What’s New in GCP?
FDA Plans to Have Dedicated Bioreserach Monitoring Investigators


As part of the FDA’s plans to realign its functions and processes to meet new regulatory challenges, the agency’s bioreserach monitoring (BIMO) program will have field investigators dedicated solely to conducting BIMO inspections.

The agency noted there were 1,207 BIMO inspections in fiscal year 2013. “Although smaller in quantity than the number of ‘other’ inspections conducted for the centers, the working group believes the number of BIMO inspections conducted annually is more than enough to justify increased levels of specialization and dedication of ORA investigators for the BIMO program.”

The FY 2015 BIMO Specialization Action Plan was developed by a working group representing the agency’s six product centers as well as the offices of Good Clinical Practice (OGCP), Global Regulatory Operations and Policy (OGROP), and Regulatory Affairs (ORA).

“The working group believes, first and foremost, a specialized BIMO program with dedicated BIMO investigators will result in higher quality BIMO inspections. Increased specialization and dedication of investigators in the BIMO program will result in investigators gaining more in-depth knowledge of BIMO regulations, policies and industry practices related to BIMO, and therefore, will allow them to refine the unique skills needed to conduct these inspections,” the plan said. “Specialization and dedication will also provide for an enhanced professional development program for ORA investigators, including a robust curriculum of specialized training and practical experience for ORA investigators interested in specializing in BIMO or ascending to management positions within the program.”

The working group concluded that, while the BIMO program was functioning “reasonably well,” it could benefit from “an enhanced program for BIMO specialization and the dedication of a corps of ORA investigators to conduct BIMO inspections. Additional preliminary recommendations have been considered; however, exactly how specialization and dedication is defined and implemented will require additional analysis and discussion by the working group,” which will be conducted in FY 2015, the plan said. “For instance, the working group strongly agreed that the training and experience needed to conduct BIMO inspections is applicable to all BIMO inspections required by all centers,” with the exception of the Center for Tobacco Products.

Understanding of GCP, GLP Important

The working group added that it was “more important for the ORA investigators to be familiar with the [good clinical practice (GCP)] and [good laboratory practice (GLP)] requirements for conducting and overseeing FDA-regulated research and human subject protection than to have product-specific expertise for the conduct of BIMO inspections. Other aspects of specialization will require additional analysis (e.g., whether specialization should be specific to one inspection type, multiple inspection types, or all BIMO inspection types; or the amount of time specialists dedicate to BIMO inspections).“
The working group recommended a cross-commodity ORA BIMO program be structured similarly to the single-commodity-based programs in which “specialized units in ORA operating in program-based staffs will be directed and managed by commodity-specific offices and led by a senior executive.”

The working group added that a critical component for the successful implementation and management of the ORA BIMO program is the appointment of a single leader with the appropriate authority for the program. “Ideally, the creation of this new leadership position would be on a similar schedule as the new commodity-specific program leadership positions being planned.”

The working group’s recommendations for the specialized ORA BIMO program are based on:

- The expertise required to conduct BIMO inspections includes clinical and nonclinical (i.e., preclinical) knowledge and this needed expertise differs markedly from the other inspection programs (manufacturing, labeling, imports, etc.). Additionally, the entities inspected are generally different for BIMO compared to the other types of inspection programs.
- Cross-commodity BIMO inspections are more similar to each other than to related commodity inspections. For example, an inspection of a sponsor of a clinical trial involving a drug product is more similar to an inspection of a sponsor of a clinical trial involving a device than to a drug manufacturer inspection. In fact, the compliance program guidance manuals (CPGMs) for most BIMO inspection programs (e.g., institutional review board (IRB), clinical investigator, sponsor/CRO) were developed through collaborative efforts across all centers and are used by ORA investigators for the conduct of the BIMO inspections for all centers, irrespective of commodity type.
- The size of an ORA BIMO program is comparable to other inspectional programs. The FY2014 ORA Workplan allocated 137 FTEs to BIMO.

More Work Needed To Be Done

The working group recognized that some aspects of the cross-commodity ORA BIMO program will necessarily differ from the single-commodity programs. For instance, extensive cross-commodity collaboration will be required for training, compliance and work planning. The group added that the “foundation for such cross-commodity collaboration already exists through the efforts of OGCP and ORA and their work on facilitating cross-center collaboration on policy development, training and the sharing of best practices. All centers and the ORA BIMO program staff regularly contribute to these efforts.”

In FY 2015, the working group will conduct an analysis of the existing BIMO program and make more specific recommendations to help increase operational and program alignment, as FDA transitions to more vertically integrated regulatory programs. The working group will evaluate and identify the skills, training and competencies needed to support increased program specialization. The group also will evaluate the processes associated with resource planning, policy development, compliance activities, communication among the centers and with ORA, training and outreach to identify opportunities to improve operational efficiencies and alignment within the program.

Initially, the Program Alignment BIMO Working Group will focus on three areas for analysis and discussion: options related to BIMO specialization, competencies and training required for BIMO specialization, and how to best manage the processes connected to the BIMO program. The group identified targeted action items in each area to be completed in FY 2015:
BIMO Specialization

- Develop a paper describing different BIMO specialization options that support increased operational and program alignment as FDA transitions to more vertically integrated regulatory programs. This options paper will include an analysis of pros and cons related to how BIMO specialization is defined and implemented and will consider issues, such as competencies, training, resource needs, resource usage, and potential areas of sub-specialization (sponsor, institutional review board, bioequivalence, etc.). The target date for completion is April 1, 2015.
- Define the program’s goals and elements necessary to maintain a successful stand-alone BIMO program. Such elements may include the establishment and filling of key positions needed for liaison activities across FDA organizations and with external partners, development and execution of surveillance work plans for non-clinical laboratories and IRBs, and improved communications between center programs and ORA field investigators. Additional elements will be considered as needed.
- Identify and describe the required areas of specialization and the associated general competencies for investigators in these areas. The analysis will include the review of applicable regulations and compliance programs (clinical investigator, sponsor/monitor/CRO, IRB, radioactive drug research committee, clinical bioequivalence, clinical endpoint bioequivalence, bioanalytical bioequivalence, good laboratory practice, etc.).
- Conduct an analysis to support the identification of program and specialization area resource needs versus current resource capacity. This analysis will include (among other things): inspection and assignment planning, volume of inspections, number of individual investigators conducting BIMO inspections, inspection time requirements, geographic distribution of BIMO sites, and FTE allocation. The data will be broken down by each center. Additionally, an analysis will be conducted of the current level of specialization of ORA investigators in terms of knowledge and time spent on BIMO versus other inspection types.
- Evaluate other existing compliance programs for possible clinical/nonclinical components (postmarketing adverse drug experience, risk evaluation and mitigation strategies, drug postmarketing requirements, device post-market surveillance studies, CVM genetically modified organisms) for possible inclusion in the BIMO program.

BIMO Competencies and Training

- Develop strategies for recruitment, hiring, retention and succession planning across the program.
- Develop competencies to be used as benchmarks for BIMO investigator hiring.
- Analyze currently available training and certification programs to define the new specialized training curricula (including certification) based on areas of specialization that will include program and subject matter experts. This data also will be used to identify possible training gaps and/or opportunities to leverage across FDA.
- Develop a recommendation for a consolidated training program for BIMO investigators and center BIMO staff. The training program will include center participation in training development and administration, center participation in inspections, and possible opportunity for investigator training visits to the centers.

BIMO Program Processes

- Review the current work planning model and evaluate the relationships among the program’s resources, activities and current processes. Identify the areas within the...
work plan that require revision to address program specialization and improve the alignment of the program’s resources and activities. The new resource planning model will account for surveillance, for cause, and application-driven work and will improve inspection allocation to each center to ensure its BIMO activities are adequately resourced. The model also will consider the global nature of FDA’s work (e.g., foreign inspections, movement toward mutual reliance on other regulatory agencies’ inspecational findings), and other needs as they are identified.

- Identify and analyze additional program workflow procedures and processes, to include regulation and policy development, as appropriate, enforcement and compliance activities, communications (e.g., between center reviewers and investigators), outreach and information sharing, and electronic recordkeeping and dissemination of assignment related information from applications, with an eye to create more proactive, efficient and inclusive processes with clearly defined roles and responsibilities.
- Use the analysis to identify and address any gaps in program procedures and processes.

The FDA’s present BIMO program was developed by a cross-center collaborative group. “The program continues to be unique in FDA, as it includes multiple product centers, OGCP and ORA working collaboratively to support the regulatory review process, to protect the rights, safety and welfare of human subjects participating in clinical trials, and to verify the accuracy and reliability of clinical trial data submitted in support of product applications.”

As the program stands now, each product center is responsible for identifying sites for inspection, supplying subject matter experts to assist in a small subset of complex inspections, determining the final classification of each inspection, and taking compliance action as needed. ORA staff assigns investigators to conduct inspections, prepares the inspection reports, and monitors assignments in each district. Several districts have one or two BIMO specialists, but most investigators conducting BIMO inspections are not dedicated to the area. Most investigators conduct BIMO inspections in addition to their primary program area.

Although each center manages its own BIMO program, OGCP, in the Office of the Commissioner, aids the harmonization of policies and practices across all centers through collaborative efforts in policy development and promoting the sharing of best practices. “The BIMO program is a cross-center regulatory program with well-defined leads, a well-structured policy development process, and a well-established governance system,” the plan noted.

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