 |
| Prof. Mary Horgan | 01/01/2016 | 31/12/2020 |
| Mr. Brian Jones | 27/01/2016 | 26/01/2021 |
| Dr. Elizabeth Keane | 22/05/2014 | 21/05/2019 |
| Prof. Caitriona O'Driscoll | 01/01/2016 | 31/12/2020 |
| Dr. Diarmuid Quinlan | 22/05/2014 | 21/05/2019 |

All Authority members are appointed by the Minister for Health.

**Bankers:**

Allied Irish Bank
1-3 Lower Baggot Street
Dublin 2

Bank of Ireland Corporate
2 Burlington Plaza
Burlington Road
Dublin 4

KBC Bank Ireland
Sandwith House
Dublin 2

**Solicitors:**

Eugene F. Collins
Temple Chambers
3 Burlington Road
Dublin 4

Eversheds
1 Earlsfort Centre
Earlsfort Terrace
Dublin 2

Byrne Wallace
88 Harcourt Street
Dublin 2

**Head Office:**

Kevin O'Malley House
Earlsfort Centre
Earlsfort Terrace
Dublin 2

**Auditors:**

Comptroller and Auditor General
3A Mayor Street Upper
Dublin 1

# Governance Statement and Authority Member's Report

## Governance

The Health Products Regulatory Authority (the HPRA) was established under the terms of the Irish Medicines Board Act, 1995 (as amended), and is governed by an Authority which was appointed by the Minister for Health. The Authority of the HPRA (the Authority) consists of a chairperson and eight non-executive members. The Authority is accountable to the Minister for Health and is responsible for ensuring good governance, and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of the HPRA are the responsibility of the Chief Executive and the Management Committee. The Chief Executive and the Management Committee must follow the broad strategic direction set by the Authority, and must ensure that all Authority members have a clear understanding of the key activities and decisions related to the HPRA, and of any significant risks likely to arise. The Chief Executive acts as a direct liaison between the Authority and management of the HPRA.

On 1 July 2014, the organisation changed its name from the Irish Medicines Board, as provided for in Section 36 of the Health (Pricing and Supply of Medical Goods) Act 2013 and SI (205/2014) Health (Pricing and Supply of Medical Goods) Act 2013 (Commencement) order 2014.

## Authority Responsibilities

The work and responsibilities of the Authority are set out in the Irish Medicines Board Act, 1995 (as amended), as well as in the 'Terms of Reference and Rules of Procedure' of the HPRA, which also contains the matters specifically reserved for Authority decision. Standing items considered by the Authority include:

- declaration of interests,
- reports from committees,
- financial reports / management accounts,
- performance reports, and
- reserved matters.

The Authority is required by the Irish Medicines Board Act, 1995 to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the HPRA and of its surplus or deficit for that period.

In preparing those statements the Authority is required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the HPRA will continue in existence, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Authority is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, the financial position of the HPRA and which enable it to ensure that the financial statements comply with the Irish Medicines Board Act, with accounting standards generally accepted in Ireland and with accounting directions issued by the Minister for Health. The maintenance and integrity of the corporate and financial information on the HPRA's website is the responsibility of the Authority.

The Authority is responsible for approving the annual plan and budget. It is also responsible for safeguarding the assets of the HPRA and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Authority considers that the financial statements of the HPRA give a true and fair view of the financial performance and the financial position of the HPRA at 31 December 2017.

## Audit and Risk Committee

The HPRA has an audit and risk committee comprising three Authority members, which met on 4 occasions during 2017. This committee is responsible for reviewing internal control matters, together with any other issues raised by the external auditors, the Authority or management. The external auditor is invited annually to meet with the audit and risk committee to brief them on the outcome of the external audit, and the audit and risk committee also meets annually with the internal auditor. During 2017 the internal auditor carried out internal audits on the areas of procurement and purchasing, as well as a review of compliance with the 2016 Code of Practice for the Governance of State Bodies. The audit and risk committee has also been involved with the review of the quality systems as described below.

## Quality Systems

During 2017, the finance section of the HPRA continued the process of implementing and reviewing standard operating procedures (SOPs) under the quality management system. This process involved a critical review and analysis of internal controls and processes throughout the section with particular emphasis on risk management. This system now underpins the internal control environment and feeds into the internal audit process and ultimately into the audit and risk committee.

## Remuneration Policy - Authority Members and Executive Directors

Remuneration and travel expenses paid to Authority members are disclosed in note 17 to the Financial Statements. The Chairperson receives remuneration as directed by the Minister for Health in accordance with the Irish Medicines Board Act, 1995. Other Authority members receive remuneration under the terms of the Health (Miscellaneous Provisions) Act 2017. All Authority members are entitled to receive travel expenses in accordance with circulars issued by the Department of Health. The Chief Executive is remunerated in accordance with guidelines issued from Government and other Executive Directors are paid in accordance with Department of Health pay scales. The remuneration of the Chief Executive and Executive Directors are disclosed in note 18 to the Financial Statements.

## Internal Control

The Authority is responsible for the HPRA's systems of internal control. Such systems can only provide reasonable and not absolute assurance against material misstatement or loss. The systems of internal controls in use in the HPRA are described more fully in the Chairperson's report on pages 47 to 48.

## Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

The Authority is responsible for ensuring that the HPRA has complied with the requirements of the Code of Practice for the Governance of State Bodies, as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code, and are contained in the notes to the financial statements:

- employee short term benefits breakdown,
- consultancy costs,
- legal costs and settlements,
- travel and subsistence expenditure, and
- hospitality expenditure.

## Statement of Compliance

The Authority has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. The HPRA was in full compliance with the Code of Practice for the Governance of State Bodies for 2017.

On behalf of the Authority

Ms. Ann Horan
Chairperson

Mr. David Holohan
Authority Member

Date: 26 June 2018

# Statement on Internal Control

## Scope of Responsibility

I, as Chairperson, acknowledge the Authority's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016).

## Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform, has been in place in the HPRA for the year ended 31 December 2017 and up to the date of approval of the financial statements.

## Capacity to Handle Risk

The HPRA has an audit and risk committee comprising three Authority members, which met on 4 occasions during 2017.

The HPRA has outsourced the internal audit function to an independent professional firm, who conduct a programme of work as agreed with the audit and risk committee. During 2017 two internal audit reviews were conducted.

The HPRA have developed a risk management framework, which sets out its risk appetite, the risk management processes in place and details the roles and responsibilities of staff in relation to risk. This framework has been made available to all staff, who are expected to work within the HPRA's risk management policies, to alert management on emerging risks and control weaknesses, and assume responsibility for risks and controls within their own area of work.

## Risk and Control Framework

The HPRA has implemented a risk management system which identifies and reports key risks and the management actions being taken to address, and to the extent possible, to mitigate those risks.

A risk register is in place which identifies the key risks facing the HPRA, and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by management, considered by the audit and risk committee and presented to the Authority. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget, which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication technology systems, and
- there are systems in place to safeguard the assets.

## Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes, and any control deficiencies are communicated to those responsible for taking corrective action, and to management and the Authority, where relevant, in a timely manner.
I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified, and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management of periodic and annual performance and financial reports, which indicate performance against budgets.

## Procurement

I confirm that the HPRA has procedures in place to ensure compliance with current procurement rules and guidelines, and that during 2017 the HPRA complied with those procedures.

## Review of Effectiveness

I confirm that the HPRA has procedures to monitor the effectiveness of its risk management and control procedures. The HPRA's monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the internal and external auditors, the audit and risk committee which oversees their work, and the senior management within the HPRA, responsible for the development and maintenance of the internal financial control framework.

I confirm that the Authority conducted an annual review of the effectiveness of the internal controls for 2017. This review was carried out at its meeting on 22 March 2018.

## Internal Control Issues

No weaknesses in internal control were identified in relation to 2017 that require disclosure in the financial statements.

Ms. Ann Horan
Chairperson to the Authority

Date: 26 June 2018

# Comptroller and Auditor General

# Report for presentation to the Houses of the Oireachtas

## Qualified opinion on financial statements

I have audited the financial statements of the Health Products Regulatory Authority (the Authority) for the year ending 31 December 2017 as required under the provisions of section 18 of the Irish Medicines Board Act, 1995. The financial statements have been prepared in accordance with Financial Reporting Standard (FRS) 102 – *The Financial Reporting Standard applicable in the UK and the Republic of Ireland* and comprise

- The statement of income and expenditure and retained revenue reserves
- The statement of financial position
- The statement of cash flows and
- The related notes, including a summary of significant accounting policies.

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the Authority at 31 December 2017 and of its income and expenditure for 2017 in accordance with FRS 102.

## Basis for qualified opinion on financial statements

In compliance with the directions of the Minister for Health, the Authority accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102 which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period. The effect of the non-compliance on the Authority's financial statements for 2017 has not been quantified.

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Authority and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

## Report on information other than the financial statements, and on other matters

The Authority has presented certain other information together with the financial statements. This comprises the annual report, the governance statement and Authority members' report and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

Patricia Sheehan

For and on behalf of the Comptroller and Auditor General

Date: 29 June 2018

# Appendix to the report

## Responsibilities of Authority Members

The governance statement and Authority members' report sets out the Authority members' responsibilities. The Authority members are responsible for

- The preparation of financial statements in the form prescribed under section 18 of the Irish Medicines Board Act 1995
- Ensuring that the financial statements give a true and fair view in accordance with FRS 102
- Ensuring the regularity of transactions
- Assessing whether the use of the going concern basis of accounting is appropriate, and
- Such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

## Responsibilities of the Comptroller and Auditor General

I am required under section 18 of the Irish Medicines Board Act 1995 to audit the financial statements of the Authority and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but it is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.
- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Authority's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Authority to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

## Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

## Reporting on other matters

My audit in conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if there are material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if there is any material instance where the public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

I also report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- The accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- The financial statements are not in agreement with the accounting records.

## Statement of Income and Expenditure and Retained Revenue Reserves
For the year ended 31 December 2017

| | Note | 2017 € | 2016 € |
|---|---|---|---|
| Fee Income | 3 | 24,033,010 | 21,461,418 |
| Department of Health Funding | 3 | 2,941,000 | 3,916,000 |
| Other Income | 4 | 655,238 | 1,090,096 |
| | | 27,629,248 | 26,467,514 |
| Salaries and Wages | 5 | 20,284,686 | 18,684,512 |
| Other Operating Costs | 6 | 6,650,642 | 5,138,378 |
| Depreciation | 2 | 1,983,059 | 2,099,770 |
| | | 28,918,387 | 25,922,660 |
| Surplus/(Deficit) for the year before write back of Superannuation contributions | | (1,289,139) | 544,854 |
| Staff Superannuation Contributions | | 924,064 | 746,723 |
| Surplus/(Deficit) for the year | | (365,075) | 1,291,577 |
| Balance brought forward | | 28,689,754 | 27,398,177 |
| Balance carried forward | 12 | 28,324,679 | 28,689,754 |

The Statement of Income and Expenditure and Retained Revenue Reserves includes all gains and losses recognised in the year. The Statement of Cash Flows and the notes on pages 55 to 64 form part of the financial statements.

On behalf of the Authority

Ms. Ann Horan
Chairman

Mr. David Holohan
Authority Member

Date: 26 June 2018

## Statement of Financial Position
As at 31 December 2017

| | Note | 2017 € | 2016 € |
|---|---|---|---|
| **Fixed Assets** | | | |
| Property, Plant and Equipment | 2 | 25,339,839 | 26,039,261 |
| **Current Assets** | | | |
| Debtors and Prepayments | 7 | 1,404,687 | 1,129,190 |
| Inventory of Stationery | | 5,133 | 5,029 |
| Cash at Bank and in Hand | 9 | 730,979 | 1,989,592 |
| Short Term Deposits | 10 | 15,455,498 | 14,308,652 |
| | | 17,596,297 | 17,432,463 |
| **Current Liabilities - Amounts falling due within one year** | | | |
| Creditors and Accruals | 8 | 9,058,113 | 8,435,294 |
| Mortgage | 13 | 793,332 | 793,332 |
| | | 9,851,445 | 9,228,626 |
| **Net Current Assets** | | 7,744,852 | 8,203,837 |
| **Long Term Liabilities - Amounts falling due after more than one year** | | | |
| Mortgage | 13 | 4,760,012 | 5,553,344 |
| **NET ASSETS** | | 28,324,679 | 28,689,754 |
| **Reserves** | | | |
| Retained Revenue Reserves | 12 | 28,324,679 | 28,689,754 |
| | | 28,324,679 | 28,689,754 |

The Statement of Cash Flows and the notes on pages 55 to 64 form part of the financial statements.

On behalf of the Authority

Ms. Ann Horan
Chairman

Mr. David Holohan
Authority Member

Date: 26 June 2018

## Statement of Cash Flows
For the year ended 31 December 2017

| | Note | 2017 | 2016 |
|---|---|---|---|
| | | € | € |
| *Cash flows from Operating Activities* | | | |
| Surplus/(Deficit) for financial year | | (365,075) | 1,291,577 |
| Depreciation of property, plant and equipment | | 1,983,059 | 2,099,770 |
| (Profit)/Loss on Disposal of property, plant and equipment | | 0 | (20) |
| (Increase)/Decrease in Debtors | | (275,497) | 62,476 |
| (Increase)/Decrease in Stock | | (104) | (2,952) |
| Increase/(Decrease) in Creditors - amounts falling due within one year | | 622,819 | (352,528) |
| Deposit Interest | | (21,965) | (35,829) |
| Bank Interest | | 200,601 | 222,798 |
| *Cash from Operations* | | 2,143,838 | 3,285,292 |
| Bank Interest Paid | | (200,601) | (222,798) |
| *Net Cash generated from Operating Activities* | | 1,943,237 | 3,062,494 |
| *Cash flows from Investing Activities* | | | |
| Deposit Interest Received | | 21,965 | 35,829 |
| (Increase)/Decrease in Bank Deposits | | 3,289 | 2,058,857 |
| Payments to acquire property, plant and equipment | | (1,283,637) | (2,473,473) |
| Receipts fom sales of property, plant and equipment | | 0 | 20 |
| *Net cash from Investing Activities* | | (1,258,383) | (378,767) |
| *Cash flows from Financing Activities* | | | |
| Repayment of Borrowings | | (793,332) | (793,332) |
| *Net cash used in Financing Activities* | | (793,332) | (793,332) |
| **Net increase/(decrease) in Cash and Cash Equivalents** | | (108,478) | 1,890,395 |
| Cash and Cash Equivalents at beginning of year | | 3,992,528 | 2,102,133 |
| **Cash and Cash Equivalents at end of year** | 9 | 3,884,050 | 3,992,528 |

# Notes to the Financial Statements
For the year ended 31 December 2017

## 1. Accounting Policies

### A. General information

The Health Products Regulatory Authority (HPRA) is a public statutory body established under the Irish Medicines Board Act 1995 (as amended). The principal place of business is at Earlsfort Centre, Earlsfort Terrace, Dublin 2. The Health Products Regulatory Authority is the competent Authority for the regulation of medicines, medical devices and other health products in Ireland.

### B. Compliance with FRS 102

The financial statements of the HPRA for the year ended 31 December 2017 have been prepared in accordance with FRS 102 (the financial reporting framework applicable in the UK and Ireland), as modified by the directions of the Minister for Health in relation to superannuation. In compliance with the directions of the Minister for Health, HPRA accounts for the costs of superannuation entitlements only as they become payable (see K). This basis of accounting does not comply with FRS102, which requires such costs to be recognised in the year in which the entitlement is earned. The HPRA is availing of the reduced disclosures allowed by FRS 102 in relation to legal provisions, in instances where full disclosure might prejudice seriously its position in relation to disputes with other parties on the subject matter of the provision. In all other respects, the financial statements comply with FRS 102.

### C. Basis of preparation

The financial statements have been prepared under the historical cost convention. The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Health Products Regulatory Authority's financial statements.

### D. Critical accounting estimates and judgements

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the reporting date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The following may involve a higher degree of judgement and complexity:

#### (a) Provisions

Provisions for legal obligations which it knows to be outstanding at the period-end date. These provisions are generally made based on historical or other pertinent information, adjusted for recent trends where relevant. However, they are estimates of the financial costs of events that may not occur for some years. As a result of this and the level of uncertainty attaching to the final outcomes, the actual outturn may differ significantly from that estimated.

#### (b) Bad and Doubtful Debts

The HPRA makes an estimate of the recoverable value of trade and other receivables. The HPRA uses estimates based on historical experience in determining the level of bad debts, which the Authority believes will not be collected. These estimates include such factors as the current credit rating, the aging profile, historical experience of the particular trade receivable and objective evidence of impairment of the asset. Any significant reduction in the level of bad debt provision would have a positive impact on the annual surplus/deficit. The level of provisioning required is reviewed on an on-going basis and has been disclosed in the notes to the financial statements.

## Notes to the Financial Statements
For the year ended 31 December 2017

### E. Revenue recognition

Revenue is measured at the fair value of the consideration received.

- In the case of applications for marketing authorisations (new applications, variations to existing authorisations, or transfers) and clinical trial applications, income is recognised on a straight line basis over the specified timeline for the processing of the application by the Authority.
- In the case of wholesale and manufacturing licences and maintenance of marketing authorisations, fees are payable annually and a full year's income is accrued in each financial year.

### F. Expenditure recognition

Expenditure is recognised in the financial statements on an accruals basis.

### G. Reporting currency and currency translation

The financial statements are prepared in euros. Transactions in currencies other than euro are recorded at the rates ruling at the date of the transactions or at a contracted date. Monetary assets and liabilities are translated into euro at the reporting date or at a contracted date. Exchange differences are dealt with in the statement of income and expenditure and retained revenue reserves.

### H. Property, plant and equipment

**Plant and equipment excluding Premises**

Plant and equipment excluding premises are stated at cost less accumulated depreciation. Depreciation is calculated in order to write off the cost of property, plant and equipment to their estimated residual values over their estimated useful lives by equal annual instalments.

The estimated useful lives of property, plant and equipment by reference to which depreciation has been calculated are as follows:

| | |
|---|---|
| Fixtures and Fittings: | 5 years |
| Computer Equipment : | 3 years |
| Improvements to Premises : | 10 years |

**Premises**

The HPRA purchased its premises at Kevin O'Malley House, Earlsfort Centre, Earlsfort Terrace, Dublin 2 on 22 December 2004. The value capitalised was equal to the purchase price plus those costs directly attributable to bringing the asset into use.

No depreciation has been calculated on the value of premises, as the remaining useful economic life is estimated to be greater than 50 years.

### I. Taxation

The HPRA is exempt from liability to Corporation Tax under Section 227 of the Taxes Consolidation Act, 1997.

## Notes to the Financial Statements
For the year ended 31 December 2017

### J. Debtors

Known bad debts are written off and specific provision is made for any amount the collection of which is considered doubtful.

### K. Superannuation

The superannuation scheme operated by the HPRA is in accordance with the Local Government (Superannuation Revision) (Consolidation) Scheme, 1986. It is an unfunded statutory scheme and benefits are met from current income as they arise.

The scheme is a defined benefit scheme for employees. No provision has been made in respect of benefits payable. Pension payments under the scheme are charged to the income and expenditure account when paid. Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. The surplus/(deficit) for the year is shown both before and after superannuation deductions.

HPRA also operate the Single Public Service Pension Scheme. All new entrants into the public sector with effect from 1 January 2013 are members of this scheme, where all employee pension deductions are paid to the Department of Public Expenditure and Reform.

By direction of the Minister for Health, no provision has been made in respect of benefits payable in future years in relation to the Local Government (Superannuation Revision) (Consolidation) Scheme 1986 or the Single Public Service Pension Scheme.

### L. Provisions

A provision is recognised when the HPRA has a present obligation as a result of a past event, it is probable that this will be settled at a cost to the HPRA and a reliable estimate can be made of the amount of the obligation.

### M. Library

No value has been placed on the books, audio-visual resources and electronic databases in the library. Expenditure on these items is written off in the year in which it is incurred.

### N. Leases

All leases are treated as operating leases and the rentals thereunder are charged to the Income and Expenditure account on a straight line basis over the lease period.

### O. Loans

Loans are recognised initially at the transaction price (present value of cash payable, including transaction costs). Loans are subsequently stated at amortised costs. Interest expense is recognised on the basis of the effective interest method and is included in finance costs.

Loans are classified as current liabilities unless there is a right to defer settlement of the loan for at least 12 months from the reporting date.

## Notes to the Financial Statements
For the year ended 31 December 2017

| 2. Property, plant and equipment | Fixtures and Fittings € | Computer Equipment € | Leasehold Improvements € | Improvements To Premises € | Premises € | Total € |
|---|---|---|---|---|---|---|
| Cost | | | | | | |
| Balance as at 1 January 2017 | 1,205,593 | 14,590,308 | 502,445 | 4,364,198 | 23,156,037 | 43,818,581 |
| Additions for the year | 24,556 | 1,248,671 | - | 10,410 | - | 1,283,637 |
| Disposals for the year | (2,753) | (55,174) | - | - | - | (57,927) |
| As at 31 December 2017 | 1,227,396 | 15,783,805 | 502,445 | 4,374,608 | 23,156,037 | 45,044,291 |
| Depreciation | | | | | | |
| Balance as at 1 January 2017 | 1,119,006 | 12,408,607 | 502,445 | 3,749,262 | - | 17,779,320 |
| Charge for the year | 55,606 | 1,779,487 | - | 147,966 | - | 1,983,059 |
| Disposals for the year | (2,753) | (55,174) | - | - | - | (57,927) |
| As at 31 December 2017 | 1,171,859 | 14,132,920 | 502,445 | 3,897,228 | - | 19,704,452 |
| Net Book value at 31 December 2017 | 55,537 | 1,650,885 | - | 477,380 | 23,156,037 | 25,339,839 |
| Net Book value at 1 January 2017 | 86,587 | 2,181,701 | - | 614,936 | 23,156,037 | 26,039,261 |

| 3. Income | 2017 € | 2016 € |
|---|---|---|
| **Fee Income** | | |
| Clinical Trials | 192,843 | 181,082 |
| Human Medicine - National Fees | 6,196,699 | 6,324,512 |
| Human Medicine - European Fees | 7,050,808 | 6,853,136 |
| Veterinary Medicine - National Fees | 1,553,918 | 1,650,596 |
| Veterinary Medicine - European Fees | 1,499,930 | 1,288,314 |
| Compliance Department | 4,765,340 | 4,593,694 |
| Medical Devices | 2,920,161 | 400,817 |
| | 24,179,699 | 21,292,151 |
| Movement in deferred revenue | (146,689) | 169,267 |
| | 24,033,010 | 21,461,418 |
| **Dept Of Health Funding (Vote 38 Subhead E1)** | 2,941,000 | 3,916,000 |
| **Other Income (Note 4)** | 655,238 | 1,090,096 |
| **Total Income** | 27,629,248 | 26,467,514 |

Certain fees received by the Authority under the Irish Medicines Board Act 1995 (as amended), totalling €19,055,338 in 2017, shall be paid into or disposed of for the benefit of the Exchequer in such manner as the Minister for Public Expenditure and Reform directs.
The HPRA is in discussions with its parent department, as it is some years since the Minister has issued a directive in relation to the fees under Section 13 of the IMB Act.

# Notes to the Financial Statements
For the year ended 31 December 2017

## 4. Other Income

| | 2017 | 2016 |
|---|---|---|
| | € | € |
| Conference Fee Income | 58,900 | 134,355 |
| Deposit Interest | 21,965 | 35,829 |
| (Loss)/Gain on Disposal of Fixed Assets | - | 20 |
| IT Income | 519,250 | 876,283 |
| Zambia Project Income | 55,123 | 43,609 |
| | 655,238 | 1,090,096 |

## 5. Salaries and Wages

| | | |
|---|---|---|
| Salaries and Wages | 17,507,507 | 16,353,458 |
| Pensions Paid | 1,061,363 | 739,910 |
| Social Welfare Costs | 1,715,816 | 1,591,144 |
| | 20,284,686 | 18,684,512 |

The average number of staff employed during the year was 327 (2016 - 312).
Payroll numbers at 31 December 2017 can be analysed across the following departments : -

| | | |
|---|---|---|
| Chief Executive | 3 | 2 |
| Compliance | 69 | 67 |
| Finance, Corporate & International | 23 | 21 |
| Human Products Authorisation & Registration | 110 | 111 |
| Human Products Monitoring | 49 | 48 |
| Human Resources & Change | 9 | 7 |
| IT & Business Services | 19 | 21 |
| Quality, Scientific Affairs & Communications | 12 | 11 |
| Veterinary Sciences | 28 | 29 |
| Staff | 322 | 317 |
| Authority Members | 7 | - |
| Pensioners | 38 | 34 |
| | 367 | 351 |

No termination or severance payments were made during the year.

Pension related deductions for Public Servants of €799,083 were deducted from staff during the year and paid over to the Department of Health.

Pension deductions for Public Servants who are members of the Single Public Service Pension Scheme of €203,178 were deducted from staff during the year and paid over to the Department of Public Expenditure and Reform.

## Notes to the Financial Statements
For the year ended 31 December 2017

| Salary Band | 2017 | 2016 |
|---|---|---|
| €0 to €60,000 | 202 | 214 |
| €60,001 to €70,000 | 63 | 50 |
| €70,001 to €80,000 | 13 | 9 |
| €80,001 to €90,000 | 15 | 26 |
| €90,001 to €100,000 | 22 | 9 |
| €100,001 to €110,000 | 3 | 5 |
| €110,001 to €120,000 | 1 | 2 |
| €120,001 to €130,000 | 2 | 1 |
| €140,001 to €150,000 | 1 | 1 |
| | 322 | 317 |
| Average Salary | €52.4K | €51.7K |

Higher salaries relate primarily to scientific and other professional staff e.g. clinicians, pharmacists, veterinarians, lawyers etc and are in accordance with Department of Health salary scales.

### 6. Operating Costs

| | 2017 € | 2016 € |
|---|---|---|
| Accommodation Costs | 1,177,395 | 1,186,524 |
| Travel, Representation and Training | 909,186 | 859,595 |
| Bank Charges and Interest | 207,643 | 229,547 |
| Legal & Professional Fees | 643,407 | 257,284 |
| Stationery, Publications, Postage and Communications | 637,177 | 698,613 |
| Other Operating Costs | 3,075,834 | 1,906,815 |
| | 6,650,642 | 5,138,378 |

Travel costs include an amount of €12,120 related to Staff Hospitality, and an amount of €550,664 related to Travel and Subsistence, of which €205,853 is national and €344,811 is foreign.

Other Operating Costs include an amount of €325,354 related to consultancy costs, of which €167,007 relates to public relations/marketing.

### 7. Debtors (all due within one year)

| | | |
|---|---|---|
| Trade Debtors | 991,758 | 917,685 |
| Prepayments | 256,440 | 181,669 |
| Other Debtors | 156,489 | 29,836 |
| | 1,404,687 | 1,129,190 |

Trade debtors are shown net of the bad debt provision.

## Notes to the Financial Statements
For the year ended 31 December 2017

### 8. Creditors (amounts falling due within one year)

| | 2017 € | 2016 € |
|---|---|---|
| Trade Creditors | 226,101 | 191,082 |
| Accruals | 7,018,843 | 6,508,352 |
| Deferred Revenue | 1,249,634 | 1,102,945 |
| Revenue Commissioners | 563,535 | 632,915 |
| | 9,058,113 | 8,435,294 |

### 9. Cash and Cash Equivalents

| | As At 01/01/2017 | Cashflow | As At 31/12/2017 |
|---|---|---|---|
| Cash at Bank and in Hand | 1,989,592 | (1,258,613) | 730,979 |
| Demand Deposits | 2,002,936 | 1,150,135 | 3,153,071 |
| | 3,992,528 | (108,478) | 3,884,050 |

### 10. Short Term Deposits

| | 2017 € | 2016 € |
|---|---|---|
| Demand Deposits (convertible to cash on demand) | 3,153,071 | 2,002,936 |
| Short Term Deposits (not immediately convertible to cash) | 12,302,427 | 12,305,716 |
| | 15,455,498 | 14,308,652 |

### 11. Administration Expenses

| | | |
|---|---|---|
| Surplus for the year was calculated having charged : - | | |
| Auditor's Remuneration | 18,000 | 16,000 |

# Notes to the Financial Statements
For the year ended 31 December 2017

## 12. Movement on Income and Expenditure Reserves

| | As At 01/01/2017 € | Movement € | As At 31/12/2017 € |
|---|---|---|---|
| Retained Reserves | 19,833,791 | (1,289,139) | 18,544,652 |
| Staff Superannuation Contributions | 8,855,963 | 924,064 | 9,780,027 |
| | 28,689,754 | (365,075) | 28,324,679 |

## 13. Long Term Liabilities

*Mortgage*

On 22 December 2004 the HPRA purchased its premises at Kevin O'Malley House, Earlsfort Centre, Earlsfort Terrace, Dublin 2. The purchase was financed by way of a mortgage, secured on the premises of €20,400,000 over 20 years from Bank of Ireland Corporate Lending.

The HPRA is committed to making the following capital repayments on its mortgage :

| | 2017 € | 2016 € |
|---|---|---|
| - within one year | 793,332 | 793,332 |
| - between one and five years | 3,173,328 | 3,173,328 |
| - after five years | 1,586,684 | 2,380,016 |
| | 5,553,344 | 6,346,676 |

## 14. Interest Rate Exposure

The HPRA have taken all necessary steps to minimise its interest rate exposure by fixing 2/3s of the borrowings for the mortgage duration. The balance of the borrowings are fully offset by cash reserves. As the mortgage is at a fixed rate, the Authority has no interest rate exposure.

# Notes to the Financial Statements
For the year ended 31 December 2017

## 15. Financial Commitments

Accommodation Costs (Note 6) includes expenditure of €285,984 in relation to operating leases.

On 28 January 2005 the HPRA signed a leasehold interest in respect of the 5th floor, Alexandra House, Earlsfort Centre, Dublin 2. At 31 December 2017 this lease had 4 years and four months remaining.

| | 2017<br>€ | 2016<br>€ |
|---|---|---|
| The amounts due under this lease are as follows: | | |
| - within one year | **285,984** | 285,984 |
| - between one and five years | **953,280** | 1,143,936 |
| - after five years | - | 95,328 |
| | **1,239,264** | 1,525,248 |

## 16. Capital Commitments

| | | |
|---|---|---|
| Contracted For (Contract Signed) | **1,775,842** | 2,094,971 |
| Not Contracted For | - | - |
| | **1,775,842** | 2,094,971 |

## 17. Authority Remuneration

| | | |
|---|---|---|
| Authority Members' Fees | **52,038** | 11,970 |
| Authority Members' Travel Expenses | **4,362** | 8,284 |
| | **56,400** | 20,254 |

Up to the 15th February 2017, other than the Chairperson, no other Authority Member received a salary. On 16th February 2017, the Health (Miscellaneous Provisions) Act was enacted, which made provision for payment of fees to other Authority members, provided that they were in compliance with the 'one person one salary' principle.

## 18. Key Management Personnel Remuneration

| | | |
|---|---|---|
| Chief Executive | **146,123** | 143,413 |
| Senior Management | **862,273** | 813,284 |
| | **1,008,396** | 956,697 |

The Chief Executive's and senior management's pension entitlements do not extend beyond the standard entitlements in the model public sector defined benefit superannuation scheme.

# Notes to the Financial Statements
For the year ended 31 December 2017

## 19. Related Party Transactions

There have been no transactions with related parties which require disclosure under Financial Reporting Standard 102.

## 20. Prompt Payment of Accounts

The Health Products Regulatory Authority (HPRA) confirms that it is complying with EU law in relation to prompt payments of account.

## 21. Exchange Rates

The exchange rates used in preparing these financial statements were as follows : -

2017 €1 = STG £0.86470
2016 €1 = STG £0.85637

## 22. Provisions

The HPRA has been notified of a number of legal proceedings or potential proceedings. The Authority has provided in full for its 'best estimate' of the expenditure it is likely to incur in relation to those cases. The Authority is availing of the reduced disclosures allowed by FRS 102 in instances where full disclosure might prejudice seriously its position in a dispute with other parties on the subject matter of the provision.

## 23. Going Concern

The HPRA has a reasonable expectation, at the time of appoving the financial statements, that the HPRA has adequate resources to continue its operations. For this reason, the HPRA continues to adopt the going concern basis in preparing the financial statements.

## 24. Approval of Financial Statements

The financial statements were approved by the Authority of the HPRA on 16 May 2018.

# Appendix 1
## 2017 Committee Members

### Management Committee

Dr. Lorraine Nolan
Chief Executive

Ms. Rita Purcell
Deputy Chief Executive

Dr. Gabriel Beechinor
Director of Veterinary Sciences

Dr. Jayne Crowe
Director of Human Products Authorisation and Registration

Dr. Caitríona Fisher
Director of Quality, Scientific Affairs and Communications

Dr. Joan Gilvarry
Director of Human Products Monitoring

Mr. Kevin Horan
Director of Information Technology and Business Services

Mr. John Lynch
Director of Compliance

Ms. Lynsey Perdisatt
Director Human Resources and Change

### Authority (Board)

Ms. Ann Horan – Chairperson
Dr. Patrick Brangan
Mr. Wilfrid Higgins
Prof. Mary Horgan
Mr. David Holohan
Mr. Brian Jones
Prof. Elizabeth Keane
Prof. Caitriona O'Driscoll
Dr. Diarmuid Quinlan

### Audit Committee

Mr. Patrick Brangan – Chair
Mr. David Holohan
Prof. Elizabeth Keane

### Advisory Committee for Human Medicines

Prof. Mary Horgan – Chair
Dr. Kevin Connolly
Prof. Desmond Corrigan
Ms. Maria Egan
Prof. Tom Fahey
Prof. David Kerins
Ms. Fionnuala King
Prof. Patrick Murray
Dr. Fionnuala Ní Ainle
Dr. Brian O'Connell
Mr. Ronan Quirke
Dr. Patrick Sullivan

### Advisory Committee for Veterinary Medicines

Mr. Patrick Brangan – Chair
Dr. Ruadhrí Breathnach
Ms. Eugenie Canavan
Dr. Martin Danaher
Dr. Helena Kelly
Dr. Nola Leonard
Dr. Bryan Markey
Dr. Ciaran Mellet
Dr. Warren Schofield
Dr. Robert Shiel
Dr. Christina Tlustos

### Advisory Committee for Medical Devices

Mr. Wilfrid Higgins – Chair
Prof. David Barton
Dr. Vivion Crowley
Mr. Ger Flynn
Dr. Fergal McCaffrey
Ms. Margaret O'Donnell
Prof. Martin O'Donnell
Prof. Richard Reilly
Prof. Mary Sharp
Mr. Sean-Paul Teeling
Prof. Sean Tierney

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

Dr. Patrick Sullivan – Chair
Dr. Liam Bannan
Dr. Geraldine Boylan
Dr. Paul Browne
Dr. Peter Crean
Prof. Lee Helman (CT Expert)
Dr. Filip Janku (CT Expert)
Dr. Catherine Kelly
Dr. Patrick Morris
Dr. Thomas Peirce
Dr. Bryan Whelan
Dr. Jennifer Westrup

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

Prof Mary Horgan – Chair
Dr Linda Coate
Dr Kevin Connolly
Mr James Colville
Dr Noreen Dowd
Dr Stephen Eustace
Prof 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 Mark Ledwidge
Dr Frank Murray
Dr Yvonne O'Meara
Dr Cormac Owens
Dr Jogin Thakore
Dr Gerry Wilson

## Advisory Sub-Committee for Herbal Medicines

Prof. Des Corrigan – Chair
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
Dr. Emma Wallace

# Appendix 2
## Presentations 2017

### Third Level / Professional Development Presentations and Training

| Institution | Course | Presentation Title |
|---|---|---|
| Athlone IT | Veterinary Nursing | Regulation of Veterinary Medicines |
| DIT | Medical Device Decontamination (CPD) | Medical Devices Legislation / Medical Devices Vigilance |
| EU Network Training Centre | Training Champions Workshop | Scientific and Regulatory Training for Veterinary Medicines |
| IT Sligo | Medical Biotechnology and Pharmaceutical Science | GMP, Quality Defects, Biological Medicines and Pharmacovigilance (Case Study based Workshop) |
| Letterkenny IT | Veterinary Nursing | Regulation of Veterinary Medicines |
| NUIG / IT Sligo | Medical Technology Regulatory Affairs | Medical Devices Legislation |
| RCSI | Nurse/Midwife Prescribing | The Role of the HPRA and Pharmacovigilance |
| RCSI | Pharmacy | Quality Defect in Medicines |
| RCSI | Pharmacy | Regulation of Similar Biological Medicines |
| RCSI | Pharmacy | Regulation of Biotechnology Therapeutics |
| RCSI | Pharmacy | Regulation of Generic and Interchangeable Medicines |
| RCSI | Pharmacy | Regulatory Affairs and Regulatory Authorities |
| RCSI | Pharmacy | Regulation of Medicine |
| St. Johns, Cork | Veterinary Nursing | Regulation of Veterinary Medicines |
| TCD | Hospital Pharmacy | Authorisation of Medicines |
| TCD | Immunology | Regulation of Medicines / Regulation of Biological Medicines |
| TCD | Pharmaceutical Medicine | Risk Management Plans: An Overview |
| TCD | Pharmaceutical Medicine | Pharmacovigilance, Where are we Now? |
| TCD | Pharmaceutical Medicine | Communication of Drug Safety Data |
| TCD | Pharmaceutical Medicine | The Role of CMDh |

| | | |
|---|---|---|
| TCD | Pharmaceutical Medicine | Overview of the Pharmacovigilance Risk Assessment Committee |
| TCD | Pharmaceutical Medicine | Regulation of Biologicals |
| TCD | Pharmaceutical Medicine | GCP Inspections |
| TCD | Pharmaceutical Medicine | Legal provisions Governing the SmPC, Package Leaflet and Labelling |
| TCD | Pharmaceutical Medicine | Traditional Herbal Medicinal Products (THMPs) |
| TCD | Pharmaceutical Medicine | Quality Standards and Pharmacopoeias |
| TCD | Pharmaceutical Medicine | Falsified Medicines Directive |
| TCD | Pharmaceutical Sciences | Regulation of Biologicals |
| TCD | Pharmacy | Overview of Pharmacovigilance |
| TCD | Pharmacy | Authorisation of Medicines and the Role of the HPRA |
| TCD | Pharmacy | Quality Defect in Medicines |
| TCD | Regulatory Affairs Workshop | Medical Devices Legislation |
| TCD | Science | The Role of the Regulatory Pharmacist |
| UCC | Laboratory Animal Science and Training (LAST) | Legislative and Regulatory Aspects of Scientific Animal Protection |
| UCC | PEARLL – Regulatory Support of Innovation | Innovation Benefits and Risks |
| UCC | PEARLL – Regulatory Support of Innovation | Process Analytical Technology and Continuous Manufacturing |
| UCC | Pharmacy | Investigating and Reporting Quality Defects in Medicines |
| UCC | Pharmacy | Regulation of Biological and Biosimilar Medicines |
| UCD | Bioengineering | Medical Devices Legislation |
| UCD | Clinical and Translational Medicine | Medical Devices Regulation and Innovation |
| UCD | Nurse/Midwife Prescribing | The Role of the HPRA and Pharmacovigilance |
| UCD | Regulatory Affairs and Toxicology | Medical Devices Legislation |
| UCD | Regulatory Affairs and Toxicology | Pharmaceutical Regulatory Affairs |
| UCD | Veterinary Medicine | Regulation of Veterinary Medicines |
| University of Copenhagen | Regulatory Affairs -Biopharmaceuticals | Biosimilars: Quality, Non-clinical and Clinical Requirements |

## Regulatory Presentations

| Event / Organiser | Presentation Title |
|---|---|
| AFI (European Clinical Trial Day) | The Future of Clinical Research |
| Association of the European Self-Medication Industry | Reclassification of Medicinal Products in the Irish Regulatory Setting |
| BEAI Annual Conference | Medical Device Innovation and Regulation |
| Beyond Compliance Meeting | Medical Device Registries |
| BioProduction Congress | Practical Advice on GMP Inspections |
| CASSS | A Holistic Regulatory Approach to Accelerated CMC Development |
| Cattle Association of Veterinary Ireland | Medicines Regulation - European Legislation Update |
| Chinese FDA | New European Regulations on Medical Devices – Perspective of the HPRA |
| Curam MedTech Minds | Medical Device Regulation |
| DIA Benefit Risk Strategies Workshop | Referrals – Experience gained and Emerging Trends |
| DIA Conference | Medical Device Regulation |
| DIA EuroMeeting 2017 | SCOPE - Communicating Safety Information to Health Care Professionals in Europe |
| EDQM | How to Build a Good CEP Application - ICH Q3D |
| EMA Stakeholder Day | Future Opportunities for Pharmacovigilance |
| EU Medical Device Clinical Research Conference | Medical Device Regulation |
| European Alliance for Personalised Medicine | Growth in Personalised Healthcare |
| GS1 Ireland Healthcare User Group (HUG) | Regulatory Update on Medical Devices |
| HISI Annual Conference | Introduction to UDI in the MDR/IVDR |
| HISI Annual Conference | Regulation of Medical Device Standalone Software |
| HSE (Registered Nurse Prescribers) | The HPRA's Exempt Medicinal Products Programme |
| Irish Medtech Association | Regulation of Medical Devices – Increasing Patient Safety and Promoting Timely Innovation |
| Irish Medtech Association | Sterility Assurance: Regulatory Expectations and Common Deficiencies |
| Klifovet, Munich | Veterinary Medicines: A Review and Look into the Future of a National Competent Authority |
| MedTec Europe | MEDDEV 2.7/1 Revision |
| MedTec Ireland | Introduction to the new MDR |
| MedTec Ireland | Medical Technology Sector in Ireland |
| National HPV Vaccine Conference | Pharmacovigilance and HPV Vaccine |
| NUIG / HPRA Innovation Workshop | Regulatory Pathway for Medical Devices in Europe |
| NUIG / HPRA Innovation Workshop | HPRA Approach to CI Assessment under MDD |

| | |
|---|---|
| NSAI | Notified Body Designation process |
| Official Medicines Control Laboratory Network | Risk Assessment in Market Surveillance Testing Programmes |
| Parenteral Drug Association, Ireland | Exploring the Concept of Formality and Informality in Quality Risk Management |
| PCR Innovators Day | Medical Device Regulation |
| PDA Quality Risk Management Workshop | Improvement Initiatives in relation to Quality Risk Management |
| Pharmaceutical Inspection Co-operation Scheme | Validation Activities and Regulatory Expectations |
| Pharmig Annual Conference | Contamination Control Strategy |
| PMDA, Japan | Risk-based GMP Inspection Planning |
| QP Forum | GMP Updates |
| Taking Care of Business (Department of Business, Enterprise and Innovation) | The Role of the HPRA and Our Support of Innovation |
| TÜV SÜD | TAVI Valves |
| World Self-Medication Industry Regulators Forum | Innovation in Medicines Reclassification |

# Appendix 3
## Publications and Articles 2017

### Drug Safety Newsletters

| Edition | Topics |
|---|---|
| March<br>79th Edition | - Fluconazole – reminder not to use in pregnancy<br>- SGLT2 inhibitors and risk of lower limb amputation (mainly toe)<br>- Reports of keratoacanthoma with ingenol mebutate<br>- Adverse reaction reporting – reminder<br>- Direct Healthcare Professional Communications published on the HPRA website since the last Drug Safety Newsletter |
| April<br>80th Edition | - Valproate-containing medicines – new EU review initiated |
| July<br>81st Edition | - Valproate (Epilim) and Developmental Disorders: Update on ongoing EU review<br>- Domperidone-containing medicines: reminder of the risk of cardiac adverse reactions-restricted indication, contraindications and reduced dose and duration of use<br>- New CPD e-learning module on reporting suspected adverse drug reactions |
| August<br>82nd Edition | - Daclizumab (Zinbryta) and risk of severe liver injury: initiation in multiple sclerosis now restricted, promptly review patients already on treatment<br>- Gabapentin – respiratory depression without concomitant opioid use<br>- Amoxicillin; co-amoxiclav – very rare reports of DRESS (drug reaction with eosinophilia and systemic symptoms) |
| November<br>83rd Edition | - Quinine – reminder of safety profile and potential drug-drug interactions particularly where used for nocturnal leg cramps<br>- Flucloxacillin and concomitant paracetamol – risk of high anion<br>- gap metabolic acidosis in very rare cases<br>- Epoetins: new warnings on Severe Cutaneous Adverse Reactions (SCARs)<br>- Adverse reaction reporting during 2016 |
| December<br>84th Edition | - Conclusion of European Review of Gadolinium Contrast Agents – Publication of European Commission Decision |

| | |
|---|---|
| December 85th Edition | - Daclizumab (Zinbryta) and risk of severe liver injury – EU wide review concludes and confirms further restrictions to reduce riskof liver damage<br>- New contraindication for injectable methylprednisoloneproducts containing lactose (Solu-Medrone 40 mg / vial) in patients with cows' milk allergy<br>- Warning about the use of Xofigo (radium-223 dichloride) in combination with Zytiga (abiraterone acetate) and prednisone or prednisolone: ongoing clinical trial shows an increased risk of death and fractures |

## Human Medicines Articles – External Publications

| Month | Publication | Topics |
|---|---|---|
| January | MIMS | - Otezla (apremilast) – Important advice regarding suicidal ideation and behaviour |
| February | IMF | - Miconazole and Warfarin – Reminder of the potential for Interaction |
| | MIMS | - Levetiracetam 100mg/ml Oral Solution- Global reports of medication errors resulting in the administration of higher than intended doses of levetiracetam |
| March | MIMS | - Lenalidomide (Revlimid) – Advice regarding viral reactivation |
| | MIMS Respiratory Supplement | - Improved access to educational materials on the HPRA website |
| | MIMS Cardiovascular Supplement | - Miconazole and warfarin - Reminder of the potential for interaction |
| April | MIMS | - SGLT2 inhibitors and risk of lower limb amputation (mainly toe) |
| May | MIMS | - Valproate-containing medicines – new EU review initiated (main edition) |
| | MIMS Oncology Supplement | - Reports of keratoacanthoma with ingenol mebutate |
| June | MIMS | - Fluconazole – reminder not to use in pregnancy |
| | MIMS Respiratory Supplement | - Advice on potential interaction between cobicistat-containing products and corticosteroids primarily metabolised by CYP3A: risk of adrenal suppression |
| July/August | MIMS | - Domperidone-containing medicines: Reminder of the risk of cardiac adverse reactions restricted indication, contraindications and reduced dose and duration of use |
| | MIMS Diabetes Supplement | - SGLT2 inhibitors and risk of lower limb amputation (mainly toe) |
| August | IMF | - Domperidone-containing medicines: Reminder of the risk of cardiac adverse reactions-restricted indication, contraindications and reduced dose and duration of use |

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| September | MIMS | - Amoxicillin; co-amoxiclav – very rare reports of DRESS (drug reaction with eosinophilia and systemic symptoms) |
| | MIMS Pain Supplement | - Gabapentin – respiratory depression without concomitant opioid use |
| October | MIMS | - Daclizumab (Zinbryta) and Risk of Severe Liver Injury: Initiation in Multiple<br>- Sclerosis Now Restricted, Promptly Review Patients Already on Treatment |
| | MIMS Women's Health Supplement | - Reminder that Fluconazole Should Not be Used in Pregnancy |
| November | MIMS | - Epoetins: New Warnings on Severe Cutaneous Adverse Reactions (SCARs) |
| | MIMS Diabetes Supplement | - High-Strength Insulin Preparations |
| December | MIMS | - New CPD e-learning module on reporting suspected adverse drug reactions |
| | MIMS Compendium | - Domperidone-containing medicines: Reminder of the risk of cardiac adverse reactions restricted indication, contraindications and reduced dose and duration of use |

## Human Medicines – Peer Reviewed and Conference Papers (HPRA Contributors)

| Title | Authors | Publication / Event |
|---|---|---|
| Assessing awareness and attitudes of healthcare professionals on the use of biosimilar medicines: A survey of physicians and pharmacists in Ireland | O'Callaghan, J., Bermingham, M., Leonard, M., Hallinan, F., Morris, J.M., Moore, U. and Griffin, B.T. | Journal of Regulatory Toxicology and Pharmacology, 88, 252-261 |
| Knowledge of adverse drug reaction reporting and the pharmacovigilance of biological medicines: A survey of healthcare professionals in Ireland | O'Callaghan, J., Griffin B.T., Morris, J.M., and Bermingham, M. | BioDrugs Journal (accepted for publication) |
| Assessing awareness and attitudes of healthcare professionals on the use of biosimilar medicines: A survey of physicians and pharmacists in Ireland | O'Callaghan, J., Bermingham, M., Leonard, M., Hallinan, F., Morris, J. M., Moore, U. and Griffin, B. T. | Presentation, Irish Nephrology Society Annual Scientific Meeting, Dublin, March 2017 |
| Assessing awareness and attitudes of healthcare professionals on the use of biosimilar medicines: A survey of physicians and pharmacists in Ireland' | O'Callaghan, J., Bermingham, M., Leonard, M., Hallinan, F., Morris, J. M., Moore, U. and Griffin, B. T. | Poster, All Ireland Schools of Pharmacy Conference, Cork, April 2017 |

## Veterinary Medicines Articles – External Publications

| Publication | Topic |
|---|---|
| Veterinary Ireland Journal | The regulation of the scientific and educational use of large animals |
| Veterinary Ireland Journal | Availability of veterinary medicinal products in Ireland |
| Veterinary Ireland Journal | Antimicrobial resistance – update on European developments to control it |
| It's Your Field | Care in use and disposal of sheep dips |
| It's Your Field | Exceptional authorisation of veterinary medicines |
| It's Your Field | Pharmacovigilance inspections |

## New Industry Guidance Documents

| Document Title | Month |
|---|---|
| Submission of Mock-Ups for Variations to Veterinary Products | January |
| Placing Medical Device Standalone Software on the Market | June |
| Scientific and Regulatory Advice for GXP activities | October |
| Electronic Submissions – Medical Devices | November |
| Notified Bodies – Designation Process | November |
| Clinical Trials Regulation (EU) No. 536/2014 Pilot Project - Ireland | December |
| Brexit Guidance - Human and Veterinary Medicines | December |

# Appendix 4
## European and National Committee / Working Group Participation

| Committee/Working Group | Organisation | Meetings in 2017 |
|---|---|---|
| ARISg Regulatory Working Group | ARIS Global | 1 |
| Counterfeiting of Medical Products (CMED) | Council of Europe | 2 |
| Market Surveillance Forum | Department of Business, Enterprise and Innovation | 2 |
| Medicinal Cannabis Expert Reference Group | Department of Health | 8 |
| National Clinical Effectiveness Committee (NCEC) | Department of Health | 4 |
| National Interdepartmental AMR Consultative Committee | Departments of Health / Agriculture, Food and the Marine | 3 |
| EDQM Committee Meetings | EDQM | 5 |
| European Network of Official Cosmetics Control Laboratories (OCCL) | EDQM | 1 |
| National Pharmacopoeia Authorities – Annual Meeting | EDQM | 1 |
| OMCL (Official Medicines Control Laboratories) Network | EDQM | 1 |
| OMCL Network Active Pharmaceutical Ingredient (API) Working Group | EDQM | 1 |
| OMCL Network Centrally Authorised Products (CAP) Working Group | EDQM | 1 |
| OMCL Network Communications Working Group | EDQM | 2 |
| OMCL Network Counterfeit Products Working Group | EDQM | 2 |
| OMCL Network Mutual Recognition and Decentralised procedures (MRP/DCP) Working Group | EDQM | 1 |
| OMCL Network Uncertainty of Measurement Working Group | EDQM | 2 |
| Biological Working Party | EMA | 11 |
| Biosimilar Medicines Working Party (BMWP) – including telecons | EMA | 8 |
| Committee for Advanced Therapies (CAT) | EMA | 11 |
| Committee for Herbal Medicinal Products (HMPC) | EMA | 6 |
| Committee for Medicinal Products for Human Use (CHMP) | EMA | 11 |
| Committee for Medicinal Products for Veterinary Use (CVMP) | EMA | 11 |
| Committee for Orphan Medicinal Products (COMP) | EMA | 11 |
| Good Clinical Practice (GCP) Inspectors' Working Group | EMA | 4 |

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|---|---|---|
| Good Manufacturing and Distribution Practice (GMDP) Inspectors' Working Group | EMA | 4 |
| Heparin Working Group | EMA | 3 |
| Immunological Working Party - Veterinary | EMA | 3 |
| Incident Review Network | EMA | 5 |
| Joint Strategic Review and Learning Meetings – PRAC | EMA | 2 |
| MAH Good Manufacturing Practice (GMP) responsibilities Working Group | EMA | 4 |
| Paediatric Committee (PDCO) | EMA | 12 |
| Pharmacovigilance (PV) Inspectors' Working Group (human) | EMA | 4 |
| Pharmacovigilance (PV) Inspectors' Working Group (veterinary) | EMA | 4 |
| Pharmacovigilance Business Team | EMA | 15 |
| Pharmacovigilance Risk Assessment Committee (PRAC) | EMA | 11 |
| Pharmacovigilance Working Party - Veterinary | EMA | 6 |
| Plasma Master File Meetings - telecon | EMA | 5 |
| Process Analytical Technology – including telecon | EMA | 4 |
| Quality Defects - Best Practices Working Group | EMA | 1 |
| Quality Defects - Risk Working Group | EMA | 2 |
| Quality Defects and Rapid Alert Working Group | EMA | 3 |
| Quality Review of Documents working Groups | EMA | 3 |
| Quality Working Party | EMA | 4 |
| Safety Working Party - Human | EMA | 12 |
| Safety Working Party – Veterinary | EMA | 4 |
| Scientific Advice Working Party - Human | EMA | 11 |
| Scientific Advice Working Party – Veterinary | EMA | 11 |
| Signal Management Review Technical Working Group (Methods) – PRAC | EMA | 6 |
| Signal Management Review Technical Working Group (SMART) Processes – PRAC | EMA | 9 |
| Competent Authorities on Blood and Blood Components | European Commission | 2 |
| Competent Authorities on Organ Donation and Transplantation | European Commission | 1 |
| Competent Authorities on Tissues and Cells | European Commission | 2 |
| Expert Group on Clinical Trials | European Commission | 6 |
| Expert Group on Precursor Chemicals | European Commission | 2 |
| Expert Working Group on Safety Features | European Commission | 6 |
| Joint Action Market Surveillance of Medical Devices (MDs) | European Commission | 2 |
| Medical Device – Vigilance MIR Form Development | European Commission | 2 |
| Medical Device Compliance and Enforcement working group (COEN) – co-chair | European Commission | 1 |
| Medical Device Coordination Group | European Commission | 1 |

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|---|---|---|
| Medical Device Expert Group Vigilance Working group | European Commission | 2 |
| Medical Device Periodic Safety Update Reports Working Group | European Commission | 4 |
| Medical Device Periodic Summary Report Working Group | European Commission | 4 |
| Medical Device Vigilance Guideline Revision 9 | European Commission | 4 |
| Open Conceptual Framework for Signal Detection and Management | European Commission | 1 |
| Platform of European Market Surveillance Activities in Cosmetics (PEMSAC) – Market Surveillance | European Commission | 1 |
| Standing Committee on Cosmetic Products | European Commission | 3 |
| Working Group on Cosmetic Products | European Commission | 3 |
| Vigilance and Inspection for the Safety of Transfusion, Assisted Reproduction and Transplantation (VISTART) | European Commission / Health and Food Executive Agency | 7 |
| Vigilance and Inspection for the Safety of Transfusion, Assisted Reproduction and Transplantation (VISTART) | European Commission / National Competent Authorities | 2 |
| Operation MisMed | Europol | 2 |
| Clinical Trials Facilitation Group (CTFG) | HMA | 6 |
| Co-ordination Group for Mutual Recognition and Decentralised procedures – Human (CMDh) | HMA | 11 |
| Co-ordination Group for Mutual Recognition and Decentralised procedures – Veterinary (CMDv) | HMA | 11 |
| Homeopathic Medicinal Products Working Group | HMA | 2 |
| Pharmacovigilance Worksharing Procedures Working Party | HMA | 6 |
| Risk-based Surveillance Testing – Drafting Group | HMA | 4 |
| Working Group of Communications Professionals | HMA | 2 |
| Working Group of Enforcement Officers (WGEO) | HMA | 4 |
| Working Group of Quality Managers | HMA | 2 |
| National Cosmetics Surveillance Forum | HPRA / HSE | 2 |
| IMDRF NCAR Exchange Review Working Group | IMDRF | 4 |
| IPPOSI Round Table on Data Protection | IPPOSI / Department of Health | 1 |
| Quarterly Haemovigilance Meetings | NHO / HPRA | 4 |
| National Standards Authority of Ireland (NSAI) – Cosmetic Standards | NSAI | 2 |
| Organ Vigilance Working Group | ODTI / HPRA | 2 |
| Pharmaceutical Inspection Co-Operation Scheme (PIC/S) Committee of Officials | PIC/S | 2 |
| PIC/S Executive Bureau | PIC/S | 2 |
| PIC/S Expert Circle on Quality Risk Management (QRM) | PIC/S | 6 |
| Board of the UMC/WHO Collaborating Centre | WHO | 1 |

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