EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

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Human Medicines Development and Evaluation

Roles and responsibilities of members and alternates, rapporteur and peer reviewers, experts and observers of the Paediatric Committee (PDCO)

The following should be read in conjunction with the Rules of Procedure of the Paediatric Committee (current status draft). Heavy workload is expected in the first years; therefore, a contribution from every member of the Committee is needed. The Committee has a huge responsibility in terms of Public Health towards the children that may be included in the trials and studies requested. There are high expectations from the public and stakeholders, and the Committee should deliver scientific opinions of the highest quality to achieve the objectives of the Regulation, develop high quality ethical paediatric research, increase the availability of medicinal products intended for the paediatric population and that of information on paediatric use.

1. All PDCO members

Regulation (EC) No 1901/2006, as amended, defines the tasks of PDCO and the role and responsibilities of the members and alternates can be derived from these provisions.

1.1. Tasks

Contribution to the Discussion, need for expertise and to Summary reports for:

- Opinions on Paediatric Investigation Plans (PIP) with or without Deferrals, with a view to the development of full indications in the relevant subsets of the paediatric population where there is significant therapeutic benefit or an unmet need;
- Opinions on Waivers with a view to avoid unnecessary trials in the relevant subsets of the paediatric population;
- Opinion on compliance with PIP.

Other contributions to the evaluation of products:

- On request from CHMP or Competent Authorities, Opinion on Quality, Safety and Efficacy of medicinal products (for the evaluation of marketing authorisations applications, and scientific advice).

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Other Tasks:

- Guidance and criteria for the Member States' survey of all paediatric use;
- Following this, elaboration of the inventory and list of paediatric Needs;
- Scientific contribution to the strategy, establishment and functioning of the EMA Network of networks of paediatric research, participation as Member of the Steering Committee as appropriate;
- Recommendation to the Commission on the symbol.

General advisory role:

- Elaboration of documents in relation to the Regulation (scientific guidelines for example) and requests for updates or modification of existing guidelines;
- Advice to the Agency's Executive Director or Commission;
- Advice on Communication of arrangements available for conducting research into paediatric medicines;
- Advice on content and publication of protocol- and results-related information in EudraCT;
- Contribution to the Commission guideline on Summary of Product Characteristics, and package leaflet;
- On a personal/individual basis, potential contribution to the evaluation of Framework Programme Applications as experts for DG Research activities (in particular off-patent product studies).

1.2. Responsibilities

- To participate actively in the work of the Committee;
- To follow the Agency's Code of Conduct;
- To maintain confidentiality;
- To fill in and update Declaration of Interests as necessary and in accordance with Policy on Conflicts of Interests;
- To ensure and contribute to appropriate co-ordination with the Competent Authorities in their Member State (for clinical trials, scientific advice, evaluation of medicinal products pre and post-authorisation, and inspections);
- To respect procedural and legal timelines.

1.3. Role during Committee meetings

Members and alternates are invited to participate in the team assessing PIP and waiver applications, providing additional expertise and comments on the summary report. This could be during the informal subgroup discussions, as necessary.

Members should strive at reaching consensus by making constructive proposals in case of divergence of positions during the scientific discussion.

Meetings with applicants

Applicants may be invited by the Committee to discuss issues in relation to their application, or may request a meeting with the Committee (also known as oral explanations).

When applicants are invited to attend part of a Committee meeting to discuss their application, i.e. when a 'meeting' is taking place, members and alternates of the Committee are expected to participate actively (i.e. to ask questions relating to the issues under discussion according to their area of expertise). The 'meeting' discussion should remain focused on scientific issues, as communicated to the applicant. Members and alternates should refrain from presenting (personal) conclusions during the meeting. The discussion may require the participation of external experts (from the Committee, although it is also possible that the applicants bring in their experts).

Meetings (oral explanations in front of PDCO) at the conclusion of the procedure (adoption of opinion)

The objective is to give an opportunity to the applicant to present their position in front of the PDCO. In particular, it is necessary to explain a negative PDCO position, e.g. major discrepancy with the proposal from the applicant. Due to the high number of procedures, it is expected that negative outcomes will have priority over oral explanations for opinions without major issues. For the latter, a teleconference may be sufficient in order to clarify some remaining points with the applicant prior to the adoption of the opinion. In order to prepare for the meeting with the PDCO, the applicant may request a teleconference with the Rapporteur, Peer reviewer and Paediatric Coordinator.

The oral explanation is not aimed at discussing a full new programme which would be submitted at or after D90, as it is impossible to assess data presented during a meeting. The PDCO would not be in a position to decide during the short time of a meeting. However, minor adaptations of the protocol may still be acceptable, if required based on the discussion with the applicant.

Before the applicant joins the PDCO, the Rapporteur will summarise the issues for discussion. The Chair will remind the members that issues that were considered solved, should in principle not be re-discussed during this meeting. Questions on issues outside the topics under discussion should remain exceptional.

Once all questions have been answered, the applicant will leave the Committee room and wait in the lobby for a debriefing on the final PDCO discussion.

The final discussion should lead to a conclusion on the possibility or not of adopting a positive opinion.

Once agreed by the Committee (and following a trend vote if necessary) the position will be communicated to the Applicant for information and decision on the next steps. This position should preferably communicated by the Rapporteur (and the Peer Reviewer if available) with the Paediatric Co-ordinator. This should take place in an environment allowing for confidential discussions (i.e. a meeting room booked for this purpose), as other applicants may be present in the lobby.

No minutes are expected from the applicant following the oral explanation. A summary of the discussion and the outcome should be included in the summary report by the Paediatric Co-ordinator.

1.4. Meetings with applicants outside Committee meetings

Re-examination

In the framework of the re-examination procedure, the applicant may be heard by the Rapporteur directly. It is preferable that the Agency is systematically involved. The Committee and the Agency should be informed in writing in advance of the meeting and through minutes of the meeting.

Teleconferences during clockstop

The objective is to clarify the PDCO position and Request for Modifications to facilitate the preparation of answers.

The teleconference is not a pre-assessment of the answers, as it is difficult to assess data presented during a meeting, and the attendees of the teleconference would not be in a position to decide on behalf of the PDCO.

It is expected that the Rapporteur and the Peer-reviewer (at least one of them according to availability), and the EMA paediatric co-ordinator attend the teleconference with the applicant. It is possible but not necessary to bring in the experts consulted by the PDCO during the first phase.

The teleconference can be arranged in the margins of the PDCO meeting or according to availability, in-between meetings. It should take place soon after the release of the Request for Modification. The technical aspects are organised by the Agency.

Questions should be sent a few days in advance of the teleconference by the applicant to all attendees. A short summary of the discussion is expected from the applicant as a record, and as shared information if the Rapporteur or peer reviewer was not present. This summary will not be adopted formally by the European Medicines Agency; in case of misunderstanding in the summary made by the applicant on the discussion, this will be communicated to them.

Teleconferences after restart (after D90)

The objective is to clarify the issues for the oral explanation and inform the applicant of the probable outcome. Issues for discussion must be identified in D90 Summary reports and communicated to the Applicant with the invitation to the oral explanation. In particular, the impossibility to assess during the PDCO meeting at D120 a new plan should be communicated explicitly. The teleconference should be arranged with the Rapporteur, Peer reviewer and the EMA paediatric coordinator.

The same principles apply, as described above for the organisation of the teleconference during clockstop, for all other matters.

2. The Rapporteur

A ‘Rapporteur’ is identified in the Paediatric Regulation in relation to PIP or waiver applications assessment (article 13, 17 and 25). He/she is appointed by the Committee among members or alternates, including members and alternates from Norway and Iceland. PDCO Observers or external experts cannot be Rapporteur.

2.1. Specific roles

- Providing the scientific basis for the opinion: the ‘expert’ analysis as well as a ‘critical’ view;

- Identifying the need for additional experts (from the PDCO or from outside);
- Co-ordination of evaluation if need for multidisciplinary expertise;
- Interacting and liaising with the respective EMA co-ordinator;
- Identifying issues or objections;
- Proposing solutions or making counterproposals;
- Providing the PDCO with a conclusion on acceptance or not of the applicant's position;
- PDCO spokesperson in liaison with applicant during the procedure: the Rapporteur should clearly indicate whether he speaks on behalf of the Committee (e.g. reporting to applicant after opinion), or on an individual basis;
- Participating in FDA-EMA teleconferences on product-related issues (PIPs and Written Requests discussions), or on ad-hoc basis.

2.2. Assignment of Rapporteurship

Rapporteurship will be decided by the Chair of the Committee according to:

- Preferences and areas of expertise;
- The need to share the workload among members and/or alternates;
- A principle of active participation of each and every member and/or alternate over the year;
- Rapporteurship will be monitored by the secretariat, and discussed in the Committee;
- Potential conflicts of interest, identified according to the Agency's policy, which may prevent a member (or an alternate) from being Rapporteur.

3. The peer reviewer

3.1. Role of peer reviewer

The role of a peer reviewer is to contribute to the assessment of waiver and PIP applications with the Rapporteur. The peer reviewer is not expected to assess directly the application but rather to have a critical view on the summary report with a view to improve the quality.

This includes:

- ensuring that there is clarity in the discussion;
- ensuring that the conclusions match the discussion points;
- helping solve minor issues;
- making proposals for the key elements of the future opinion;
- ensuring that the main issues are brought to the attention of the Committee.

3.2. Assignment of peer reviewership

The same principles as for rapporteurship apply. In addition, there may be several peer reviewers appointed for any application. Monitoring of peer-reviewership will also be ensured.

4. Topic leaders

As other tasks than the evaluation of applications for PIPs and waivers are defined by the Paediatric Regulation, it is expected that members and alternates will share the work according to the same principles as for rapporteurship.

Topic leaders should co-ordinate the activity in collaboration with the EMA co-ordinator and supervise the deliverables of the activity, in accordance with the procedural or legal timelines.

5. Role of members and alternates representing healthcare professionals or patients' associations

The members and alternates representing healthcare professionals or patients' associations are full members of the PDCO; as such, they can act as Rapporteur or Peer Reviewer, and can be elected Chair or Vice-Chair. Further definition of the expected roles and responsibilities of the members and alternates representing healthcare professionals or patients' associations is currently under discussion.

6. Role of experts

The Paediatric Committee may avail itself of the services of additional experts, chosen because of their training and experience. The request for experts may be proposed by any PDCO member or alternate, or Agency staff, and should be agreed by the Committee. Experts should be included in the EMA database of experts, have signed the confidentiality undertaking and have submitted an (updated) declaration of interests before being invited to comment on any application. The role and level of involvement of experts will be decided according to the EMA policy on conflicts of interest, which may restrict their participation.

Experts have an advisory role and are expected to answer questions raised by the Committee. This role should be explained to them in advance of their participation. Experts may attend part or all of a PDCO meeting, including meetings (oral explanations) with applicants. Experts are not responsible for PDCO opinions and cannot vote. They should refrain from expressing views or conclusions on behalf of the Committee in front of an applicant.

7. Role of EMA secretariat in relation to members and alternates of the PDCO

The EMA secretariat has a complementary role to that of members and alternates of the PDCO. The EMA is a scientific, administrative and technical secretariat who will provide help wherever and whenever needed to the Committee.

7.1. Roles of the secretariat in respect of the PDCO

- Primary point of contact with applicants during procedure, in particular to request additional documents;
- Administrative and scientific validation of applications for PIP or waivers;
- Elaborating and composing the first draft of the Summary report and implementing PDCO comments;
- Preparing in liaison with rapporteur and peer reviewer(s) the requests for modification of PIP, and the PDCO Opinions;

- Highlighting as necessary issues and inconsistencies with existing guidelines or scientific advice;
- Ensuring Quality Assurance of the documents in liaison with the peer reviewers;
- Identifying the need for revision of existing guidelines;
- Proposing topics for workshops and training as appropriate.

7.2. Responsibilities of the secretariat in respect of the PDCO

- Procedural and legal consistency of the procedures;
- Advising on and maintaining the legal rights of the applicant;
- Facilitating communication with stakeholders (industry, patients organisations and health professionals);
- Maintaining a high level of transparency of procedures;
- Preparing the EMA decisions based upon PDCO opinions;
- The EMA paediatric co-ordinators are not in charge of the scientific opinions as this is the sole PDCO responsibility.

8. Observers

The role and responsibilities of observers are defined in the EMA Policy on the appropriate coordination between Scientific Committees EMEA/124704/2005 Rev.1. The Paediatric Committee may receive observer members from other Committees, in particular from the Committee on Orphan Medicinal Products, the CHMP and the Committee on Herbal Medicinal Products to facilitate the co-ordination of activities.

After agreement from the Agency's Executive Director, observers from non-EU regulatory authorities may attend part of the Committee meetings. Observers are bound by the same rules on Confidentiality and may not participate actively in the Committee's scientific discussion and opinions.

9. References

- Regulation (EC) No 1901/2006 of the European Parliament and of the Council of 12 December 2006 on medicinal products for paediatric use and amending Regulation (EEC) No 1768/92, Directive 2001/20/EC, Directive 2001/83/EC and Regulation (EC) No 726/2004
  Regulation (EC) No 1902/2006 of the European Parliament and of the Council of 20 December 2006 amending Regulation 1901/2006 on medicinal products for paediatric use
- Annex 1: recital 8 and article 6
- Reflection Paper "Roles and responsibility of a Member of the CHMP" (EMEA/3594/04, adopted by the CHMP in November 2004)

ANNEX 1 (for information)

RECITAL (8)

It is appropriate to create a scientific committee, the Paediatric Committee, within the European Medicines Agency, hereinafter 'the Agency', with expertise and competence in the development and assessment of all aspects of medicinal products to treat paediatric populations.
The rules on scientific committees of the Agency, as laid down in Regulation (EC) No 726/2004 (2), should apply to the Paediatric Committee. Members of the Paediatric Committee should therefore not have financial or other interests in the pharmaceutical industry which could affect their impartiality, should undertake to act in the public interest and in an independent manner, and should make an annual declaration of their financial interests. The Paediatric Committee should be primarily responsible for the scientific assessment and agreement of paediatric investigation plans and for the system of waivers and deferrals thereof; it should also be central to various support measures contained in this Regulation. In its work, the Paediatric Committee should consider the potential significant therapeutic benefits for the paediatric patients involved in the studies or the paediatric population at large including the need to avoid unnecessary studies. The Paediatric Committee should follow existing Community requirements, including Directive 2001/20/EC, as well as International Conference on Harmonisation (ICH) guideline E11 on the development of medicinal products for the paediatric population, and it should avoid any delay in the authorisation of medicinal products for other populations deriving from the requirements for studies in the paediatric population.

Article 6

1. The tasks of the Paediatric Committee shall include the following:
(a) to assess the content of any paediatric investigation plan for a medicinal product submitted to it in accordance with this Regulation and formulate an opinion thereon;
(b) to assess waivers and deferrals and formulate an opinion thereon;
(c) at the request of the Committee for Medicinal Products for Human Use, a competent authority or the applicant, to assess compliance of the application for a Marketing Authorisation with the agreed paediatric investigation plan concerned and formulate an opinion thereon;
(d) at the request of the Committee for Medicinal Products for Human Use or a competent authority, to assess any data generated in accordance with an agreed paediatric investigation plan and formulate an opinion on the quality, safety or efficacy of the medicinal product for use in the paediatric population;
(e) to advise on the content and format of data to be collected for the survey referred to in Article 42;
(f) to support and advise the Agency on establishing the European network referred to in Article 44;
(g) to assist scientifically in the elaboration of any documents related to the fulfilment of the objectives of this Regulation;
(h) to provide advice on any question related to medicinal products for use in the paediatric population, at the request of the Executive Director of the Agency or the Commission;
(i) to establish a specific inventory of paediatric medicinal product needs and update it on a regular basis, as referred to in Article 43;
(j) to advise the Agency and the Commission regarding the communication of arrangements available for conducting research into medicinal products for use in the paediatric population;
(k) to make a recommendation to the Commission on the symbol referred to in Article 32(2).

2. When carrying out its tasks, the Paediatric Committee shall consider whether or not any proposed studies can be expected to be of significant therapeutic benefit to and/or fulfil a therapeutic need of the paediatric population. The Paediatric Committee shall take into account any information available to it, including any opinions, decisions or advice given by the competent authorities of third countries.