



# MANAGEMENT OF CHANGE UNDER PRESSURE AND HOW TO COMMUNICATE WITH REGULATORS IN CHALLENGING TIMES

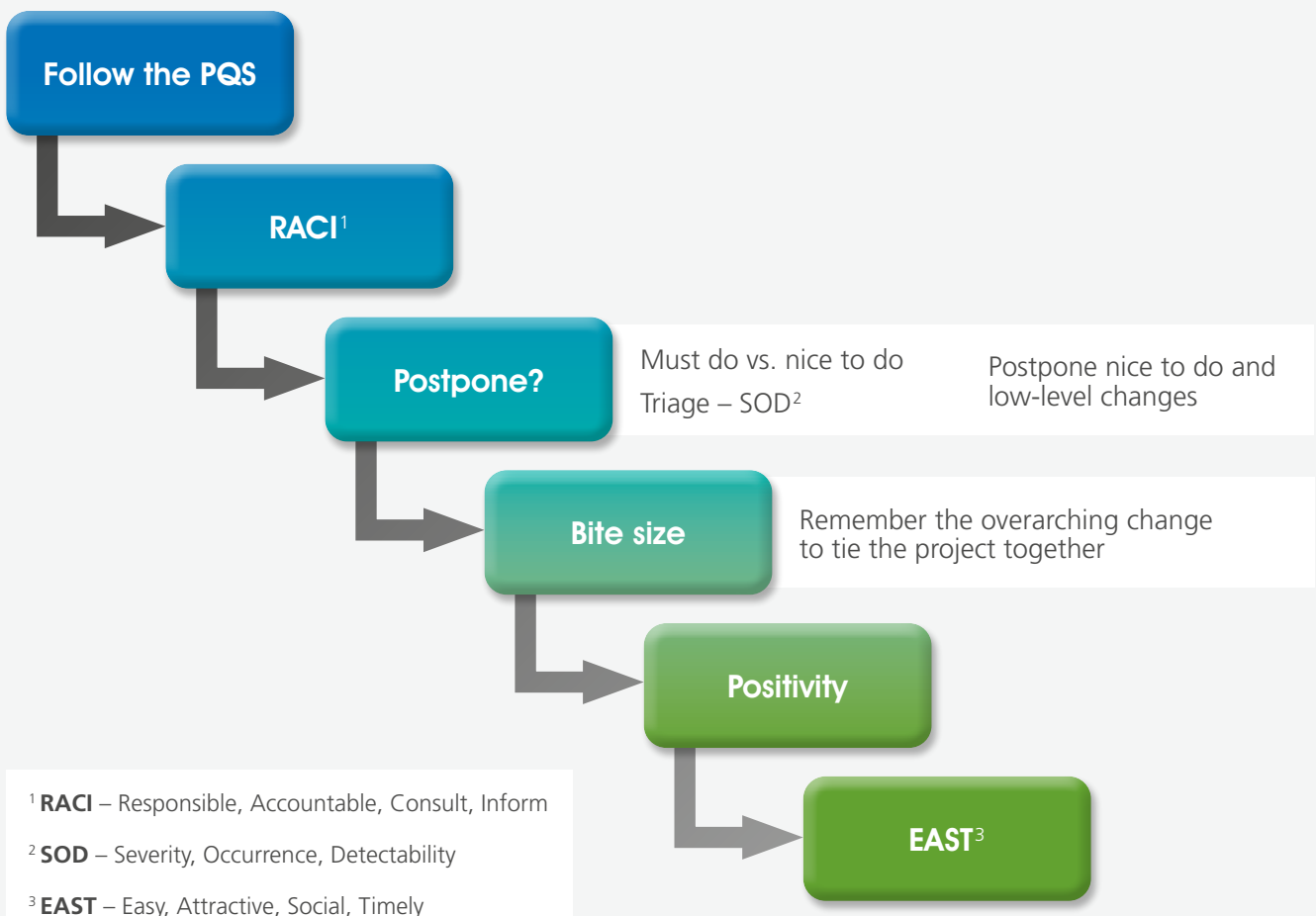
by Rachel Carmichael

At a time of immense pressure within an organisation it is key to ensure that you remain familiar with the rules and stay aware of the behaviours of your personnel.

Key rules for change control within Europe are EU GMP:

- > 1.4 sections (xii) and (xiii)
- > Annex 15 Principle
- > Annex 15 Section 11

Keeping the rules in mind lets explore the actions that need to be considered in line with the following flow chart:



A surprisingly common initial error is to decide not to follow the pharmaceutical quality system (PQS). On occasion, change control is not conducted but a deviation is conducted instead – if somebody raises it. This approach happens when companies have a change control system that has become too complex or the quality assurance unit has become too weak to handle operations.

People under pressure may tell themselves that now is the time to really take risks and just try something, to be brave, to be courageous! The issue is that such actions store up problems for the future. Not just in terms of having made an unapproved change, but also in terms of the quality of the change that you chose to make, since the impact may not have been fully considered.

At this time the decision-makers (within the process of approving proposed changes) need to be the people who really matter. This is not the time to delegate the decision-making process for change control. The decision-makers need to have true authority, cut out levels of bureaucracy and get the decision made. The right people making the right decisions. When reviewing potential changes, the assessors need to address the difficult changes first and then the easy ones. At the point of assessing the change request, the assessor or change control committee is not meant to try to solve the change but to assess its suitability. The change control RACI matrix addresses those who are:

- > Responsible? (The one that does the work)
- > Accountable? (Delegates the work, may be final sign off)
- > Consulted? (Based on their expertise)
- > Informed? (The people kept in the loop on project progress)

Do we really need to make this change? If you can avoid making the change, do so. Consider carefully the resource planning – have you really got the resources for the change? Look carefully at whether the change is a “must do” or a “nice to do” and if it is a “nice to do,” then park it for the future.

There should be a very clear triage process (using your risk assessment process looking at severity, occurrence and detectability) to determine whether the changes are really serious, moderately so or less so. At a time when we are under intense pressure, the “lower” level

changes (in terms of severity) should join the “nice to do” changes and be parked for the future.

If you decide to go ahead with the change proposal, then aim to keep it simple. Break the change controls down into a series of small change controls. Bite-size change control requests mean that you can take a large change, break it down and more actively manage it. It is key to remember the need for an overarching change to be in place (known as the umbrella change), which ties together all the smaller changes.

Now is the time for the leadership and the quality unit to be positive. It can be very easy for negativity and pessimism to come in at time of intense pressure. The creation of a positive message (and as positive an environment as is possible) will help to bring about engagement with potential changes. Acceptance of further change at a time of intense pressure can be very difficult to achieve; people will simply default to the old process.

It may help to remember perfection is the enemy of good. Good is good enough.

At this time, it's useful to look at the science or logic behind engagement with change. Within the UK we've had the so-called Behavioural Insight Team (BIT) which looked at how to get the public en masse to engage with policy changes with their methodology of EAST.

[www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST\\_FA\\_WEB.pdf](http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf)

People generally favour convenience and ease, seeking to achieve their goals with the least effort possible. So when we make changes we need them to be:

**Easy** – Simple processes

**Attractive** – Attract attention

**Social** – Achievable by all

**Timely** – Implemented at the most convenient time



It is helpful to communicate before, during and after the change. You cannot really over communicate – the more personal you can make it the better. If the communication is succinct, targeted to the right people and personal to them, then they are more likely to engage.



It's also important to communicate with the regulators. Within the UK we have a Defective Medicines Reporting Centre for any obligatory or required reporting but there will be an equivalent in all regulated markets. A few years ago, they detailed what kind of communication they are looking for from the holders of marketing authorisations and this advice holds for all licence holders as good practice when dealing with regulators.

[mhrainspectorate.blog.gov.uk/2016/08/10/dmrc-reporting-dos-and-donts](https://mhrainspectorate.blog.gov.uk/2016/08/10/dmrc-reporting-dos-and-donts)

## IN SUMMARY: WHAT IS REQUIRED?

The legal requirement is for manufacturers to report any defect that may result in a recall of stock or restrict supply. This includes unlicensed medicines and stability studies. So make sure you report out of trends well before you report an eventual out of specification.

In terms of what these type of events can include, there are three main aspects to consider:

- > A failure to meet the requirements of the marketing authorisation
- > Errors that can cause confusion such as printed packaging mix ups
- > Defects that could cause a hazard to health such as sterility issues, environmental monitoring or glass particle in the product. These can be wide ranging, but you need to think cautiously here – your products should not cause harm.

You do need to report defects for released batches, even if the stock is still within your supply chain (in your control) and not yet on the market.

## WHEN TO REPORT

Chapter 8.15 of EU GMP Guide states "Quality defects should be reported in a timely manner." The interpretation of "timely" depends on the potential severity of the risk. For significant issues we should see reporting of the event within one or two working

days since it may be necessary to take market action immediately to protect public health. Even apparently less significant issues should not take an extended period of time to report.



## HOW TO REPORT

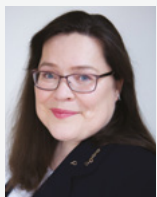
You may wish to call to explain complex issues, but it is easier if a report has been provided. If you do speak, a follow-up email with all the information and confirmation of the conversation should be sent afterward. It is particularly important to be clear as to what the issue is, and photographs are always helpful. The submitted information should be very clear about all the batch details and in addition you should submit a patient risk assessment, an assessment of risk of shortages and your recommended action.

The information should be a concise and clear summary. Be careful about using sweeping statements that may lack facts to support them such as "This is an isolated event" – what is this statement based on? The use of company-specific acronyms should include a full definition at first use.

As a site under stress it can be tempting to promise the world to the agency but it's not sensible if you cannot deliver. When you make your regulatory commitments you need to be able to deliver, and failure to meet regulatory commitments results in those issues being escalated in terms of severity of finding at subsequent visits, so be realistic in terms of commitments – and remember again that good is good enough.



## ABOUT THE AUTHOR



Rachel Carmichael has over 20 years' experience of pharmaceutical manufacture, control and quality management including nearly 11 years as a GMDP Inspector for the UK Competent Authority, the MHRA. This includes serving as the lead inspector representative within the MHRA for the transition from the Medicines Act to the Human Medicines Regulation, SI 2012 1916.

Ms. Carmichael is eligible to act as a Qualified Person under the provisions of EU Directives and is a member of the Royal Society of Biology. She has wide-ranging experience of inspecting against European Good Distribution Practice and Good Manufacturing Practice requirements in the UK, China, India and the U.S. to meet the associated quality standards for medicines (non-sterile and aseptic production, including radio pharmaceuticals) and the blood industry.

For more information, contact [healthsciences@nsf.org](mailto:healthsciences@nsf.org) or visit [www.nsfhealthsciences.org](http://www.nsfhealthsciences.org)

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## NSF INTERNATIONAL

789 N. Dixboro Road, Ann Arbor, MI 48105, USA | **T** +1 (202) 822 1850

The Georgian House, 22/24 West End, Kirkbymoorside, York, UK YO62 6AF | **T** +44 (0) 1751 432 999

Beim Strohhause 17, 20097 Hamburg | **T** +49 40 66 87 88 -100

**E** [healthsciences@nsf.org](mailto:healthsciences@nsf.org) | [www.nsfhealthsciences.org](http://www.nsfhealthsciences.org) | Follow us on **LinkedIn**   **YouTube**