

(3) THE EMEA — DRUG REGULATION AT A SUPRANATIONAL LEVEL

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This article describes the role of the European Agency for the Evaluation of Medicinal Products (EMA) and its scientific committees, the Committee for Proprietary Medicinal Products, the Committee for Veterinary Medicinal Products and the Committee for Orphan Medicinal Products, in registration processes in the European Union

The first two articles in this series explained the role of the Medical Devices Agency¹ and the Medicines Control Agency² in the control of medical devices and medicinal products, respectively, in the United Kingdom. A further way in which medicinal products can be approved for use in the UK is through a centralised procedure, with assessment of a product's quality, safety, and efficacy by the European Agency for the Evaluation of Medicinal Products (EMA).

Thirty years after the introduction of the first European Community directive on the control of pharmaceuticals across the community (Directive 65/65/EEC),³ a pan-European regulatory authority was established on 1 February 1995. The EMA became the first regulatory authority in Europe, and indeed globally, that was empowered to assess marketing authorisation applications (MAAs) for human and veterinary medicinal products beyond national boundaries. The legislative framework created by the bodies and institutions of the EU permitted the issuance of a single marketing authorisation by the European Commission valid across all member states. The EMA assesses MAAs for medicinal products, and the marketing authorisation is then issued by the European Commission. Once approved, the products can be sold and used by all 360 million inhabitants of the EU.

LEGAL FRAMEWORK

Council Regulation (EEC) 2309/93 of 23 July 1993⁴ led to the creation of the EMA. An EU regulation can be proposed by the European Council or the European Commission. When it is passed, it becomes immediately effective in all 15 member states without national legislation having to be created. Council Regulation (EEC) 2309/93 created the centralised procedure for the approval of MAAs of innovative medicinal products (for which its use is optional) and of products derived from biotechnology (for which its use is mandatory). The assessment and approval procedure of medicinal products submitted through the centralised procedure is co-ordinated by the EMA. Scientific assessment of human

medicinal products is carried out by the Committee for Proprietary Medicinal Products (CPMP) and that of veterinary medicinal products by the Committee for Veterinary Medicinal Products (CVMP).

EC heads of state and government chose London as the seat of the EMA on 29 October 1993, despite many other European cities expressing a desire to be the agency's home. The EMA is located in the east end of London, in Canary Wharf, between the City of London and the London City Airport.

REVIEW OF LEGISLATION

In considering the current structure and roles of the EMA and its scientific committees, it is important to be aware that a review of pharmaceutical legislation, and hence the agency and its committees, has been under way since 2000. This review was scheduled by the original regulation to take place within six years of that regulation coming into force. That the review would be required was recognition of the rapidly developing scientific environment in which medicinal products are being developed (particularly in the fields of biotechnology) and the changing marketplace (especially the trend towards globalisation of the pharmaceutical industry).

An audit of the EMA's procedures and operations was started early in 2000 and was completed in January 2001. The review of pharmaceutical legislation being carried out by the European Commission takes account

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The Canary Wharf development in East London, home of the EMA

of the outcomes of the audit and has the following objectives:

- To guarantee a high level of health protection for European citizens, in particular making safe, innovative products available to patients as quickly as possible
- To guarantee tighter surveillance of the market, in particular by strengthening pharmacovigilance procedures
- For veterinary medicinal products, to improve the level of animal health, in

particular by increasing the number of medicinal products available

- To complete the internal market for pharmaceuticals while taking globalisation into account
- To set up a legal framework that fosters the competitiveness of the European industry
- To meet the challenges of enlargement of the European Union
- To take the opportunity to rationalise and if possible simplify the system (thereby achieving better regulation), to improve its overall consistency, profile and the transparency of decision-making procedures

A new regulation has been drafted, and the main changes that it proposes are explained below in the description of the current structure and functions of the EMEA and its committees.

THE STRUCTURE AND ACTIVITIES OF THE EMEA

The EMEA comprises an executive director, a management board, three scientific committees and a secretariat. The three committees are the CPMP, the CVMP and the Committee for Orphan Medicinal Products (COMP).

Management board Currently the management board consists of two representatives from each member state, two representatives of the European Commission and two representatives appointed by the European Parliament. The chairman and vice-chairman of the board are elected from among its members for a three-year term of office. The current chairman is Dr Keith Jones, recently retired chief executive of the UK regulatory authority, the Medicines Control Agency. The management board usually meets four times a year and is responsible, among other activities, for agreeing the EMEA's work programme for each year and adopting the budget for the agency.

Under the proposed revision of EU pharmaceutical legislation, the management board will consist of 16 members, divided equally between the following four groups: representatives of member states, of the European Parliament, of the European Commission, and of patients and industry, appointed by the Commission.

An advisory board is also to be created, which will consist of one representative of each of the national authorities competent in the authorisation of human and veterinary medicinal products. Meetings of the advisory board can also be attended by the executive director and by members of the European Commission. The advisory board can be sent questions about any aspect of the procedures for authorisation of medicinal products by the Commission, although its opinions are not binding in any way.

Scientific committees The scientific committees are responsible for preparing the agency's opinions on any issue relating to human medicinal products (CPMP), veteri-

THE MISSION STATEMENT AND MAIN TASKS OF THE EMEA

MISSION STATEMENT

To contribute to the protection and promotion of public and animal health by:

- Mobilising scientific resources from throughout the European Union to provide high quality evaluation of medicinal products, to advise on research and development programmes, and to provide useful and clear information to users and health professionals
- Developing efficient and transparent procedures to allow timely access by users to innovative medicines through a single European marketing authorisation
- Controlling the safety of medicines for humans and animals, in particular through a pharmacovigilance network, and the establishment of safe limits for residues in food-producing animals

MAIN TASKS

- To provide the member states and the community institutions with the best possible scientific advice on questions concerning quality, safety and efficacy of medicinal products for human and veterinary use
- To establish a multinational scientific expertise through the mobilisation of existing national resources in order to achieve a single evaluation via a centralised or decentralised marketing authorisation system
- To organise speedy, transparent and efficient procedures for the authorisation, surveillance and, where appropriate, withdrawal of products in the European Union
- To advise companies on the conduct of pharmaceutical research
- To reinforce the supervision of existing medicinal products in co-ordinating national pharmacovigilance and inspection activities
- To create the necessary databases and telecommunication facilities to promote a more rational drug use

nary medicinal products (CVMP) and orphan medicinal products.

Executive director A new executive director, Thomas Lönngren, was appointed in January 2001, replacing Fernand Sauer who had been executive director from the inception of the agency. Mr Lönngren was previously deputy director-general of the Swedish pharmaceutical regulatory authority.

Secretariat The secretariat has recently been reorganised into the following units:

- Directorate
- Financial controller
- Pre-authorisation evaluation of medicines for human use
- Post-authorisation evaluation of medicines for human use
- Veterinary medicines and inspections
- Communications and networking
- Administration

The EMEA has published a mission statement and a summary of its main tasks (see Panel above).

EVALUATION OF MEDICINAL PRODUCTS FOR HUMAN USE

Administration structure Upon creation of the EMEA, a single unit, the unit for evaluation of medicinal products for human use, was formed to deal with all matters affecting medicinal products for human use. In January 2001, however, this unit was split in two, to create the unit for the pre-authorisation

evaluation of medicines for human use and the unit for the post-authorisation evaluation of medicines for human use.

The "pre-authorisation" unit has three sectors, dealing with scientific advice and orphan drugs, quality of medicines, and safety and efficacy of medicines. The "post-authorisation" unit comprises two sectors: regulatory affairs and organisational support; and pharmacovigilance and post-authorisation safety and efficacy of medicines.

The main scientific work for medicinal products for human use is carried out by the CPMP. Under the review of pharmaceutical legislation, this committee is to be renamed more logically as the Committee for Human Medicinal Products (CHMP), and its membership is to be modified from two representatives from each member state to one per member state. The opportunity to co-opt members will also be introduced to ensure the necessary scientific representation is maintained.

Assessment of marketing authorisation applications The primary activity of the "pre-authorisation" unit, through its two scientific committees, is the assessment of MAAs for new medicinal products and new active substances. In carrying out the assessment, the scientific committee concerned (either the CPMP or the COMP) produces an opinion which is then transmitted to the European Commission for conversion into a legally binding decision (ie, approval).

In 2001, the EMEA received 110 applications, of which 58 were for new medicinal products and 40 for new active substances.

The remaining 12 applications were for products to be approved under orphan drug legislation. Under EU legislation, an MAA submitted via the centralised procedure to the EMEA should take a maximum of 210 days to be assessed. All the applications were assessed in 2001 within an average of 170 days, a timescale that does not include the time taken for the agency to ask questions and receive responses from applicant companies.

A further average of 76 days has been required for the conversion of the opinion into a decision by the European Commission, and is the one aspect of the centralised procedure that has received greatest criticism. Attempts are being made to minimise the delays in the decision-making process.

Variations Once a marketing authorisation is approved, the need can arise to change various aspects of the terms of the authorisation. This is achieved by a variations procedure, with relatively simple changes to the authorisation (eg, changes to the manufacturing process) classed as "type I" variations. More fundamental changes to the terms of the authorisation are termed "type II" variations and are often related to safety issues arising from the use of a new medicinal product. In 2001, the EMEA received nearly 450 type I variations and more than 250 type II variations.

Pharmacovigilance All marketing authorisation holders are required to report adverse drug reactions (ADRs) to their products to the EMEA. All ADRs, whether they occur inside or outside the EU, must be reported. In 2001, there were 20,000 reports from outside the EU and more than 14,000 from within the EU.

Scientific advice Companies are encouraged to seek scientific advice from the EMEA's scientific committees at any stage during the development process before submission of the MAA. Under the legislation, a formal advice letter should be given to the enquirer within 120 days of the initial request for assistance. The CPMP has a scientific advice review group for this purpose, which in 2001 gave formal advice on 65 occasions. More than two thirds of all requests for advice relate to the clinical aspects of the development process, and in particular to the performance of phase III clinical trials.

Under the review of pharmaceutical legislation, a standing working party is to be created attached to the CHMP. This will be responsible for the development and adoption of scientific opinions and the provision of advice to companies. This proposal is considered to be of particular value to small and medium-sized companies that are developing biotechnology products or completely new therapies.

Arbitration and community referrals The EMEA is primarily concerned with the assessment of medicinal products by the CPMP through the centralised procedure. However, the CPMP is also legislatively required to become involved in disputes

involving the mutual recognition procedure (by which a marketing authorisation valid in one member state should be approved by any other member state in which the marketing authorisation holder wishes to market its product). The legislative basis for such disputes are either article 10 of directive 75/319/EEC or article 11 of the same directive. Under article 10, the CPMP is asked to arbitrate on a disagreement between member states on a medicinal product within the mutual recognition procedure. In 2001, there were six such examples either completed or on-going. Article 11 referrals are made when the conditions of a marketing authorisation (usually the indications approved) are being harmonised throughout the EU. There were nine such referrals made during 2001.

Further information on this activity is given below under the work of the mutual recognition facilitation group of the CPMP.

International activities Another important aspect of the work of the EMEA and its scientific committees is the ongoing process to harmonise the requirements for the registration of pharmaceuticals in all the major global markets (the EU, the United States and Japan). The ICH process (the International Conference for the Harmonisation of the Technical Requirements for the Registration of Pharmaceuticals for Human Use) has been ongoing for some years and the EMEA and its scientific committees have played an important role in its activities. The work promoted by the ICH process not only enables tripartite developments to take place, but also enhances the work of bilateral negotiations (eg, those carried out between the EMEA and the US Food and Drug Administration under the auspices of the US-EU Trans-Atlantic Business Dialogue). Other drug control organisations with which the EMEA has conducted bilateral discussions include the World Health Organization (WHO) Collaborating Centre for International Drug Monitoring, the WHO International Non-proprietary Name (INN) programme, and the Canadian authority, Health Canada.

Orphan medicinal products Orphan medicinal products are used for the diagnosis, prevention, or treatment of life-threatening or serious conditions that occur only rarely and affect not more than five in 10,000 people in the EU. Under normal circumstances, the high costs associated with the development of new medicinal products would preclude the likelihood of pharmaceutical companies generating a profit from developing medicinal products for such conditions. The EU has therefore followed the example set by the US in passing orphan drug legislation, through which incentives are offered to companies that carry out research and development to produce medicinal products for such rare conditions.

The incentives that have been agreed under Regulation (EC) 141/2000 are:

- Market exclusivity will be given for 10 years after the granting of a marketing authorisation (ie, during that period,

directly competitive similar products cannot usually be placed on the market)

- There will be provision of scientific advice from the EMEA to facilitate the development of the medicinal product, and guidance on preparing an MAA that will satisfy regulatory requirements. This will maximise a company's chances of getting a medicinal product approved
- There will be direct access to the centralised procedure, allowing the approved product to be marketed in all EU member states
- Reduced fees are offered for both scientific advice and the submission of the MAA, using subsidised funds from the European Commission that have been agreed annually by the European Parliament
- There may be financial assistance to companies and organisations developing orphan medicinal products through grants from community and member state programmes and initiatives supporting research and development, including the community framework programmes

Designation of a product as an orphan drug and its assessment is carried out within the EMEA by the COMP. The COMP has one representative nominated by each member state, three from patient organisations and three from the EMEA.

The COMP has 90 days in which to approve (or otherwise) a request for orphan drug designation; a positive opinion on the designation is then forwarded to the European Commission, which has a further 30 days in which to confirm the opinion and issue a decision. Once this is completed, the medicinal product is placed on the Register of Orphan Medicinal Products.

In the early period of the operation of the COMP, most of the medicinal products that were granted orphan drug status were for the treatment of cancers, immunological diseases and metabolic diseases often related to enzyme deficiencies. Equally importantly, about two-thirds of the products were for the treatment of children, who have traditionally been a group for whom pharmaceutical companies have been reluctant to devote time and resources because of the relatively small potential market. Examples of medicinal products that have been designated as orphan medicinal products since 2000 are given in Table 1.

Working parties and ad hoc groups Much of the work of the EMEA and the CPMP is carried out away from the main committee, using experts from around the EU to provide advice and develop guidelines for the industry on specific topics. A number of working parties and ad hoc groups have been formed. These meet either each month or at various intervals throughout the year. Each produces an annual report of its activities, which is usually presented to the CPMP. Those in place in 2001 were:

- Biotechnology working party
- Efficacy working party

- Safety working party
- Pharmacovigilance working party
- Joint CVMP/CPMP quality working party
- Ad hoc working group on blood products
- Herbal medicinal products working party

Each of these working parties produces guidance documents and ensures that previously generated documents are kept up to date. The activities of the herbal medicinal products working party are likely to be superseded in the near future by a fourth main scientific committee, the Committee on Herbal Medicinal Products, which has been proposed under the revision of pharmaceutical legislation.

CPMP satellite groups Other activities that have been undertaken alongside those of the main work of the CPMP include an invented names review group, the CPMP organisational matters group (ORGAM), and the meetings of the chairmen of CPMP and working parties. The invented names review group was established in November 1999. It operates to try to maintain consistency in the review of invented names proposed by applicants from a public health and safety perspective, and to update the guideline currently operational for the choice of proprietary names for products that are authorised through the centralised procedure. The group comprises representative of member states, the European Commission, and the EMEA.

ORGAM was created to develop guidance for use both within and outside the EMEA on procedural issues in the operations of the CPMP and the centralised procedure. Among other issues, it has investigated the accelerated review procedure and the conduct of oral explanations by applicant companies.

One of the problems of operating and working within as disparate an entity as the EMEA is knowing what is going on in all the other parts of the organisation. To try to ensure that there is sufficient multidisciplinary interaction in all its activities, the chairman and vice-chairman of the CPMP and the chairmen of CPMP's working parties meet with EMEA representatives to discuss current and future activities.

CPMP and COMP ad hoc working groups

Ad hoc working groups may be formed to deal with issues as they arise, either in the working of the CPMP or from external sources. Under the CPMP, some of the topics for which ad hoc groups have been convened include oncology, comparability of biotechnology products, paediatrics and pharmacogenetics. Ad hoc groups that have been formed by the COMP include the biotechnology working party and the working group on epidemiology.

Mutual recognition facilitation group As part of its remit, the CPMP arbitrates on issues that arise during the mutual recogni-

TABLE 1: EXAMPLES OF MEDICINAL PRODUCTS THAT HAVE BEEN DESIGNATED ORPHAN MEDICINAL PRODUCTS UNDER REGULATION (EC) 141/2000 SINCE 2000

Medicinal product	Condition to be treated
Azacitidine	Myelodysplastic syndromes
Bryostatatin-1	Oesophageal cancer
Carmustine (solution for intratumoural injection)	Glioma
Colistimethate sodium	<i>Pseudomonas aeruginosa</i> lung infection (including colonisation) in cystic fibrosis
Eflornithine hydrochloride	Familial adenomatous polyposis (FAP)
Epothilone b	Ovarian cancer
Fumagillin	Diarrhoea associated with intestinal microsporidial infection
Granulocyte macrophage colony stimulating factor receptor antagonist	Juvenile myelomonocytic leukaemia
Human transferrin conjugated to mutant diphtheria toxin	Glioma
Miltefosine	Visceral leishmaniasis
Mitotane	Adrenal cortical carcinoma
Myristoylated-peptidyl-recombinant scr1-3 of human complement receptor type i	Prevention of post transplantation graft dysfunction
<i>Pseudomonas</i> exotoxin (domains ii/iii) — interleukin 13 chimeric protein	Glioma
Purified bromelain	Partial deep dermal and full thickness burns
Thymalfasin	Hepatocellular carcinoma

tion approval system. A relatively small number (less than 1 per cent) of MAAs and variation applications submitted in one member state provoke referrals by a second member state to the CPMP. For details of the types of activities undertaken by the mutual recognition facilitation group, see "Arbitrations and community referrals" above.

Guidance documents on the use of the mutual recognition procedure have been prepared by the group. Topics covered include national administrative processes in the mutual recognition procedure and a best practice guide for renewals under the mutual recognition procedure. A joint CPMP/mutual recognition facilitation group working party has been created to promote the preparation of harmonised summaries of product characteristics (SPCs) for a range of medicinal products.

EVALUATION OF VETERINARY MEDICINAL PRODUCTS

The EMEA unit for veterinary medicines and inspections deals with the assessment of MAAs under the centralised procedure through the work of the CVMP. A number of working parties and ad hoc groups also assist in this work.

Assessment of marketing authorisation applications

There are a relatively small number of veterinary MAAs each year: 10 were submitted in 2001, of which nine were for new and innovative products. Applications for maximum residue limits (MRLs) for veterinary medicinal products for food animals are also made to the CVMP, although again in relatively small numbers (five in 2001).

CVMP activities The CVMP usually meets 11 times a year (there are no meetings normally scheduled for August). It has established a strategic planning group to assist in a range of issues, including the fairer allocation of rapporteurs and co-rapporteurs, the

training of assessors, and compliance with post-authorisation obligations. Presubmission meetings with companies are held for almost all veterinary MAAs.

Establishment of MRLs for older products

Although all new products must have a current MRL, older products approved before the introduction of the MRL regulation still await definitive determination. The work of the CVMP in establishing definitive MRLs for older products means that there are now relatively few products that remain to be assessed.

Post-authorisation activities

In common with medicinal products for human use, manufacturers of veterinary medicinal products can seek to extend the range of indications that are approved, or amend the marketing authorisation by the submission of variations. Such line extensions and variations are assessed by the CVMP, and the numbers of such applications continue to increase with the increasing number of centrally approved veterinary medicinal products.

MRLs can also be updated and their approval extended to cover additional species. One of the more common changes requested is to allow minor species also to be covered under MRLs that are normally initially approved for major species.

Pharmacovigilance and maintenance activities

Monitoring ADRs reported for veterinary medicinal products is carried out by the CVMP pharmacovigilance working party. Each marketing authorisation holder has to submit periodic safety update reports (PSURs) for centrally authorised products.

Other activities The CVMP, like the CPMP, is tasked with resolving arbitration and community referrals (see above) for veterinary medicinal products submitted through the mutual recognition procedure. The legislative bases for referrals for veterinary products are articles 18 and 20 of

TABLE 2: EMEA STAFF ALLOCATIONS PER UNIT IN 2002

Unit	Staff
Directorate and financial control	11
Pre-authorisation evaluation of medicines for human use	57
Post-authorisation evaluation of medicines for human use	61
Veterinary medicines and inspections	36
Communication and networking	46
Administration	39
Additional posts in general reserve	1
Total	251

Council Directive 85/851/EEC. A veterinary mutual recognition facilitation group also assists the CVMP in this work.

The CVMP can also offer scientific advice to companies before submission of MAAs.

Working parties and ad hoc groups Working parties and ad hoc groups have been created to deal with specific topics and issues. In particular the working parties draft guidelines and assist in workshops between the regulatory authority, veterinary trade organisations, and companies.

Under the CVMP, the following working parties and ad hoc groups exist:

- Efficacy working party
- Immunologicals working party
- Pharmacovigilance working party
- Safety working party
- Joint CPMP/CVMP working party
- Ad hoc group on microbial resistance

INSPECTIONS

When originally created, the sector for inspections was part of the technical co-ordination unit. Under the reorganisation of the EMEA's structure in 2001, it became part of the unit for veterinary medicines and inspections.

Co-ordination of inspections for centralised procedure Inspections to ensure compliance with good manufacturing practice (GMP) are carried out both before and after issuing a centralised marketing authorisation. Much of the information on inspections is stored on a centralised database. There is a joint audit programme to harmonise the conduct of inspections, the quality of defect reports, and authorisation of manufacturing sites through quality audits of inspection services.

Good clinical practice (GCP) inspections are also carried out for human medicinal products, which involve sponsor companies, investigators and laboratory sites within and outside the EU. Compliance with post-authorisation activities (eg, pharmacovigilance) may be carried out at some sites at the same time.

Mutual recognition agreements To make the most efficient use of available resources, a number of countries have implemented

mutual recognition agreements by which inspectors from one country can perform inspections locally on behalf of another country. Such agreements have been implemented or proposed between the EU and Australia, New Zealand, Canada, the US, Switzerland and Japan. Some cover human medicinal products only; others, both human and veterinary medicinal products.

Certification of medicinal products More than 12,000 certificates were issued for medicinal products during 2001, which places a large administrative burden on the system. An information package is available to provide guidance on the certification of medicinal products in the EU.

ADMINISTRATION AND SUPPORT ACTIVITIES

All internal services that support the other activities of the EMEA are organised by the administration unit. Sectors cover personnel and budget, infrastructure services, and accounting.

Administration The personnel budget for the approximately 250 EMEA staff for 2002 was £8.6m, which accounts for approximately 40 per cent of the total agency revenue. Allocations of staff for 2002 to each unit are shown in Table 2. Staff originate from all EU member states except Luxembourg, with the greatest proportion (more than 20 per cent) coming from the UK. France and Germany account for about one quarter of the remaining staff.

To be able to run a large organisation with such a large proportion of its work carried out by external experts and committee members requires efficient facilities management, archiving, reprographics and mail room services. Office meeting space is also important and extensive conference facilities are available on the third floor of the Canary Wharf building.

Budgetary constraints have been imposed on the agency, with a more or less fixed proportion of its income coming from the European Commission, despite increasing activities and responsibilities. Upon its creation in 1995, approximately 80 per cent of the EMEA's income derived from an EU subsidy; by 2002, this proportion had fallen to about 14 per cent, with most income derived from fees for the services that the agency provides. In 2002, the EMEA's budget was £70.5m.

Document management and publishing An electronic data management system has been introduced at the EMEA in which documents are held in a central location. They can then be circulated to all authorised recipients, and it can be assured that the most up-to-date version of the document is always in use.

There has also been a move towards the electronic submission of MAAs, with the electronic common technical document project (eCTD) carried out under the auspices of the ICH process. eCTD defines a harmonised format (but not necessarily har-

monised content) for submissions in the EU, the US and Japan.

A further initiative has been the product information management (PIM) project, jointly sponsored by the EMEA and EFPIA (European Federation of Pharmaceutical Industries Associations). It is intended to define an exchange standard for product information used in SPCs, patient information and product packaging, and to facilitate the exchange of information between regulatory authorities and companies.

Meetings management and conferences A considerable amount of time and resources is expended on meetings within the EMEA. In 2001, there were more than 320 meetings, with over 500 meeting days. Just over 3,500 delegates were reimbursed for their attendance at meetings. To co-ordinate these activities, the agency uses a computerised meetings management system, which was introduced in November 2001.

Vide Conferencing and teleconferencing facilities are also extensively used to try to reduce the costs of contacts with partners in other organisations.

Information technology Extensive IT facilities are required for the smooth operation of the EMEA itself, and to support EU initiatives and activities. Two recent major projects have been the development of the EudraVigilance system for pharmacovigilance and the electronic document management system. A drugs approvals tracking system (SIAMED) has also been developed in collaboration with WHO.

Activities undertaken in support of European initiatives include the development of pan-European databases and electronic submission of data. It is also important that all competent authorities in the EU have access to the information held at the EMEA.

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