IRISH MEDICINES BOARD

Annual Report 2008

Protecting public and animal health

Our mission

To protect and enhance public and animal health through the regulation of human and veterinary medicines and medical devices available in Ireland, or manufactured in Ireland for Irish or export markets.

We assess and monitor over

6,700
human medicines

1,200
veterinary medicines

500,000
medical devices

on the Irish market

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Chairman's Statement

The number of enforcement cases initiated by the IMB for breaches of medicinal product legislation more than doubled to **3,037**

Pat O'Mahony
Chairman

2008 bore witness to some of the most challenging conditions to face Ireland in decades. I would like to commend the management and staff of the IMB for their commitment to the delivery of objectives for 2008 as they met these challenges in a more constrained fiscal environment. In fact, 2008 saw the Board and its staff provide very high levels of delivery in all areas of our operations. This report records the IMB's favourable position as an independent, public health focused and authoritative body and illustrates the effectiveness of a high quality, service-based organisation.

The fundamental principle of the IMB's existence, which underpins all of its work, is to protect and enhance public and animal health through the effective regulation of medicines, medical devices and healthcare products available on the Irish market. While high productivity levels across all operations were delivered in 2008, this was achieved without sacrifice to the primary foundation of the IMB's remit.

During 2008, the number of enforcement cases initiated by the IMB for breaches of medicinal product legislation more than doubled to 3,037 from that recorded in 2007, with online purchasing of medicines and counterfeit medicines contributing considerably to this figure. One highlight for the year was the IMB's participation in Operation Pangea, the first International Internet Day of Action. Co-ordinated by the World Health Organisation (WHO), INTERPOL and the Permanent Forum on International Pharmaceutical Crime, the IMB in conjunction with eight other countries took part in targeting the illegal online sale of medicines, resulting in the decommissioning of an Irish website.

Demands for service and information supply from the IMB has increased year-on-year from all stakeholders, spanning healthcare professionals, consumers, interested parties through to the industry itself. This is reflected in the IMB's decision to launch a new website to enhance interaction with all stakeholders and to ensure the easy

We received **2,742** adverse reaction reports, a record number of suspected adverse reactions in relation to human medicines

The Human Medicines Department processed **17,829** applications for new medicines or changes to existing medicines in 2008

accessibility to a complex and comprehensive range of healthcare information. The website is a major single source of information in Ireland and provides information on all aspects of medicine and medical device provisions in Ireland including safety, legislation, licensing, product availability and regular news and safety updates for users. In 2008, we received 2,742 adverse reaction reports, a record number of suspected adverse reactions in relation to human medicines. The availability of a new online reporting system, which enhances the ease with which people can report suspected adverse reactions, has contributed to this increased number of reports.

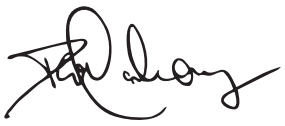
The IMB continues to share information with its EU colleagues at the European Medicines Agency (EMEA), working closely together on new practices and participating in consultations on licensing procedures. This strong alliance has contributed partly to the Human Medicines Department processing 17,829 applications for new medicines or changes to existing medicines in 2008. In the field of consumer protection, the sharing of information with various professionals, as well as State and scientific bodies, is crucial for effective judgements and strategies. We extend our gratitude to scientific bodies, professional groups and representative organisations, as well as the EU and international scientific and medical organisations and industry whose co-operation and assistance helps maintain the highest standards of medicinal products on the Irish market.

We thank the Minister for Health and Children and the staff at her Department for their ongoing support in our day-to-day workings. In addition, we also appreciate the assistance of the Department for Agriculture, Fisheries and Food. The continued co-operation of the dedicated professionals in these departments has and will continue to contribute to the productive operation of the IMB.

Throughout 2008, the Board and advisory committee members of the IMB continued to demonstrate their commitment and dedication to the organisation through their individual expert contributions to our collective thinking. I would also like to take this opportunity to thank the individuals who comprise the various committees as they provide the IMB with unique access to best available advice. These committees, combined with our staff, have a strong level of scientific and healthcare professionalism and work commitment. This ensures that the IMB remains a key national driving force in the overall protection of public and animal health.

Many of you will be aware that, towards the end of 2008, the Minister for Finance announced the amalgamation of the Board with the Food Safety Authority of Ireland (FSAI) and the Office of Tobacco Control (OTC). This offers a platform for further development for the Irish Medicines Board as it will create a single entity with very substantial scientific and management expertise, which will provide many opportunities in terms of shared learning and practical and scientific experience to benefit public health. We look forward to working with the Department of Health and Children and our colleagues from the FSAI and the OTC in advancing this initiative and maximising the available synergies to enhance consumer health. Support for this proposal by Board members and the management executive has been most encouraging.

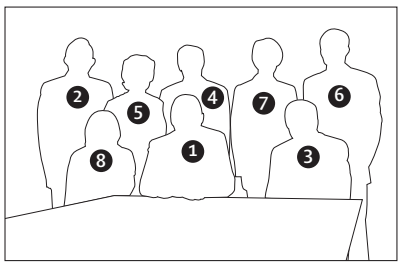
With economic forecasts predicting a turbulent time ahead in the short to medium term, the IMB remains consistent in delivering on best practice to protect human and animal health through cost effective, high-quality and efficient actions.



Pat O'Mahony
Chairman

Board Members

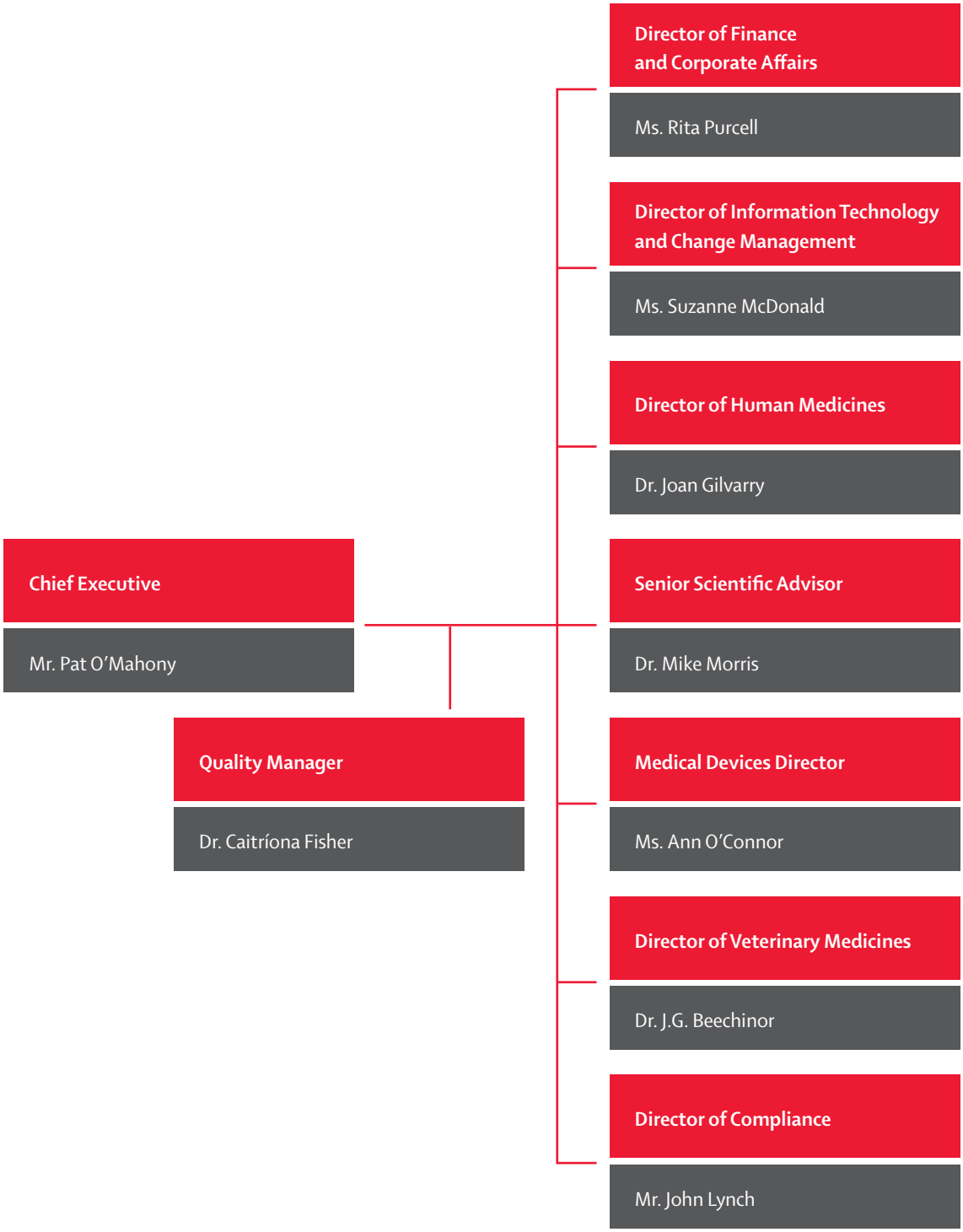
The Board of the IMB was appointed on 31st December 2005 by the Minister for Health and Children, Ms. Mary Harney in accordance with the powers conferred on her by subsection 2 of section 7 of the Irish Medicines Board Act, 1995 for the period ending 31st December 2010.



The Board members are:

1. Mr. Pat O'Mahony (Chairman)
   Business and Banking Consultant
2. Prof. Brendan Buckley
   Clinincal Professor of Pharmacology, University College Cork
3. Mr. Pat Brangan
   Senior Veterinary Inspector, Department of Agriculture, Fisheries and Food
4. Mr. Wilfred Higgins
   Principal Engineering Advisor, Health Service Executive
5. Ms. Ingrid Hook
   Senior Lecturer, School of Pharmacy & Pharmaceutical Sciences, Trinity College
6. Mr. Brendan McLaughlin
   Farmer & Elected Board Director in the Management Committee of ICSA
7. Ms. Cicely Roche
   Lecturer PTTCD & Consultant Pharmacist
8. Ms. Maureen Windle
   Practitioner in Public Sector Healthcare Management

Organisational Chart



Chief Executive's Report

The implementation and management of change continued to be a key driver within the IMB

Pat O'Mahony
Chief Executive

OVERVIEW OF 2008

I am pleased to report that 2008 was another successful year for the Irish Medicines Board with sustained achievement in meeting the organisation's mission to protect and enhance public and animal health through the regulation of medicines, medical devices and healthcare products. Any public health issues within our remit which emerged during the year were handled efficiently and successfully with the protection of public health at the core of all our activities.

As we strove to continuously improve efficiencies and standards across the organisation whilst amalgamating new areas of responsibility, the implementation and management of change continued to be a key driver within the IMB. As a part of this ongoing organisational change process the Board approved the combining of all human medicines, medical devices and all regulated human products into a new revised departmental structure in which one department would focus on licensing and registration activities for all human products, while the second would focus on safety matters for all human products. We also significantly enhanced the application of our quality management system and successfully managed the affairs of the IMB in line with our statutory obligation that income at least meets costs.

Ireland is an important global location for the pharmaceutical/biopharmaceutical and medical devices industries and products manufactured in Ireland are exported worldwide. Ireland is now the largest exporter of pharmaceuticals in the world. The successful delivery of the IMB's regulatory role in these sectors contributes greatly to this ongoing success and to ensuring that appropriate standards are maintained to the benefit of patients and consumers.

During 2008, a total of **3,037** cases involving breaches of medicinal product legislation were initiated, representing a more than doubling of cases from 2007

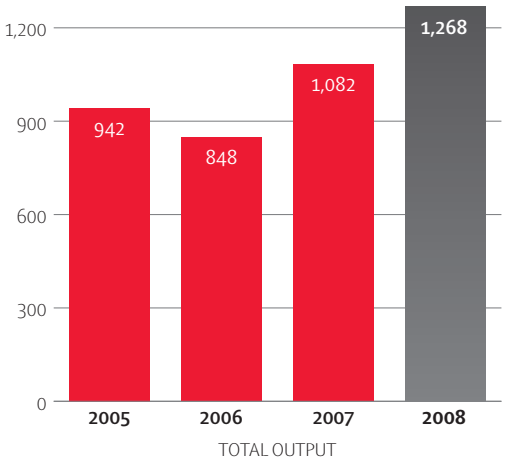
The IMB seized a total of **393,067** units of capsules, tablets, liquids and creams containing a variety of active substances

HUMAN MEDICINES

Our focus on the safety, quality and efficacy of human medicines extends throughout the full lifecycle of all products: from the provision of scientific advice, approval of clinical trials, through to the assessment of applications for granting, variation and renewal of marketing authorisations. A key focus in this area is post-marketing surveillance, which encompasses pharmacovigilance, investigating reports of quality defects and a programme of product sampling and analysis. At all stages, patient safety remains at the forefront of the IMB's focus. A wide range of safety actions were implemented during the year across a variety of medicines. A significant number of variations were initiated, assessed and issued during 2008 following identification of specific safety issues detected through adverse reaction reports, review of cumulative safety data and the literature which were discussed and evaluated at either national or European level.

Output of applications mirrored input. During the year, the IMB processed 15,688 variations to product authorisations, 1,268 new product applications and 873 renewals to product authorisations.

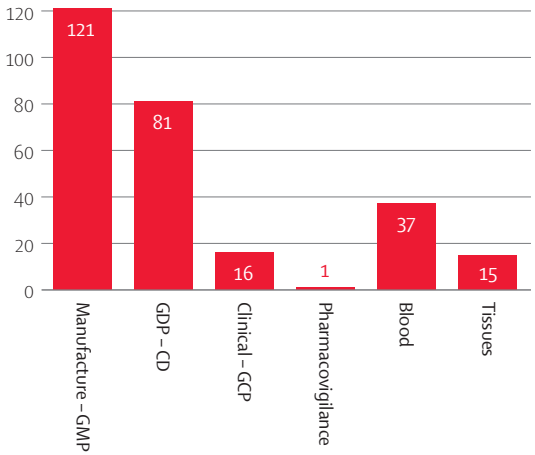
Total output for new applications



COMPLIANCE

The IMB's Compliance Department continued to carry out good manufacturing practice inspections on the very substantial number of manufacturing sites operating in Ireland. It also contributed significantly to inspections of foreign sites on our own behalf or on behalf of the European Union. Good distribution practice inspections were conducted on the supply chain whilst tissues and cells and blood establishment sites were also inspected. Licensing and export certification activities relating to Irish sites were carried out as were good clinical practice and pharmacovigilance inspections.

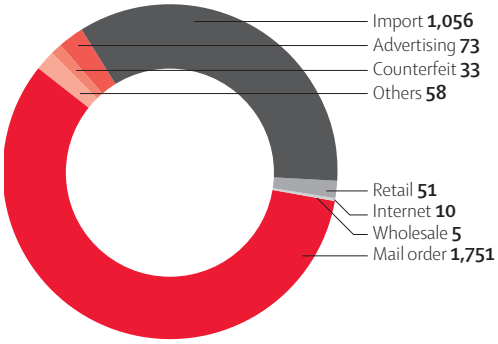
Number of Inspections Completed in 2008



During 2008, a total of 3,037 cases involving breaches of medicinal product legislation were initiated, representing a more than doubling of cases from 2007. The IMB seized a total of 393,067 units of capsules, tablets, liquids and creams containing a variety of active substances. Market surveillance programmes, encompassing investigation of quality defects and recalls, and sampling and analysis, were operated. These included 128 human medicines recalls and 13 veterinary medicines recalls from the market. Where appropriate, the implementation of follow-on corrective and preventative actions was overseen. A total

of 409 medicinal products were sampled for analytical testing and / or checks on labelling and packaging compliance.

Analysis of enforcement case activity



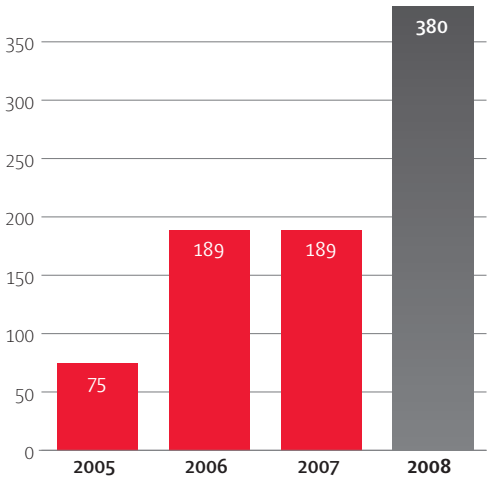
MEDICAL DEVICES

Activity in the medical devices area continues to be a significant part of the work of the IMB. During 2008, a total of 240 medical devices were registered, including 95 *in-vitro* diagnostic medical devices and 145 general medical devices. The number of medical device compliance cases dealt with during the year was double that handled in 2007. The IMB is dependent on the availability of financial resources from the Department of Health and Children to fund this area of activity and continues to advocate for additional resources.

The creation of a new departmental structure combining all human products will substantially enhance our overall abilities from 2009 onward. It is noted that a total of four clinical investigation applications were received during the year and it is hoped that this number will increase substantially. The IMB has the structure and resources to deal with an increased number of these applications.

Any public health issues relating to medical devices arising during the year were handled effectively and efficiently.

Number of Medical Device compliance cases opened



VETERINARY MEDICINES

Animal health and welfare is of critical importance to the Irish economy and its reputation in relation to producing quality produce. The food industry is a very important sector in the Irish economy with exports of €8.2 billion recorded in 2008. The regulation of veterinary medicines plays a significant part in assisting the prevention and treatment of disease, in enhancing animal welfare and in ensuring the safety of foods of animal origin.

A record number of applications for authorisation of veterinary medicinal products were approved by the IMB in 2008, and we played a leading role acting as reference member state/rapporteur in the centralised, mutual recognition and decentralised procedures, acting as reference member state for 21 outgoing applications for decentralised or mutual recognition procedures. A significant development during the year was the release of automated e-mails on milestone achievements during the application evaluation process. This feature allows applicants to better track progress on their applications.

Any pharmacovigilance and public health issues relating to veterinary medicines arising during the year were handled efficiently and effectively.

2008 was another active year in the European Medical Devices regulatory system with the IMB participating in a large number of meetings at EU level

FINANCE AND CORPORATE AFFAIRS

In line with increased activity within the organisation in 2008, the Finance and Corporate Affairs Department expanded its output across its various activities. A substantial number of Freedom of Information (FOI) requests were processed during the year. The Human Resources function had a busy year with an increase in recruitment and training provision and the Board approved the establishment of a dedicated Human Resource function at executive level. The internal financial audit function conducted reviews of systems and reported directly to the audit subcommittee of the Board, in compliance with good corporate governance requirements.

IT AND CHANGE MANAGEMENT

The IMB's progressive programme of change, involving both the ongoing updating of our information technology and a programme of organisational change continued in 2008 with the Board decision to develop a new role with a dedicated focus on safety-related issues. This initiative represented a significant programme of work for the organisation during 2008. The existing Medical Devices Department and Human Medicines Licensing Department merged into a revised model of human products licensing and registration and human products safety monitoring. This revised structure will be implemented in 2009 and there is substantial interest from regulators in other countries in our approach.

Development continued of our IT systems, and our online application and tracking system for the pharmaceutical industry continued to grow in popularity during 2008 with many new companies signing up to use the system. The system has also attracted the interest of other regulatory bodies within the EU, and has been well received by the industry.

The IMB website received a large number of visitors during 2008 and approximately 10% of adverse reaction reports were received via the website during the year.

The department also provided increased output during the year by way of staff training and IT support as required by the organisation.

QUALITY MANAGEMENT AT THE IMB

During 2008, we made significant progress in the implementation of an IMB-wide quality system which brings major benefits to efficient workings of the organisation and we assisted in the establishment of a second cycle of a benchmarking of all European medicines agencies, which adds substantial value to the quality of decision-making on patient safety issues throughout the European network. The next planned assessment of the IMB under this process will take place in early 2009.

THE EUROPEAN REGULATORY SYSTEM AND INTERNATIONAL AFFAIRS

In 2008, the IMB continued to participate actively in the European Medicines Regulatory System through its involvement in EU committees and working parties. We continued to contribute at EMEA level and I continued in the role of chairman of the Management Board of EMEA. The IMB also continued to contribute very actively at the Heads of Medicines Agencies (HMA) level, providing part of the Permanent Secretariat to the HMA as well as co-chair and technical support to the process of quality improvement of the European network known as Benchmarking of European Medicines Agencies (BEMA). We were also engaged in the assessment of centralised applications for human and veterinary medicinal products as rapporteur and as reference member state in the mutual recognition and decentralised procedures and continued to meet all timelines in all these procedures in 2008.

This was another active year in the European Medical Devices regulatory system with the IMB participating in a large number of meetings at EU level, including the Medical Devices Expert Group and the Classification and Borderline Working Group.

The IMB also continued to represent Ireland at the European Pharmacopoeia, where Dr. Mike Morris, Senior Scientific Advisor, continued to contribute at the highest level. During 2008, Dr. Morris delivered on a range of significant technical projects for the IMB.

Information technology continues to be an important topic on the EU agenda as it works to facilitate better access of patients to information on medicines and swift, accurate and efficient sharing of relevant information between regulatory authorities throughout Europe. During 2008, the IMB's Information Technology (IT) department was actively involved in EU IT implementation activities.

The IMB attended the third international summit of Heads of Medicines Agencies which followed on from our successful hosting of this summit in 2007. We will participate in the organising committee for the 2009 meeting which will be hosted in Canada.

COMMUNICATIONS

In 2008, the IMB continued to enhance its communication with various stakeholder groups with an interest in healthcare products. Information days for human medicines pharmacovigilance, traditional herbal medicines, veterinary medicines pharmacovigilance and the manufacturing industry stakeholders were held. These meetings attracted a large number of attendees and positive feedback was received.

A number of meetings with other organisations and individuals with particular interests in healthcare products were also hosted during the year. These included meetings with the Animal & Plant Health Association (APHA), the Association of Pharmaceutical Manufacturers of Ireland (APMI), the Irish Association of Health Stores (IAHS), the Irish Health Trade Association (IHTA), the Irish Medical Devices Association (IMDA), the National Standards Authority of Ireland (NSAI), the Irish Pharmaceutical Healthcare Association (IPHA), Pharmachemical Ireland, the Pharmaceutical Distributors Federation, Pharmaceutical Society of Ireland and the Pharmacy Union.

PUBLICATIONS

During 2008 the IMB launched a number of valuable guidance documents as part of its communications efforts, all of which are available from our website (www.imb.ie).

A number of editions of the IMB's Medicinal Products Newsletter, Medical Devices Newsletter and Drug Safety Newsletter were published and are available on the website.

FREEDOM OF INFORMATION

Twenty-one requests were received under the Freedom of Information Act in 2008, compared with 19 in 2007.

THE FUTURE

The IMB faces new challenges and new opportunities for development in 2009 and beyond. The economic downturn is a challenge for all sectors and organisations. Strict controls on public sector recruitment will pose substantial challenges to ensuring we can deliver on our public health remit and services to industry. The Government's announcement in the Autumn of 2008 of the merger of the Irish Medicines Board with the Food Safety Authority of Ireland and the Office of Tobacco Control, to take effect from 1 January 2011, is of huge strategic significance. The Board and Executive look forward to making this merger process a success in every way and to assisting in creating a new product regulator which will deliver substantial public health benefit.

The overall workload for the organisation continues to increase and meeting this demand in the most efficient and effective way will require that we carefully scrutinise all aspects of our organisation to ensure we are working in the most optimal way. Implementing the revised human products structure will allow us to increase synergies as a

Continuing to develop our performance management and quality management systems will be a priority

regulator of various sectors and technologies which are increasingly merging and combining to deliver new and innovative healthcare solutions for patients.

Our objective will be to maintain the impetus for change across the organisation and continue to manage change to assist us in delivering ever higher standards of output to all stakeholders. In this regard, continuing to develop our performance management and quality management systems will be a priority. We look forward to being assessed by peers from within the European medicines regulatory network during 2009 and having our practices benchmarked against the best the system has to offer.

Our staff's expertise and experience are key assets to our organisation. We will continue to offer training and development opportunities so that we can continue to maintain and enhance the skills set required for the ever changing and increasingly complex areas under our remit.

We will continue the roll-out of our ongoing innovation in IT development and linked organisational change during 2009. These will further develop our information technology systems and assessment activity with consequential major benefits to the IMB and its stakeholders.

We will continue to review our funding provision and to look critically at our own cost base to ensure maximum use of resources.

BOARD AND STAFF MATTERS

In total, over 100 people contribute voluntarily to the work of the IMB through participation on the Board and various Committees. The Board and Committees had a very successful year in office and the access we have to this range of independent expertise and acumen is of immense value to the workings of our organisations. I thank each member for their individual contribution and commitment during 2008.

I acknowledge the support of the Ministers and staff of the Departments of Health and Children, and Agriculture, Fisheries and Food for the work of the IMB.

I welcome all new staff members who joined during 2008 and express my personal appreciation to all the staff of the IMB for their continued generous support in achieving the Board's objectives during the year. I look forward to the support of all staff in dealing effectively with the various challenges ahead, as we continue to strive for excellence in all aspects of our daily activities.

Pat O'Mahony
Chief Executive

Human Medicines

The IMB received a total of **2,742** suspected adverse reaction reports occurring in Ireland

The Human Medicines Department had a very successful year in 2008. Safety monitoring of medicines on the Irish market continued to be a core priority and the key focus of all staff of the department. The department witnessed a substantial increase in outputs related to licensing activities which was effectively managed by the staff.

PHARMACOVIGILANCE

During 2008 the IMB received a total of 2,742 suspected adverse reaction reports occurring in Ireland, from healthcare professionals and pharmaceutical companies. The IMB greatly appreciates the contribution of busy healthcare professionals in reporting suspected adverse reactions, facilitating the continued surveillance of the safety of medicines. While the time-consuming nature of form-filling and the provision of follow-up information to the IMB is recognised, the collection and evaluation of comprehensive reports are essential to ensure that appropriately detailed case information is available for the continuous surveillance of the safety of medicines on the Irish market. Such reports are vital for the IMB to ensure that regulatory action or proposals take account of all available data, including information obtained from spontaneous reporting.

The online reporting system available to healthcare professionals and patients/consumers was increasingly used during 2008, with 264 reports submitted by year-end via this method. Access to the online reporting system is available through the IMB website at www.imb.ie.

A primary objective of the IMB pharmacovigilance system is to provide information on new and emerging safety issues related to medicines in a timely fashion, aided by the website, which includes e-mail alerting facilities. Users of the IMB website have the option of registering their contact information with the IMB to enable them to receive direct and immediate notification of safety and regulatory alerts and updates by e-mail or text message. To facilitate prompt access to these updates, users are

The online reporting system was increasingly used during 2008, with **264** reports submitted by year-end via this method

Dr. Joan Gilvarry
Director of Human Medicines

encouraged to avail of this option by registering at www.imb.ie.

The IMB continued to encourage adverse reaction reporting and provided regular reminders about reporting in the Drug Safety Newsletter and in its regular publications in MIMS (Ireland) and the Irish Medicines Formulary (IMF). A number of presentations on pharmacovigilance and adverse reaction reporting were made to healthcare professionals as part of undergraduate and postgraduate training, as well as continuing education programmes. While pharmacovigilance uses many sources of data, the need for detailed and comprehensive spontaneous reports remains pivotal for signal detection. The IMB is committed to using these data to promote the safe use of medicines, manage risk judiciously and to communicate safety information in a timely manner.

Breakdown of Reports by Source

Marketing Authorisation Holders	1,867*
General Practitioners	253
Hospital Doctors	152
Hospital Pharmacists	132
Hospital Nurses	48
Community Care Doctors	82
Community Pharmacists	71
Community Nurses	32
Patient/Consumers	48
Clinical Trials	44
Dentists	1
Haemovigilance officers	5
Healthcare Professionals (other)	7
Total	**2,742**

* This increased figure includes more than 700 case reports received following company review of cumulative data from the National Poisons Information Centre.

Individual case reports were followed up by the IMB, with feedback information provided to reporters, as appropriate. Relevant reports (i.e. serious, suspected cases) notified directly to the IMB by healthcare professionals were forwarded to the appropriate marketing authorisation holders and the European Medicines Agency (EMEA) within the agreed timeframes and formats. The IMB also continued to provide details of reports received to the WHO for inclusion on their international database.

DRUGS WITHDRAWN/SUSPENDED FOR SAFETY REASONS

Acomplia (rimonabant)

The IMB suspended the marketing and use of Acomplia in Ireland on 23 October 2008 following a recommendation issued by the European Medicines Agency (EMEA) on the same date. This national action was taken following review of the product by the EMEA's Committee for Human Medicinal Products (CHMP) which concluded that the benefits of Acomplia no longer outweighed its risks and that the marketing authorisation should be suspended across the EU.

Following assessment of the available information on the benefits and risks of Acomplia, including data from studies completed since it was granted a marketing authorisation, the CHMP confirmed an approximate doubling of the risk of psychiatric disorders in obese or overweight patients taking Acomplia compared to those taking placebo.

The CHMP considered that the new data from post-marketing experience and ongoing clinical trials indicated that serious psychiatric disorders may occur more commonly than suggested by the initial assessment of Acomplia. The CHMP was also of the opinion that these adverse reactions could not be adequately addressed by further risk minimisation measures.

Information regarding the suspension and use of Acomplia in Ireland was distributed by letter, fax, and e-mail networks to healthcare professionals,

with information also highlighted on the IMB's and professional bodies' websites, advising of the action taken and requesting that no further prescriptions for Acomplia should be written or dispensed. In addition, a recall of the product was undertaken to patient level and patients were advised via media statements that they should discontinue treatment with Acomplia and should consult their doctor or pharmacist to discuss treatment options.

SAFETY VARIATIONS

A significant number of variations were initiated, assessed and issued by the Pharmacovigilance Section during 2008 following identification of specific safety issues detected through adverse reaction reports, review of cumulative safety data, the literature and other sources., which were discussed and evaluated at either national or European level. During 2008 these included variations related to the use of ACE inhibitors and angiotensin II receptor-antagonists during pregnancy and lactation; antidepressants and antiepileptic medicines and the risk of suicidal behaviour; carbamazepine and the risk of Stevens Johnson Syndrome; use of codeine-containing medicines during breastfeeding; domperidone and QTc prolongation; and the potential for interaction between aspirin and ibuprofen.

COMPANY LIAISON

Advice on IMB pharmacovigilance reporting requirements was provided to marketing authorisation holders (MAHs) on request throughout the year. Anonymised cumulative adverse reaction data was provided to MAHs in respect of their products on request and, in the case of individual serious suspected adverse reactions associated with use of their products, on an expedited basis.

Company/sponsor compliance with pharmacovigilance obligations was monitored on an ongoing basis through review and monitoring of the timeliness and quality of individual adverse reaction reports, evaluation of the follow-up information provided for individual reports, assessment of the quality and comprehensiveness of periodic safety update reports, annual safety reports and responses to IMB requests for pharmacovigilance data. The pharmacovigilance inspection programme continued in 2008, involving collaboration between IMB pharmacovigilance and Compliance colleagues.

The IMB held an Information Day dedicated to pharmacovigilance and safety related issues in November 2008. The agenda covered a range of topical areas including risk management, periodic safety update reports, compliance-related matters and electronic adverse reaction reporting, with speakers from the UK, Netherlands and the EMEA, as well as the IMB. Approximately 150 participants, mainly from Irish and UK-based companies, attended on the day and feedback was very positive.

ELECTRONIC REPORTING

The IMB continued to report all suspected serious adverse reactions occurring in Ireland electronically via EudraVigilance to the EMEA and to those companies with whom satisfactory testing has been completed. By the end of 2008, 120 companies were in production with electronic reporting to the IMB, with a further six in active testing.

Detailed information and guidance on electronic reporting is available from the IMB Guide to Electronic Submission of ICSRs and SUSARs Associated with Use of Human Medicines, which can be located under the heading 'Publications' on the website. Feedback was also provided to participating companies on an ongoing basis, and updates and items of current interest in relation to electronic reporting were included in the quarterly IMB newsletter for industry.

IMB staff participated at all EudraVigilance meetings and training courses organised by the EMEA throughout the year.

By the end of 2008, **120** companies were in production with electronic reporting to the IMB, with a further six in active testing

A new adverse reactions database is currently being implemented to facilitate enhanced pharmacovigilance activities, with significant additional functionalities to support safety monitoring and data management activities.

INTERNATIONAL COLLABORATION

CHMP Pharmacovigilance Working Party (PhVWP)

There was a total of 11 meetings of the CHMP's PhVWP during 2008. During these meetings, the PhVWP evaluated potential signals and ongoing safety concerns, provided advice to CHMP and Member States on confirmation and quantification of risk and on regulatory options, as well as risk management and monitoring of the impact of regulatory action. The PhVWP also worked on setting standards for procedures and methodologies to promote good vigilance practice, communication and exchange of information and international cooperation.

The PhVWP continued its regular interaction with the FDA through tele- and video-conferences held during its meetings.

Information was provided by the IMB's Pharmacovigilance Section in respect of all requests circulated via the Rapid Alert/Non-Urgent Information exchange system by other Member States.

WHO

IMB staff participated at the annual meeting of national centres participating in the WHO international drug monitoring programme in October 2008.

PUBLICATIONS

As part of its commitment to ensuring access to information, the IMB also uses a number of publications to communicate important safety information to stakeholders in addition to its website sources.

Three issues of the IMB's Drug Safety Newsletter were circulated to doctors, dentists and pharmacists during 2008. These included an update on the regulatory measures taken in relation to nimesulide, the outcome of safety reviews undertaken at EU level regarding antidepressants, erythropoietin-containing products and moxifloxacin, together with updates on bisphosphonates, heparin, HMG-CoA reductase inhibitors, methadone, rosiglitazone and varenicline. Ongoing experience with BCG vaccine was described, as well as a reminder of the recommendations for the isotretinoin pregnancy prevention programme, use of codeine during lactation, use of cough/cold medicines in children, and the potential for medication errors arising from confusion of the product names, Octaplas and Octaplex. The January 2008 issue of the Drug Safety Newsletter also included a questionnaire for readers on their view of the document, frequency, content, layout etc. While a limited number of responses were provided, feedback was generally positive and will be considered in terms of the increased focus on education and information currently being developed in the context of implementation of restructuring of IMB activities. Copies of the Drug Safety Newsletter and updates on safety issues considered to be of public health interest published in the IMB's regular articles in MIMS (Ireland) and the IMF during the year are available from the Publications section of the IMB's website www.imb.ie

The IMB also communicates directly with stakeholders through the provision of information in response to requests, and continued to do so during 2008, as well as participating at various meetings aimed at facilitating continued co-operation and collaboration with healthcare professionals, the pharmaceutical industry and others.

HAEMOVIGILANCE

The IMB continued its regular meetings with the National Haemovigilance Office (NHO) to review haemovigilance events reported, discuss issues of mutual concern, contribute to the development of guidance on haemovigilance reporting and to consider further

developments to facilitate monitoring and revised working practices necessary to meet the provisions of the EU and national legislation.

The EU Commission continued to progress harmonisation initiatives to develop a common approach to the provision of data by Member States through a Working Group on Haemovigilance. The IMB and NHO have participated at this group and it is expected that the guidance document will be finalised shortly.

The IMB also attended the annual European Haemovigilance Network conference and the Serious Hazards of Transfusion symposium during 2008.

In line with the legislative requirement and following collaboration with the NHO, the IMB submitted an annual report on serious adverse reactions and events to the EU Commission during 2008. The report reflected information received from January to December 2007 and consisted of 107 serious adverse reactions, two of which were associated with more than one blood component and 32 serious adverse events.

TISSUE AND CELL VIGILANCE

The IMB attended and participated at relevant vigilance and surveillance meetings during 2008 to facilitate monitoring and revised working practices necessary to meet the provisions of the legislation. This included continuing participation in the joint WHO/EU project for Standards and Training for the Inspection of Tissue Establishments and contribution to the Vigilance and Surveillance Medical Advisory Committee meetings. The latter group has proposed a system for the classification, reporting and management of adverse events and reactions in Europe and the IMB is currently participating in a pilot project with partner countries, utilising the system under consideration.

During 2008, the IMB received 27 reports associated with use of tissues and cells, 25 of which met the reporting criteria, including five serious adverse reactions and 20 serious adverse events. Each report was followed up individually, with feedback provided to reporters. Information on reporting requirements, including a Guide to Reporting Serious Adverse Reactions and Serious Adverse Events associated with Human Tissues and Cells and downloadable and on-line versions of the report forms, are available on the IMB's website.

In line with the legislative requirement, the IMB submitted an annual report on serious adverse reactions and events received to the EU Commission during 2008.

LICENSING ACTIVITIES

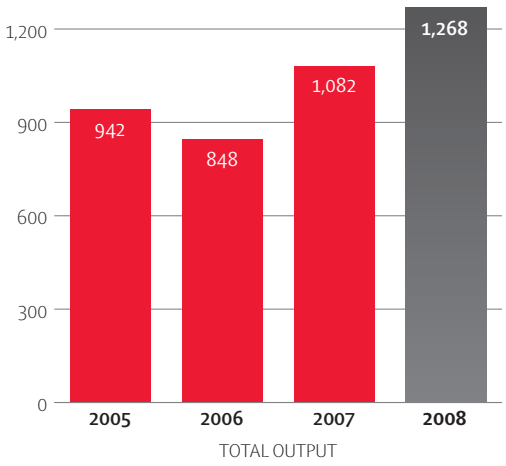
New Products Authorised

During 2008 the IMB output for new product applications was 1,268. This comprised 206 new national and parallel import applications, 532 new mutual recognition (MR) and new decentralised (DCP) applications, 249 new centralised* and 281 transfer applications.

(*Total number of centralised applications complete in 2008, all of which may not be authorised by the European Commission at this point.)

The following table shows the distribution of these over the last number of years:

Total output for new applications



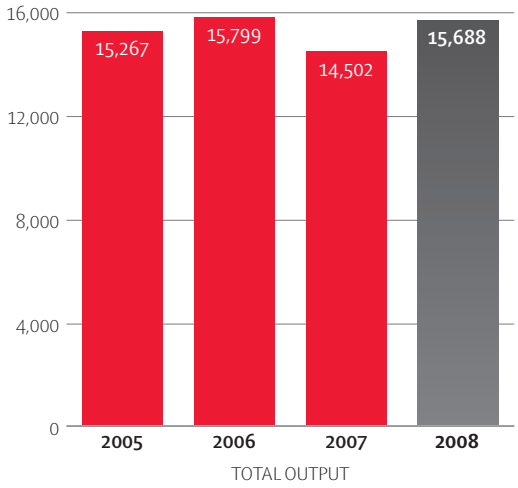
During the year, there was an output of **15,688** variations to product authorisations for products authorised through the national or mutual-recognition procedures

This total output figure displays an increase primarily due to an increase in the number of applications submitted through the centralised and decentralised procedures.

VARIATIONS AUTHORISED

During the year, there was an output of 15,688 variations to product authorisations for products authorised through the national or mutual-recognition procedures. This was an increase from 2007 due to a 12% increase in the number of variation applications received (16,225).

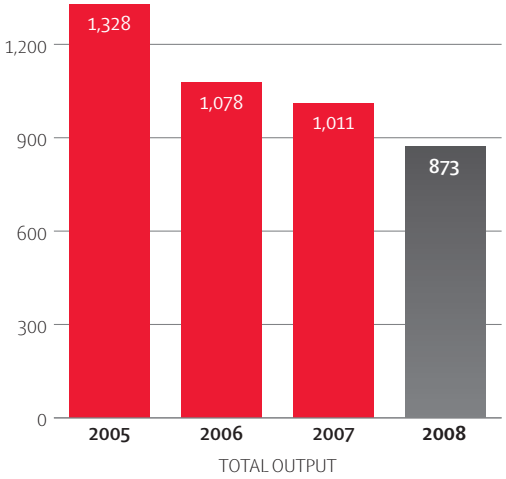
Total output for variation applications



RENEWALS AUTHORISED

During the year there was an output of 873 renewals to product authorisations for products authorised through the national or mutual-recognition systems.

Total output for renewal applications

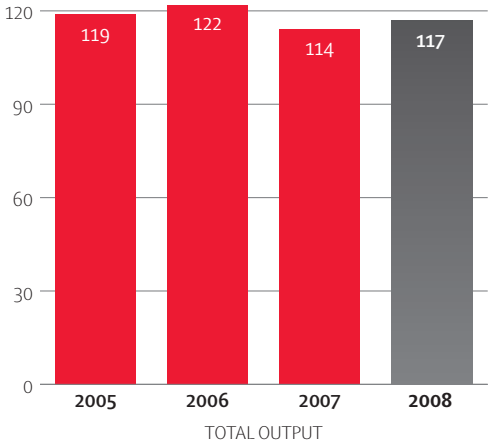


The number of renewal applications received was 1,025.

CLINICAL TRIALS AUTHORISED

During 2008, 117 applications to conduct clinical trials were approved by the IMB. This represents a similar figure to that of 2006 and 2007 as depicted in the table below.

Total output for new clinical trials

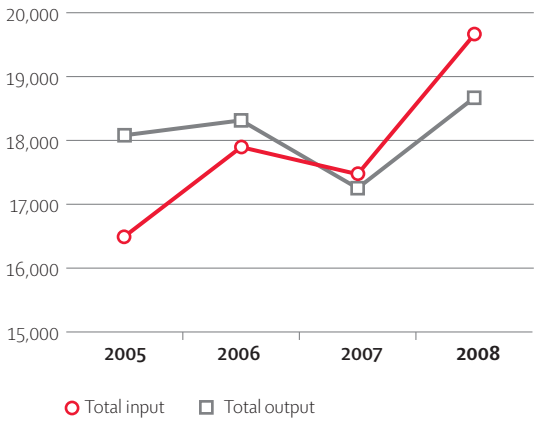


Four hundred and twenty-nine clinical trial amendment applications were approved, which represents a slight decrease from the 2007 figure of 485.

APPLICATION INPUT AND OUTPUT REVIEW

While there was an increase in applications received during 2008, the total output also exceeded previous years as depicted below.

Application input and output review



PERIODIC SAFETY UPDATE REPORTS

A total of 2,746 periodic safety update reports were submitted in 2008. This included reports on products authorised through the national, mutual-recognition, and centralised procedures and those submitted as part of EU work-sharing scheme. A total of 2,292 reports were processed during 2008.

PAEDIATRIC APPLICATIONS

In accordance with Article 45 of Regulation (EC) No 1901/2006 (the 'Paediatric Regulations'), marketing authorisation holders were required to submit line-listings of all paediatric studies for authorised products by 26 January 2008. The IMB received line-listings for 5,792 products and processed 5,606 during 2008. The EMEA is coordinating the assessment by delegated Member States of the studies detailed on the line-listings with a view to authorising paediatric indications. The IMB is actively participating in the process.

The Paediatric Regulations also require the submission of any new studies conducted in the paediatric population using authorised medicinal products (Article 46). The EMEA will also co-ordinate the assessment of these data.

The IMB participated in the Paediatric Committee established by the Regulations and acted as rapporteur for a number of paediatric investigation plans during the year.

The IMB is currently in the process of collecting data on existing uses of medicinal products in the paediatric population for submission to the EMEA. These data will be reviewed by the Paediatric Committee and an inventory of therapeutic needs for the paediatric population developed.

TRADITIONAL HERBAL MEDICINES

The IMB established the Traditional Herbal Medicinal Products Registration Scheme on 31 August 2007. Under the simplified registrations scheme, applications may be made for a certificate of traditional use, for traditional herbal medicinal products which meet certain criteria regarding traditional use, safety and quality and are suitable for use without the intervention of a doctor. The national legislation states that no medicinal product may be placed on the market without a marketing authorisation or a certificate of traditional-use registration but it provides an exemption from this requirement until 30 April 2011 for traditional herbal medicinal products which are on the market in the State. Therefore, a transition period for the implementation of the registration scheme is currently in place. The IMB has only received a small number of applications to date.

The IMB held an information meeting with interested parties on the requirements of the registration scheme on 13 February 2008. The aim of the meeting was to offer regulatory advice to companies in order to facilitate

A total of **2,746** periodic safety update reports were submitted in 2008

compliance with the requirement for registration within the defined timeline. Presentations were given by IMB staff from the Human Medicines and Compliance Departments and the IMB Classification Committee covering areas of relevance to traditional herbal medicines. Industry participants included members of the Irish Health Trade Association and the Irish Association of Health Stores. Feedback received was very positive. All presentations from the information meeting are available on the publications section of the IMB website.

EUROPEAN COMMITMENTS

Our commitments to the European medicines regulatory system continued to be substantial during 2008. The department's technical staff serviced committees and working parties at the EMEA, as shown in the table below.

Committee/ Working Party	Delegate	Duration/ Frequency
Committee for Human Medicinal Products	Dr David Lyons & Dr Patrick Salmon	4 days/ month
Committee for Orphan Medicinal Products	Dr David Lyons & Dr Patrick Salmon	2 days/month
Co-ordination Group for Mutual-recognition and Decentralised Procedures (h)	Dr Jayne Crowe Mr Larry O'Dwyer	3 days/month
Committee on Herbal Medicinal Products	Dr Cora Nestor & Dr Sinead Harrington	4 days/2 months
Paediatric Committee	Dr Kevin Connolly Dr Yvonne Looney	3 days/ month
Gene Therapy Working Party	Dr Maura O'Donovan	6 days/year
Pharmacovigilance Working Party	Dr Eithne Rooney/Dr Almath Spooner	3 days/month
Safety Working Party	Dr Lorcan Allen	2 days/3 months
Quality Working Party	Ms Catherine Mc Hugh	3 days/2 months
Vaccine Working Party	Dr Tracy Keane	3 days/2 months
Scientific Advisory Groups	Dr Sheila Killalea	3 days/month
Efficacy Working Party	Dr Kevin Blake	2 days/3 months
Biological Working Party	Dr Vincent Irwin/Dr Una Moore /Ms Maeve Lally	3 days/month
Blood Products Working Party	Dr Tracy Keane	2 days/3 months
Clinical Trials Facilitation Group	Dr Peter Kiely	2 days/3 months

Veterinary Medicine

There were **104** reports of suspected adverse reactions associated with the use of veterinary medicinal products received by the IMB in 2008

The year under review can be characterised as one of performance, change and challenge. This was the first full year of operation under the new management structure and work-flow system. A report on pharmacovigilance monitoring is provided together with a detailed review of operational performance, customer service, organisational development and financial outturn.

PHARMACOVIGILANCE

There were 104 reports of suspected adverse reactions associated with the use of veterinary medicinal products received by the IMB in 2008. Eighty-seven of the reports originated from marketing authorisation holders, 16 reports were received from veterinarians or other healthcare professionals and one report was submitted by an animal owner. In these reports, a total of 67 veterinary pharmaceutical products and 42 immunological products were identified as possibly associated with adverse events.

Suspected adverse events were reported in the following species: human (six reports), bovine (36), canine (35), equine (11), ovine (eight), feline (four), porcine (two) and rabbit (two).

Of the reports received, 71 related to suspected adverse reactions in the treated animals, 26 related to suspected lack of expected efficacy, one related to a withdrawal period and six reports involved suspected adverse reactions in individual users following exposure to a veterinary medicinal product. No regulatory action was taken in 2008 relating to issues of target animal or user safety as a result of spontaneous adverse reaction reports; however, on foot of pharmacovigilance information received during the year the withdrawal period of an authorised product was amended.

The Veterinary Department acted as Reference Member State for **21** outgoing applications for decentralised or mutual recognition procedures

Dr. J.G. Beechinor
Director of Veterinary Medicines

The IMB continues to strive to promote veterinary pharmacovigilance in Ireland; on 9 October 2008 a very successful veterinary pharmacovigilance information day for the veterinary pharmaceutical industry was held.

OPERATIONAL PERFORMANCE

The department reached a record output of 1,371 units; this figure was comfortably ahead of the management target of 1,260 set in February 2008. The 'Nimbus' work-flow system underpins the management of applications and also serves as a document management tool.

As in previous years, the department focused on three main areas:

- **Excellence in our work:** 22 new or updated standard operating procedures were approved during the year; a new system for peer review of selected applications by the IMB's Advisory Committee for Veterinary Medicines was rolled out; five audits of various procedures operated in the department were carried out under the IMB's quality management system.
- **Efficiency:** The department processed all centralised, decentralised and mutual recognition applications in accordance with the agreed timetables. The number of applications held in the work-in-process queues declined from 762 units in December 2007 to 690 units in December 2008. December saw the roll-out of automated metrics on certain key internal processes for the first time in the IMB. Although the system must be further refined and tested it is expected that it will be a major help in performance management in 2009.
- **Added-value:** This service to industry supports Irish and European jobs and places the IMB in second place in Europe for such work.

November 2008 saw the introduction of the new requirement for applicants to notify the IMB of the marketing status of their products in this country.

CUSTOMER SERVICE

A significant development during the year was the release of automated e-mails on milestone achievements during the application evaluation process. This feature allows applicants to better track progress on their applications.

During the year the IMB conducted two web-based public consultations with stakeholders: the first was one relating to the range of IMB services which customers would be willing to pay for; the second relating to the annual fee review. The department also conducted a survey of marketing authorisation holders to gauge their familiarity with the requirements for pharmacovigilance systems for recording and reporting suspected adverse reactions. In addition to conducting this survey, the department held a Pharmacovigilance Information Day meeting on 9 October 2008.

The department contributed articles to the three IMB Newsletters during the year and published two articles on the regulation of veterinary medicines in the Irish Veterinary Journal.

As in previous years, staff from the department held a number of meetings with stakeholders, including the Department of Agriculture, Fisheries and Food (DAFF).

The Director of Veterinary Medicines was active in a European task-force on legislation and delivered a presentation to a special conference on the topic of future availability of veterinary medicines to an international audience in Paris on 30 September.

Veterinary Medicines (continued)

22 new or updated standard operating procedures were approved during the year

Concerning national issues on veterinary medicinal matters, department staff also provided input into regulatory seminars on veterinary medicines to the Royal College of Surgeons in April and to the DAFF in December. The IMB approved a number of minor-use products during the year including a vaccine for rabbit haemorrhagic disease, hyperimmune serum for foals and two lice treatments for salmon. As provided for in national legislation, in June 2008 the IMB accepted an ivermectin-containing product intended for use in pet rabbits and ferrets, as not requiring a marketing authorisation.

ORGANISATIONAL DEVELOPMENT

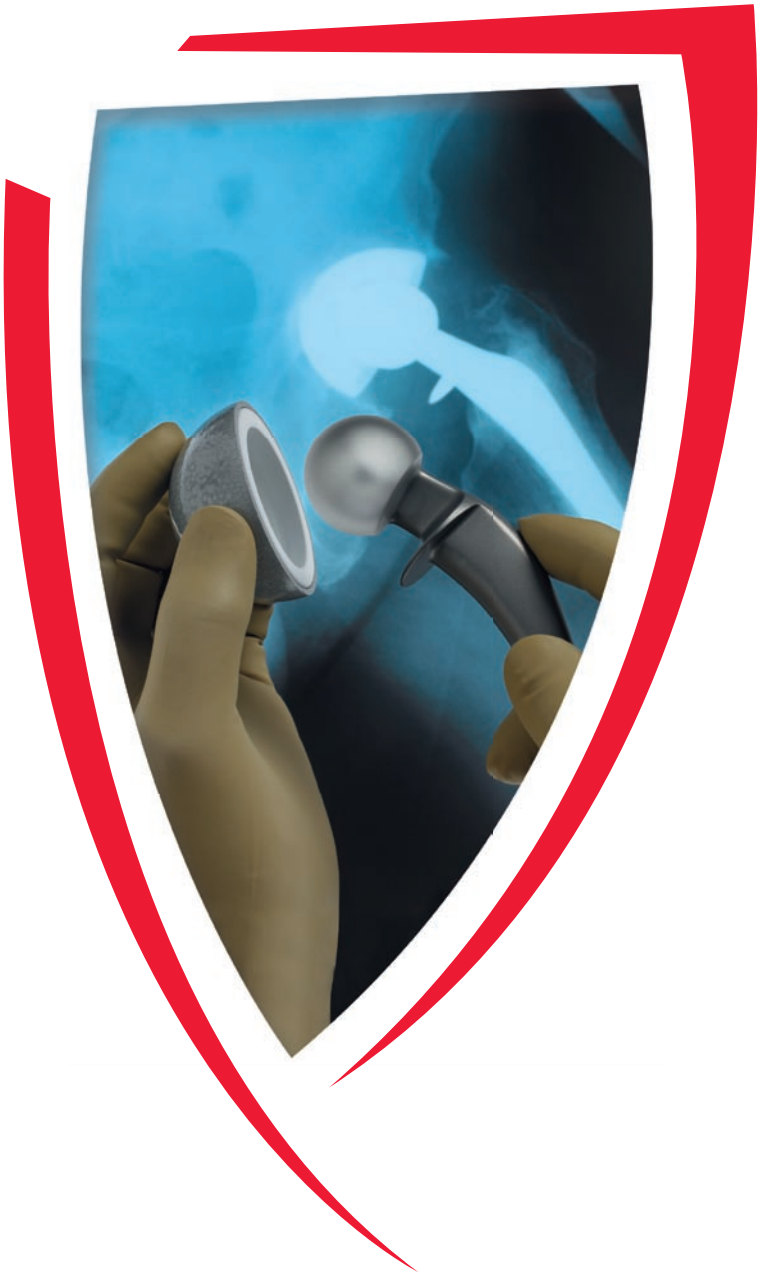
The vision of the management team for the department at the time of its reorganisation in 2007 was to develop 'an inspired and fulfilled team delivering an innovative, informative and responsive regulatory system for veterinary medicines which enhances the lives of animals and safeguards the health of society.' Throughout 2008 the IMB underwrote the development of the department to realise this vision through its recruitment of staff and the provision of training. A senior staff member was accepted as an expert assessor to the European Directorate for the Quality of Medicines; this work involves the assessment of drug master files for EU-wide suitability and is undertaken in short blocks of time at intervals during the year. Two more of the current staff have embarked on Masters degrees while a change of representation for CVMP and CMDv meetings was agreed by year-end.

As part of its organisational planning during 2008, the management of the department identified some changes to the business model to improve capacity to handle high-value applications, to increase efficiency and to strengthen the pharmacovigilance unit to meet the requirements of the legislation for enhanced monitoring. Before year-end Board approval for the changes was given and it is expected that the changes will be put into effect early in 2009.

Medical Devices

Ms. Ann O'Connor
Medical Devices Director

The year 2008 was a busy and productive year for the Medical Devices Department with continued increases in activity levels. The department completed the implementation of its new structure, undertook significant process re-engineering and put in place additional resources. The new structure has supported an increased focus on operational management and an integrated focus on market compliance activities.



Monitoring of safety issues on the Irish marketplace continued to be a key day-to-day activity. Significant activity took place in the areas of vigilance, compliance and clinical investigations.

The Advisory Committee for Medical Devices (ACMD) met three times during 2008. Topics under consideration included development of information on the use of medical devices in the community setting, point-of-care-testing, review of the medical devices directives, vigilance issues and monitoring of the outcome of notified body audits. The ACMD also assisted with the development of a series of brochures which are directed at the public to create awareness of medical devices. It is expected that these brochures will be published in the second quarter of 2009.

The Medical Devices Department, in partnership with chemical pathologists, clinical biochemists and medical scientists produced Guidelines for Safe and Effective Management and Use of Point of Care Testing (POCT) within the hospital environment. This document was launched in April 2008 by the Minister for Health and Children, Mary Harney, TD. Following on from this, the IMB established a new working group to develop guidelines for point-of-care testing in primary, community and continuing care settings e.g., pharmacies. The guidelines are currently at an advanced stage and it is hoped that the final guideline will be published in 2009.

1,160 vigilance reports were received and assessed in 2008, an increase of **38%** on the number of reports received in 2007

During 2008 assistance was provided to the Department of Health and Children on the transposition of Directive 2007/47/EC into Irish law via S.I. No 109 of 2009 European Communities (Active Implanatable Medical Devices) (Amendment) Regulations 2009 and S.I. No 110 of 2009 European Communities (Medical Devices) (Amendment) Regulations 2009.

In May 2008, the European Commission published a questionnaire for stakeholders with various proposals to 'recast' the medical devices directive, Directive 93/42/EEC. The IMB submitted a comprehensive response to this questionnaire following consultation with various relevant national stakeholders and has remained involved in discussions at a European level with other Member States and the European Commission.

VIGILANCE

A total of 1,160 vigilance reports were received and assessed in 2008, which represented an increase of 38% on the number of reports received in 2007. This increase was due to multiple factors including the implementation of the MEDDEV 2.12-1 rev 5 Guideline on a Medical Devices Vigilance System which came into force on 1 January 2008. This resulted in a significant increase in the number of national Competent Authority reports being circulated by Member States as a result of the improved clarity in the revised guidance on the medical device vigilance system. A total of 434 national Competent Authority reports were circulated by European Competent Authorities in 2008 with the IMB issuing 58, an increase of 49% from 2007.

Of the vigilance reports received in 2008, 38% were from manufacturers or their legal representatives, 51% were from other regulatory agencies (including web postings) and 9% were received directly from medical device users. Class IIa and IIb general medical devices and general category in-vitro diagnostic (IVD) medical devices represented the largest number of reports received.

In the Class I/IIa group there was an increased trend in reports relating to reusable instruments and hospital hardware. In the Class IIb/III group there was a higher than usual number of orthopaedic implant recalls. A number of reports were also received regarding implantable neurological devices.

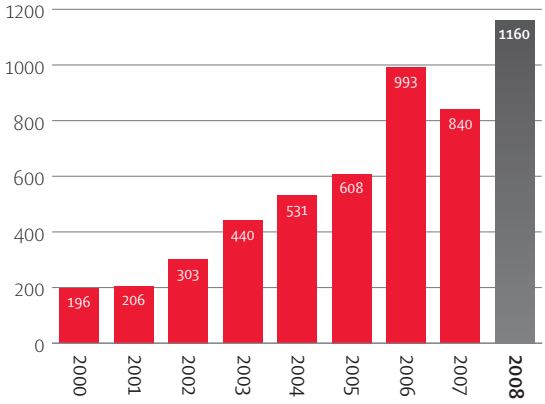
Overall, in general medical devices, there has also been an increased trend in recalls relating to device packaging sterility, software issues particularly with diagnostic and treatment planning software, and an increased trend in reports relating to single-use devices. Single-use, diagnostic and therapeutic radiation, and electro-mechanical medical devices represented the most common reports received per product family. Single-use devices include items such as infusion and transfusion sets.

In the IVD area the largest number of reports related to clinical biochemistry and microbiology devices. An increased number of vigilance cases relating to pregnancy tests were received in 2008. Vigilance issues with blood glucose meters also accounted for a large number of IVD clinical biochemistry cases. Software upgrades for clinical chemistry analysers also had a high impact on the number of IVD clinical biochemistry vigilance cases.

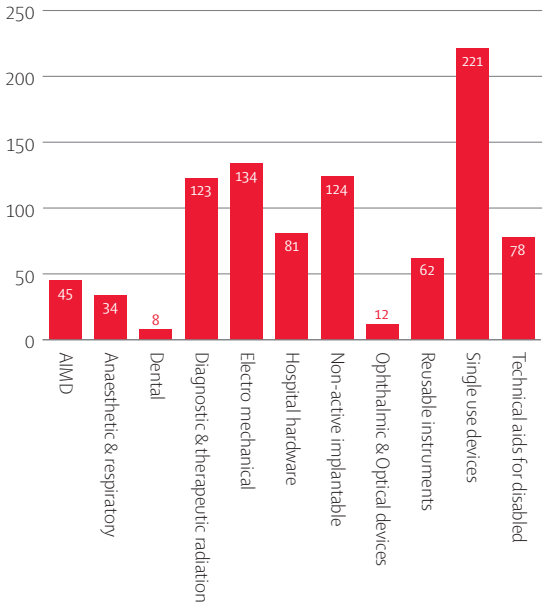
During 2008, the IMB received 885 field safety corrective actions relating to medical devices that directly impacted the Irish market. These resulted in a combination of 382 product removals, 249 field safety notices, 136 software upgrades, 117 field modifications and one case of user training. The implementation of corrective actions was closely monitored by the Medical Devices Department.

The IMB received **885** field safety corrective actions relating to medical devices that directly impacted the Irish market

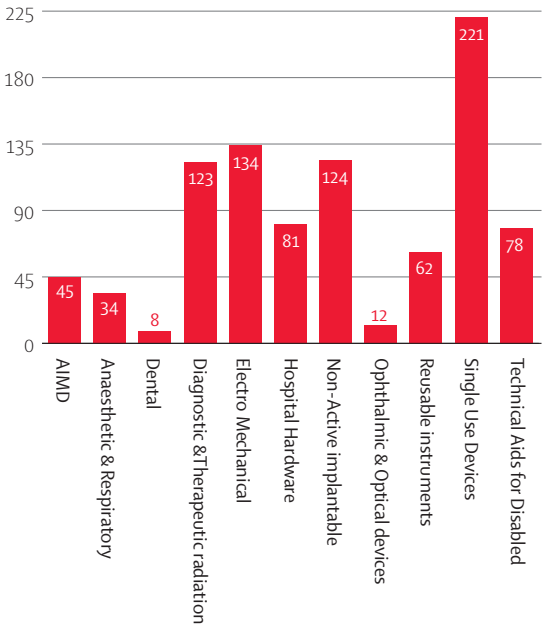
Number of vigilance reports received



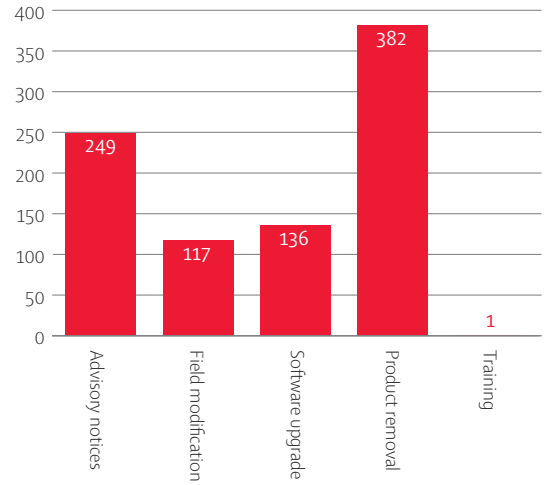
Family Groups of Devices Implicated in Vigilance Reports in 2008 – General Medical Devices and Active Implantable Medical Devices



Family Groups of Devices Implicated in Vigilance Reports in 2008 – In-vitro Diagnostic Medical Devices (completed)



Outcome of field safety corrective actions in 2008



NOTIFIED BODIES

The IMB conducted three surveillance audits of the National Standards Authority of Ireland (NSAI) during 2008 to the Medical Device Directive, the Active Implantable Medical Device Directive and the In-vitro Diagnostic Medical Device Directive. Two surveillance audits were conducted at the NSAI offices in Dublin and one audit in NSAI's offices in New Hampshire, USA. Issues were identified during the audits which are being addressed by the NSAI. The IMB will continue to closely monitor Irish notified bodies during 2009.

Two satisfactory observed audits were conducted on NSAI auditors during 2008, one on an Irish-based auditor and the other on a US-based auditor.

The IMB has committed to continue its participation in, and assistance with, further development of the peer review scheme for Notified Body audits operated by the Notified Body Operations Group.

CERTIFICATES OF FREE SALE

In 2008, 434 certificates of free sale for medical devices were issued. The quality of the applications and related documentation for certificates of free sale received from medical device manufacturers were significantly improved in comparison to 2007.

REGISTRATIONS

There were 240 new notifications to the register for medical devices in 2008. A total of 95 *in-vitro* diagnostic medical devices and 145 general medical devices were registered. The number of new organisations registered was 17. The data collected on the registration database were uploaded on a monthly basis throughout 2008 to the European Commission's EUDAMED database.

CLINICAL INVESTIGATIONS

During 2008, four clinical investigation applications for general medical devices were received and two significant amendments to previously authorised clinical investigations. One of the clinical investigations submitted was subsequently withdrawn by the manufacturer. One application was approved to make a non-CE marked cardiology device available for use on compassionate grounds.

The IMB continues to promote communication with manufacturers and other investigation sponsors on clinical investigation issues. This approach, including pre-submission queries and meetings, helps to clarify expectations and data requirements and facilitates the review process. During 2008, the IMB, following consultation with research ethics committees, published a Guide for Ethics Committees relating to medical device clinical investigations.

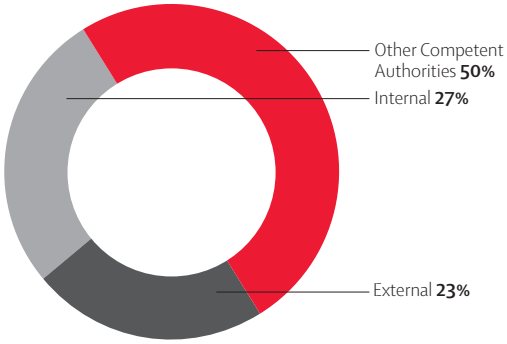
CLASSIFICATIONS

Seventy two classification queries were received in 2008: 50% of the queries originated from other Competent Authorities and 23% from other external stakeholders. Of the 72 classifications, 23 related to drug-device combination or borderline products and were referred to the IMB's Classification Committee.

A number of these 72 queries require further discussion at the European Medical Devices Expert Group Classification/ Borderline Working Group.

A total of **54** medical device audits were completed in 2008

Source of Classification Queries



POST-MARKET SURVEILLANCE ACTIVITIES

Audit

A total of 54 medical device audits were completed in 2008, comprising 16 proactive audits (largely Class I products), one reactive audit (Class IIb product), 32 audits of custom-made medical device manufacturers and five Notified Body audits.

The majority of non-compliances raised during the proactive audits related to inadequate implementation of the new MEDDEV 2.12/5 Medical Devices Vigilance System and inadequate technical documentation.

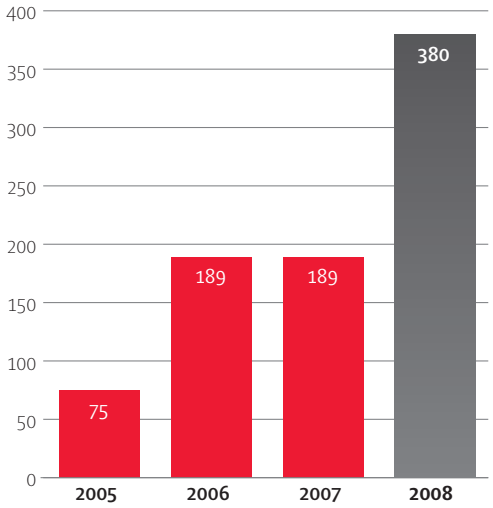
As a result of the IMB's focus on custom-made device manufacturers, all registered manufacturers of assistive products for persons with disability have now been audited by the IMB with all identified issues resolved to the benefit of users.

Compliance

During 2008, 380 compliance cases were opened, which represented an increase of 101% on the figure for 2007. Class IIa and IIb general medical devices represented the largest number of compliance cases with single-use medical device representing the most common type of case.

Of the compliance cases received, 87% were notified to the IMB by other Competent Authorities and related to notified body certificate withdrawals or issues that were of concern in another Member State. Problems identified and investigated as part of compliance cases in 2008 included labelling, missing or incorrectly attached CE marking and classification issues. In 2008, there were also a small number of compliance cases relating to counterfeit medical devices.

Number of compliance cases opened



The second phase of the proactive compliance activity on system and procedure packs focused on systems. Follow-up corrective actions arising from a number of compliance audits conducted in 2007 were concluded in 2008.

Contribution and support was also provided to the European working group that is planning co-ordinated market surveillance activity at EU level.

PUBLICATIONS

In 2008, the following guidance documents were published or updated for stakeholders:

- Guide for Class I Manufacturers on compliance with European Communities (Medical Devices) Regulations, 1994
- Guide for Custom-made Medical Device Manufacturers on Compliance with European Communities (Medical Devices) Regulations, 1994
- Guide to Applications for Certificates of Free Sale for Medical Devices
- Guide to Drug-Device Consultations
- Guidelines for Safe and Effective Management and Use of Point of Care Testing
- Guide for Ethics Committees on Clinical Investigation of Medical Devices

The IMB Safety Notices which were circulated in 2008 were:

- IMB Safety Notice SN2008(01): Intra Stent
- IMB Safety Notice SN2008(02): Fast Fluid Warmer
- IMB Safety Notice SN2008(03): Baby Beets Fetal Doppler
- IMB Safety Notice SN2008(04): Coopers Walking Frames
- IMB Safety Notice SN2008(05): Clinitest Pregnancy Test Kits
- IMB Safety Notice SN2008(06): Disposable Infusion Devices
- IMB Safety Notice SN2008(07): Bench-top Steam Sterilisers
- IMB Safety Notice SN2008(08): Blood Bags and Giving Sets

Three medical device newsletters were issued during 2008 which continue to be well received by stakeholders. Many contributions were received towards newsletter articles from academia, the healthcare sector and industry, highlighting many different medical device issues.

COMMUNICATION

During 2008, the IMB made presentations at many stakeholder conferences including the National Standards Authority of Ireland (NSAI) Information Day on revision of the medical devices directives.

The IMB continued participation in Consultative Groups with the Faculty of Pathology, the Academy of Medical Laboratory Science and the Association of Clinical Biochemists in Ireland to develop guidance for the safe and effective management and use of point-of-care testing in the healthcare setting. Having published guidance for point-of-care testing use in the clinical setting during 2008, work commenced on developing a similar guidance for point-of-care testing use in the primary, community and continuing care setting.

The IMB continued participation in several stakeholder workgroup including the MERIT group on automated external defibrillators which published a guidance document during 2008 for relevant stakeholders on considerations when purchasing a defibrillator.

Throughout 2008, the IMB continued its regular meeting schedule to communicate on key medical device issues with stakeholders including the Department of Health and Children, the NSAI and the Irish Medical Device Association.

In 2008, a significant focus was placed on the surveillance and notified bodies at an EU level to ensure consistency of performance

EUROPEAN ACTIVITY

During 2008, the IMB continued to actively participate in European meetings of the Medical Devices Expert Group and the related working groups. Delegates from the IMB acted as the chair for the newly-created Compliance and Enforcement Working Group (COEN) and vice-chair of the Notified Body Operations Group (NBOG). A significant focus is being placed on the surveillance of notified bodies at an EU level to ensure consistency in performance.

The IMB continued its participation in the Clinical Evaluation Task Force which has completed its original terms of reference. The task force is to become a permanent working group during 2009 as the Clinical Investigation and Evaluation Working Group. The IMB participated actively in the subgroup to develop the clinical module of the Commission's EUDAMED medical device database.

Ireland presented at and participated in two meetings of the Presidencies of the EU, namely Slovenia and France.

COSMETICS

In 2008, a report was prepared and submitted to the Department of Health and Children detailing the legislative obligation and responsibilities, and the functions that need to be undertaken by the IMB if it were to assume the role of Competent Authority for cosmetics in Ireland. This report also detailed the proposed structure, staff, cost, proposed funding mechanisms and requirements for the IMB in assuming this role. The compilation of the report involved close interaction with the current Competent Authority (Department of Health and Children) and other stakeholders, including the European Commission, National Consumer Agency, Health Service Executive and industry representative bodies. The activities of the European Council Working Group on Cosmetics were closely monitored, as a recast of the Cosmetics Directive is proposed for adoption which aims to strengthen the legislation in a number of key areas including definitions, good manufacturing practice and post-market surveillance. The IMB also attended as an observer at a number of European meetings relating to cosmetics including the Standing Committee on Cosmetic Products, the Working Group on Cosmetic Products, and the Platform of European Market Surveillance Authorities in Cosmetics.

Compliance

In 2008 there was an output of **1,876** export certificates

The year 2008 was another busy year across all the department's activities. The key activities are outlined below.

LICENSING

The total number of licences and authorisations in force at year-end is presented below by category.

Total Number of Licences / Authorisations (Sites)	2006	2007	2008
Human	82	85	86
Veterinary	30	28	26
Investigational Medicinal Products	36	43	45
Wholesaler	148	127	214*
Blood Establishments	1	4	6
Tissue Establishments	0	0	6
Laboratory Certificates	8	12	11

* Includes wholesalers supplying general sale products only

The Licensing section continued to support the Inspection section with regard to the issuing of GMP certificates within 90 days following an inspection.

Controlled Drugs Licensing Activity	2006	2007	2008
Registration	26	19	23
Export & Import	944	964	1056
Annual – New	20	19	19
Annual - Renewal	152	171	243
Letter of No Objection	431	473	489
Pilgrims	12	14	14
Hemp	0	5	46

121 Good Manufacturing Practice (GMP) inspections were performed. These included **23** inspections in non-EEA countries

Mr. John Lynch
Director of Compliance

EXPORT CERTIFICATES

There was an output of 1,876 export certificates as set out below.

Product Certification Activity	2006	2007	2008
Certification of Documents	389	316	266
Certificates of Free Sale	35	52	22
Certificate of Good Manufacturing Practice for Finished Product Manufacturers	224	200	212
Certificate of Good Manufacturing Practice for Active Substance Manufacturers	43	62	42
Certificate of a Pharmaceutical Product for Human Use	1,193	941	1,236
Certificate of a Pharmaceutical Product for Veterinary Use	97	105	37
Other	69	82	61
Total	**2,050**	**1,758**	**1,876**

EU PROJECTS

The EMEA launched the EudraGMP database in April 2007. It contains information on all manufacturing and importation authorisations issued by EEA competent authorities, as well as information on GMP certificates issued by Member States following each GMP inspection. During 2008, the Licensing section and the IT and Change Management department continued to participate in the EudraGMP EMEA project group.

With around 15,000 importers and manufacturers in the EEA, up to 7,000 new GMP certificates will need to be entered into the database each year. GMP certificates are issued following satisfactory inspections in third countries and those relating to inspections of active substances, and certain excipients, will also be included.

EEA competent authorities currently have full read/write access to the EudraGMP database. Access to the general public for manufacturing and importation authorisations and certain GMP certificates, with the exception of any information of a commercially and/or personally confidential nature, is planned for a future release. Discussions with MRA partners are ongoing with the aim of substituting the paper exchange of certificates.

INSPECTIONS

Good Practice Inspection Activities

The IMB's Compliance inspections function is structured within four operational groups:

- Good Manufacturing Practice (GMP)
- Controlled Drugs and Good Distribution Practice (CD / GDP)
- Good Clinical Practice and Pharmacovigilance (GCP/ PhV)
- Blood and Tissues

Good Manufacturing Practice (GMP)

One hundred and twenty one GMP inspections were performed. These included 23 inspections in non-EEA countries, nine of which were carried out at the request of the EMEA for centrally-authorised products, and two inspections at the request of the European Directorate for Quality of Medicines (EDQM) of an active substance manufacturing site named on a Certificate of Suitability to a monograph of the European Pharmacopoeia. The remaining foreign sites were included on Irish manufacturers' authorisations as third country manufacturing sites or as manufacturers named in marketing authorisations for medicinal products.

Good Distribution Practice (GDP)

Sixty six GDP inspections were performed to ensure continued compliance with GDP requirements and to assess applications for new authorisation or variations to existing authorisations.

Compliance (continued)

The programme included a number of inspections of wholesalers involved in the distribution of parallel-imported medicinal products to assess the compliance of products supplied to the market.

Controlled Drugs Inspections

Fifteen controlled drugs inspections were performed. The programme focussed on licensed distributors and manufacturers of controlled drugs.

Good Clinical Practice (GCP)

The GCP inspection programme includes inspection of sponsor companies, investigators, contract research organisations and laboratories, and applies to clinical trials approved in Ireland and those performed in support of national / EU marketing authorisations.

Sixteen GCP inspections were performed. Of these, 14 were carried out at investigator sites in Ireland. In addition two inspections were conducted at the request of the EMEA at a sponsor site and a study site in a non-EEA country as part of the assessment of an application for an EU marketing authorisation.

Pharmacovigilance Inspections

One pharmacovigilance inspection was performed at an Irish-based marketing authorisation holder's facility.

Blood Establishment and Blood Bank Inspection

Ten blood establishment inspections were performed.

Twenty two hospital blood banks, two facilities (where transfusion only occurs) and one storage facility were inspected. This programme of inspections was based on the IMB's review of hospital blood bank annual reports for 2007. The focus of these inspections was to assess the progress of the hospital blood banks in attaining the ISO 15189 accreditation standard as required by legislation.

At the request of the Maltese Medicines Authority, a member of the Blood and Tissues team participated in an inspection at the Maltese Blood Transfusion Service to assist that agency in the development of its national inspection programme.

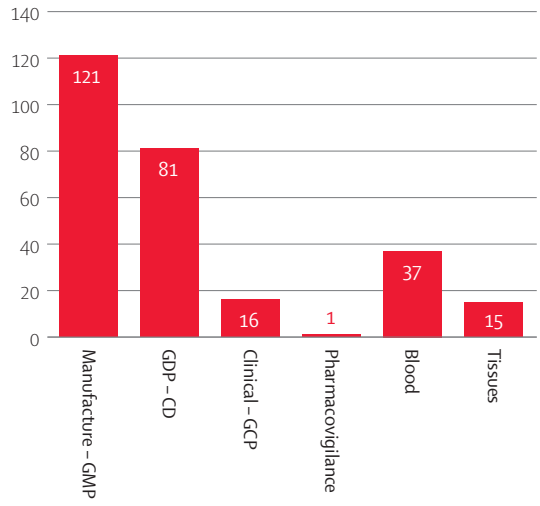
Tissue Establishment Inspections

Fifteen tissue establishment inspections were performed. The main focus of the inspection programme was on applications for tissue establishment authorisations made by a number of assisted human reproductive clinics and hospitals.

Performance Targets

On the 31 March 2008 the inspection reporting procedure was improved by the introduction of a 15 day target for reporting deficiencies to the site which was inspected. Its purpose was to facilitate a faster response from the manufacturer to any deficiency in good practice identified during the course of an inspection. The target for issuance of the full inspection report remained at 28 days post-inspection.

Number of Inspections Completed in 2008



409 medicinal or other products were tested or examined via the sampling and analysis programme

MARKET COMPLIANCE

Overview

The Market Compliance section runs a number of risk-based, compliance–related programmes. These include:

- proactive market surveillance activities, such as the sampling and analysis programme
- reactive market surveillance activities, such as those of the quality defect and recall programme
- exempt medicinal products programme which is a notification system relating to the importation and supply of unauthorised medicinal products in Ireland
- regulatory compliance inspections at the premises of marketing authorisation holder companies. This programme is designed to assess the level of compliance against various items of national legislation pertaining to the marketing and advertising of medicinal products.

In the following sections, a summary of the activities for 2008 in each of the above areas is presented.

Sampling and Analysis Programme

The sampling and analysis programme is a risk-based programme and includes authorised medicinal products, products manufactured in Ireland for export only, active substances, enforcement-related samples and borderline products.

Products sampled are either subjected to analytical testing and/or packaging and labelling examination work. A total of 409 medicinal and other product types were tested or examined, comprising approximately 800 different tests. Two areas of particular focus were the quality of active substances imported into Ireland from non-EEA countries, and the compliance of medicinal product packaging and labelling with marketing authorisation requirements.

Analytical Testing Activities

A significant portion (24%) of the programme was devoted to the analysis of active substances manufactured in non-EEA countries and used at Irish manufacturing sites. Approximately 40% of the analytical work was directed at authorised medicinal products, and approximately 36% related to enforcement and borderline product samples.

The table below provides details of the product categories tested.

Information on the product categories subject to Analytical Testing in 2008	Number of samples
Physico-chemical & Biological Analysis:	
Active Substances	54
Nationally authorised medicinal products	33
Parallel import licences	8
Products manufactured for export	1
Borderline products	7
Enforcement-related samples	73
Centrally-authorised medicinal products*	20
Mutual recognition medicinal products*	27
Microbiological Analysis:	
Nationally authorised medicinal products	2
Total	**225**

* Note: These products were sampled as part of the IMB's participation in various EU Market Surveillance programmes.

Principal findings from Analytical Testing

Two out-of-specification results were obtained during testing of authorised medicinal products. One related to non-compliance with the assay specification where it was found that the assay method used by the manufacturer underestimated the amount of active substance present in a tablet formulation. The second product was out-of-specification with respect to its dissolution specification. Each of these issues was followed up with the companies concerned.

Compliance (continued)

Packaging and Labelling Examination Activities

Items that are examined in this area include package leaflets, the labelling of product containers, summaries of product characteristics and parallel-imported medicinal products.

One hundred and eighty four authorised medicinal and other products were sampled, including 25 parallel-imported medicinal products. The latter products were checked for the presence of patient warnings or other safety information on the package leaflets, for the integrity and quality of their packaging (and over-labelling), and for the quality and accuracy of the Braille text on the outer cartons.

The table below provides information on the types of checks that were performed.

Description of the Packaging and Labelling Checks performed	Number of samples
Compliance status of the packaging and labelling with the Marketing Authorisation	52
Presence of key safety-related and other information on Package Leaflets and product labelling	28
Presence of the correct legal classification for the method of sale of the product	21
Quality of the medicinal product packaging and over-labelling, if present	22
Braille compliance	34
Packaging and labelling of Medicinal Products associated with Quality Defects and/or Product Recall issues	7
Packaging and labelling of Medicinal Products associated with Classification Committee work	18
Other packaging and labelling checks	2
Total	**184**

Principal findings from examination of Packaging and Labelling

Twelve medicinal products were found not to contain the most up-to-date warnings on the product labelling/package leaflet, five were found not to contain the most recently approved package leaflet, and two were found to be missing the required parallel product authorisation number on their secondary packaging. The outer carton used on two was determined to be of unacceptable quality, and for one product, it was found that the primary packaging rendered it difficult for the patient to remove the product.

Participation in European Market Surveillance Activities

The Market Compliance section participated actively in several EU co-ordinated surveillance programmes, including those for centrally-authorised, mutual recognition and decentralised products. The IMB sampled 11 batches of centrally-authorised products from the Irish marketplace for analytical testing in other Official Medicines Control Laboratories (OMCLs), and the IMB's OMCL analysed a total of nine batches of centrally-authorised products that had been sampled from other Member States. (This represents a substantial increase on 2007 figures, i.e. four products tested in Ireland, and five sampled here.)

The IMB also sampled 27 mutual recognition and decentralised products from the Irish marketplace for analytical testing at the Irish OMCL or other Member State OMCLs. This represents a significant increase from 13 products sampled in 2007.

Participation in these European surveillance programmes gives the IMB access to a wide range of analytical expertise and testing competencies; it reduces duplication in surveillance activities across Europe; and it allows the IMB to benefit from a large body of surveillance data. Approximately 21% of the IMB's analytical work was in these areas, representing a high degree of collaboration with other EU Member States and their OMCLs. The IMB

A total of **555** quality defects in human and veterinary medicinal products were reported to, or identified by, the Market Compliance section

continued to be represented on the advisory group of the general OMCL network.

A significant number (23) of deficiencies were identified in analytical methods used by product manufacturers. These deficiencies related to nine authorised medicinal products, one medicinal product manufactured in Ireland for export-only, and four active substances. The deficiencies included:

- poorly-described analytical methods, and
- a lack of appropriate instructions for calculations in several methods.

In relation to Braille, eight non-compliances were also identified in the text on the outer cartons of seven different products. These included dot height being too low resulting in problems reading the Braille; use of an incorrect Braille symbol; and the absence of a required Braille space cell. In addition, the Braille declarations submitted to the IMB by two marketing authorisation holders were not in compliance with the Braille text on the medicinal product outer carton.

All of the above out-of-specification test results and method deficiency issues were followed up with the companies concerned, to ensure that the issues identified were corrected.

Acknowledgements

The IMB would like to thank the staff of its OMCL, the Public Analyst's Laboratory, Galway, and the staff of the State Laboratory, Young's Cross, Celbridge, Co. Kildare, for their invaluable contributions to the sampling and analysis programme.

Quality Defect And Recall Programme

The quality defect and recall programme investigates, on a risk-basis, reports of suspected quality defects in both human and veterinary medicinal products, and in their related active substances. A total of 555 quality defects in human and veterinary medicinal products were reported to, or identified by, the Market Compliance section. This represents a 16% increase over 2007 figures. Factors that contributed to this increase included promotional work carried out by the section in relation to quality defect reporting at pharmacy level, and the introduction of an online quality defect reporting facility in late 2007.

Five hundred and nineteen reports concerned medicinal products for human use, and 36 concerned veterinary medicinal products. The classifications of defects in 2008, along with the figures for previous years, are shown in the table below.

Year	2002	2003	2004	2005	2006	2007	2008
Critical Quality Defects	6	39	50	66	84	173	127
Major Quality Defects	86	147	167	199	238	216	300
Minor Quality Defects	28	102	80	40	40	80	105
Number of Quality Defect Reports Not Justified	5	10	13	22	9	4	23
Total Number Quality Defects Reported /Identified for the Year	**125**	**298**	**310**	**327**	**371**	**473**	**555**

Compliance (continued)

Of the 555 cases, 431 were determined to be affecting Ireland, meaning that the defective batch or batches were either on the Irish market and/or were manufactured in Ireland.

The above table illustrates the steady increase in the volume of serious (i.e. major and critical) reports over recent years. These, at 427, accounted for 77% of all reported quality defects in 2008. There was, however, a decrease in the number of critical quality defect reports in 2008 compared with 2007 figures. A number of factors contributed to this, but the largest was the sharp reduction (of 34%) in the number of quality-related Rapid Alert communications received by the IMB from other Competent Authorities.

Of the 127 critical reports, 58 directly affected Ireland, of which 51 concerned medicinal products for human use and seven concerned medicinal products for veterinary use.

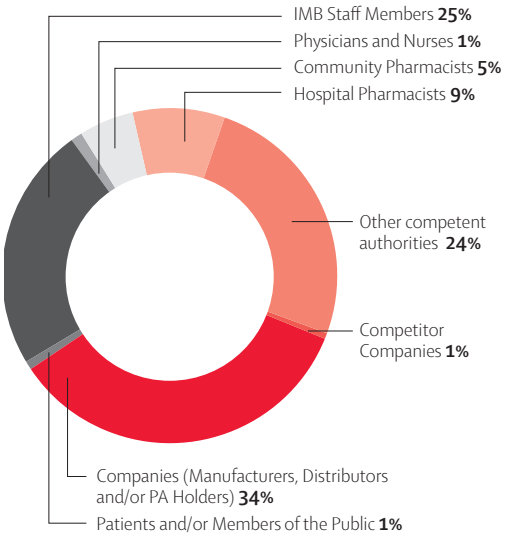
Of the remaining critical reports, 57 did not directly affect Ireland, and were received mainly from other Competent Authorities through the Rapid Alert notification system. For the 12 other cases, it was not possible to conclusively determine whether these reports related to products that were on the Irish market or not. None of these products was authorised and all were distributed via unauthorised supply routes (such as the internet).

The table below shows the areas where quality defects occurred in 2008, with 38% of the total number concerning packaging and/or labelling issues. This increase was mainly due to non-compliances in the packaging and/or labelling of parallel imported medicinal products, and also in certain medicinal products missing key safety-related information in their packs. Particulate and other product contamination issues were large contributors to the total, as were issues involving a lack of sterility assurance and stability.

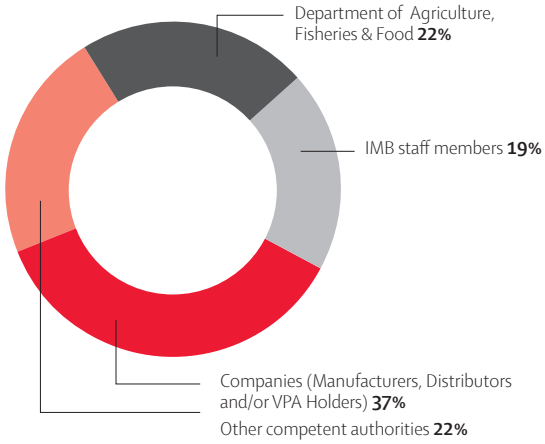
Areas of Quality Defects for 2008	Quality Defects in Human Medicines %	Quality Defects in Veterinary Medicines %	Quality Defects in Human & Veterinary Medicines %
Packaging and/or Labelling	38%	44%	38%
Stability	10%	0%	9%
Non-Compliance with PA/VPA	7.5%	2.8%	7.2%
Lack of Sterility Assurance, GMP Non-Compliance, and other Product Safety-related	8.3%	17%	8.9%
Non-Compliance with Specification	5.6%	8.3%	5.8%
Non-Adherence to Cold Chain Requirements	1.7%	0%	1.6%
Microbial, Chemical or Particulate Product Contamination	12%	8.3%	12%
Product Mix-Up	3.3%	0%	3.1%
Unauthorised Product	3.7%	8.3%	4.0%
Lack of Therapeutic Efficacy	0.2%	5.6%	0.5%
Damaged Product	2.7%	0%	2.5%
Potential Counterfeit	1%	0%	0.9%
Product Usage	4%	0%	4%
Other	2.7%	5.6%	2.9%

A total of **141** recalls of medicinal products were requested and overseen by the IMB; this represents a significant increase of **46%** over 2007 figures

Sources of Human Medicinal Product Quality Defect Reports



Sources of Veterinary Medicinal Product Quality Defect Reports



There was a significant increase in the level of reporting of quality defects in medicinal products for human use by community and hospital pharmacists. This is seen as a positive development, as the level of quality defect reporting by this sector in previous years had been decreasing. The increase was assisted by the publication of an IMB article on quality defect reporting in the Irish Pharmacy Journal in March. The availability of online reporting was also probably a factor in these increases.

A number of quality defects were identified during IMB inspections, and during market surveillance activities carried out by the Market Compliance Section.

One hundred and three quality defect and recall notifications were received from Competent Authorities and Official Medicines Control Laboratories in other countries. Each of these was investigated to establish if the report had any potential implications for the Irish market.

Recalls of Human and Veterinary Medicinal Products

The recall from the Irish marketplace of a batch or a number of batches of a medicinal product occurred in approximately 26% of the quality defect cases in 2008. This is broadly comparable to the 2007 figure (22%).

A total of 141 recalls of medicinal products were requested and overseen by the IMB; this represents a significant increase (46%) over 2007 figures; 128 related to human medicinal products, and 13 related to veterinary medicinal products.

As the tables on the following page indicate, packaging and labelling issues (particularly with regard to parallel-imported medicinal products) accounted for the majority of recalls. The distribution of unauthorised products by Irish wholesalers was also a major contributor, and three 'for-cause' inspections were carried out to follow-up on these issues.

Compliance (continued)

Human Medicinal Product Recalls from the Irish Market

Year	2005	2006	2007	2008
Packaging and / or Labelling	10	14	21	73
Stability	7	3	3	6
Non-compliance with MA	6	0	5	3
Unfavourable Risk/Benefit Ratio and various other Product Safety Concerns	13	8	13	5
Non-compliance with Specification	3	4	1	9
Non-adherence to Cold Chain	1	0	19	1
Microbial, Chemical & Particulate Contamination	1	4	12	5
Product Mix-Up	3	3	1	3
Unauthorised Product	20	11	4	15
Lack of Therapeutic Efficacy	0	0	3	0
Damaged Product	*	3	1	1
Product Usage	*	5	1	0
Other	4	1	4	7
Total	**68**	**56**	**88**	**128**

* These are new categories from 2006 onwards.

Veterinary Medicinal Product Recalls from the Irish Market

Year	2005	2006	2007	2008
Packaging and / or Labelling	3	1	2	10
Stability	0	1	0	0
Non-compliance with VPA	0	0	0	0
Sterility Assurance and various other Product Safety Concerns	1	0	0	0
Non-compliance with Specification	1	0	2	0
Particulate or other Contamination	0	0	0	0
Product Mix-Up	0	0	0	0
Unauthorised Product	1	0	4	2
Other	0	0	1	1
Total	**6**	**2**	**9**	**13**

The Enforcement section saw an increase of **117%** in the number of cases involving breach of medicinal product legislation

Regulatory Compliance Inspections

In 2007, a pilot programme of regulatory compliance inspections was developed and run by the Market Compliance section. The purpose was to facilitate the development of a formal programme for inspecting the premises of marketing authorisation holder companies, on a risk-basis. In 2008, three such inspections were carried out. The areas of activity in those companies that have a high potential to impact upon the quality, safety and safe use of medicinal products were focussed on. These included advertising and promotional activities, management of registered product information, management and communication of regulatory commitments and regulatory changes, implementation of changes to product information and product labelling in the marketplace, and the provision of a medical information services for healthcare professionals.

Compliance issues that come to light during these inspections have been fed back, in anonymised form, to MA holders with the intention of improving compliance with legislative requirements.

Exempt Medicinal Products

In 2006, the Department of Health and Children commissioned the IMB to carry out a research project into the importation, supply and use of unauthorised medicinal products in Ireland. An extensive programme of research and stakeholder consultation followed. The final report was approved by the Board of the IMB and forwarded to the Department of Health and Children during 2008.

The Medicinal Products Regulations of 2007 permit wholesalers and manufacturers to source exempt medicinal products in response to an order from a practitioner for individual patients under his/her care. Since January 2008, wholesalers and manufacturers have been obliged, within seven days of sourcing unauthorised medicinal products, to notify certain information to the IMB. The main purpose of receiving such information is to facilitate the effective recall of any defective unauthorised medicinal products from the Irish market.

The IMB put in place an online notification system for receipt of information from wholesalers and manufacturers. This became operational on 18 February. At the end of 2008, a total of 28 companies had registered with the IMB to use this notification system, and of those, 24 had imported and supplied exempt products.

Approximately 16,000 medicinal product lines (comprising of packs from approximately 29,000 batches) were notified. A 'product line' represents each product name on the list notified by a wholesaler/manufacturer on each occasion that a notification is made. It does not reflect the number of packs or the number of different batch numbers sourced at any one time.

A wide range of product types has been notified, including oral solid dosage forms, oral liquid preparations, topical preparations, injectable preparations, parenteral nutrition preparations, suppositories and pessaries. The IMB is concerned by the high numbers of unauthorised medicinal products that are imported and supplied in Ireland and is working with other agencies with a view to reducing these.

ENFORCEMENT

Overview

During the reporting year the Enforcement section initiated 3,037 enforcement cases involving breaches of medicinal product legislation, compared to 1,397 cases initiated in 2007. This represents a year-on-year increase of 117% following on from a 297% increase in 2007.

The significant increase in cases was primarily due to detection of illegal mail order importations of prescription only medicinal products. The co-operation of the Revenue Customs Service in facilitating this is gratefully acknowledged. In 583 cases where the purchaser of

During 2008 the Enforcement section detained **393,067** units of capsules, liquids and creams compared to 188,784 units in 2007 – an increase of **108%**

medicines from the internet stated the website from which he/she bought the product, over half (294 websites) were found to be spurious 'pharmacies' most likely owned by a non-compliant business entity. A total of 141 websites were located in the USA and 53 in one of the EU States. Many of the 583 reports concerned the same website. The IMB works with other agencies and internet service providers in seeking to stop or limit the activities of such websites.

During 2008 the Enforcement section detained 393,067 units of capsules, liquids and creams compared to 188,784 units in 2007 – an increase of 108%. Examples of active substances included in products detained were diazepam, zopiclone, sildenafil citrate, tadalafil and other erectile dysfunction formulations, rimonabant, finasteride, testosterone, amoxicillin, antibiotics, corticosteroids and weight-loss products.

The majority of unauthorised supplies into Ireland of unauthorised medicinal products originated from India, with the next largest group originating from China.

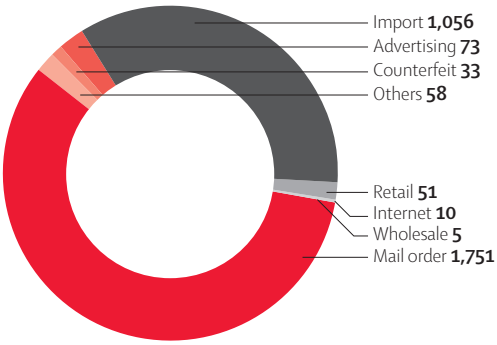
Medicinal products destroyed during the year in compliance with the Waste Management Acts 1996–2001 amounted to 1,902 kg compared to 976 kg in 2007.

Both national and international liaison with other enforcement agencies in Ireland and abroad enables the IMB to co-operate to stem the unauthorised flow of illegal medicinal products and medical devices into and out of Ireland. During the year enforcement officers and custom officers carried out a joint operation in the Shannon region.

Between May and December 2008, 43 packages that were detained on suspicion of being counterfeit were analysed and the results indicated that 33 were counterfeit.

Prosecutions were initiated in the District Court in both Bailieborough and Dublin with a successful outcome in each case. On 17 October, at Bailieborough District Court, a group of three pharmacies, and an associated legal entity, pleaded guilty to breaches of the Medicinal Products (Licensing and Sale) Regulations, 1998, as amended. Fines totalling €5,000 were imposed. At Dublin District Court, Dolphin House the proprietor of a retail outlet in Dublin pleaded guilty to breaches of the Medicinal Products (Licensing and Sale) Regulations, 1998, as amended, the Medicinal Products (Prescription and Control of Supply) Regulations, 2003, as amended and the Medical Preparations (Licensing of Manufacture) Regulations 1993, as amended. Fines totalling €600 were imposed.

Analysis of Enforcement case activity



PLANNING

The Planning section is responsible for planning activities across the Compliance Department and works closely with the other four sections in this regard. It has a role in collating training and liaises with the IMB's central training section. It is also responsible for reporting on all departmental activities.

The main focus of the Planning section relates to the compilation of the inspection programme. Planning was also involved in the co-ordination of several training and information sessions including the GMP Information Seminar which took place in October. This was attended by over 260 delegates from the industry.

The section also worked closely with the Information Technology and Change Management department on the development of a workflow system for Compliance.

Information Technology and Change Management

Ms. Suzanne McDonald
Director of IT & Change Management

The Information Technology & Change Management Department delivers a range of support services across the organisation. These include specialist technology and telecommunications services together with business skills focussed on delivering process improvements across the organisation.

In 2008 the department provided systems support services to over 250 staff on a wide range of specialised systems, ranging from business analysis through to end-user training. Support is also provided to a number of external bodies, including the Maltese and Norwegian regulatory authorities.

CHANGE MANAGEMENT

The IMB has a well established change management programme with a strong focus on continuous improvement. The analysis and implementation of solutions to enhance business processes has been a fundamental activity within the organisation since 2003.

In late 2007 the Board committed to developing a new role with a dedicated focus on safety-related issues. This initiative represented a significant programme of work for the organisation during 2008. In summary, the existing medical devices department and human medicines licensing departments were analysed with a view to developing two alternative structures in which one department would focus on licensing and registration activities for all human products, while the second would focus on safety matters for human products. ('Human products' refers to both pharmaceuticals and medical devices.) Over the course of 2008 a comprehensive consultation process was undertaken, both internally and externally. A final proposal for the new structure was considered and approved by the Board in November 2008. The implementation of the new organisational arrangements, impacting on approximately 120 members of staff, is scheduled for March 2009.

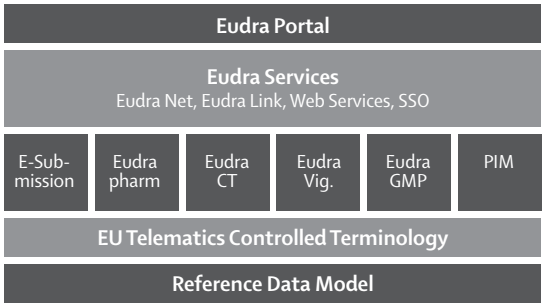
During the year approximately **10%** of adverse reaction reports were received via the website

The announcement of the merger of the Food Safety Authority of Ireland, Irish Medicines Board and Office of Tobacco Control in the autumn of 2008 prompted a number of information-sharing meetings on the topic of technology.

TECHNOLOGY

European IT Projects

The IMB's technology unit continues to play an active role at European level through its involvement in a range of EU Telematics projects which reflect the wider licensing, vigilance and compliance role of the IMB. The EU Telematics Programme aims to develop central repositories for pharmaceutical data and safety information, for use by healthcare professionals, patients and regulators. During 2008 there were nine ongoing projects, ranging from telecommunications (EudraNet) through to the safety monitoring system (EudraVigilance).



In 2008, the IMB played an active part in the following EU IT projects:

- EudraVigilance (drug safety)
- EudraPharm (medicinal product information)
- EudraGMP (good manufacturing practice)
- EudraCT (clinical trials)
- EudraNet (secure network communications)
- CTS (MR/DCP tracking system)
- eSubmissions (electronic submissions)
- EU Datawarehousing /Reference Data Modelling
- Product Information Management (PIM)

Web-Based Services

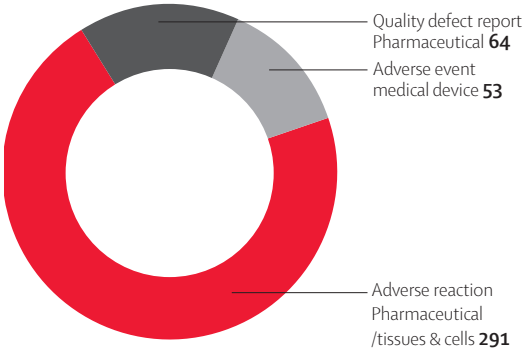
Technology also played its part in delivering improvements for both stakeholders and the IMB during 2008. 'RIO' (the online application and tracking system for the pharmaceutical industry) continued to grow in popularity during 2008 with many new companies signing up to use the system. The system has also attracted the interest of other regulatory bodies within the EU, and has been well received by the pharmaceutical industry. A working group of IMB staff and the pharmaceutical industry continues to identify new and improved ways of using the system. At the end of 2008 over 400 users were registered, and during the year over 3,000 product applications were received via the system. We encourage the pharmaceutical industry and its agents to subscribe to the system and to contact us for further information on registration.

The IMB website received a large number of visitors during 2008. Statistics show that the list of authorised medicinal products for human use was the most popular section of the website. The safety notices section of the site was also very busy during the year, with all notices now dispatched automatically to registered users. Individuals interested in received safety information via e-mail or SMS should register on the IMB website. The website also provides online forms to facilitate reports on possible adverse reactions to medicines, potential quality defects and incidents relating to medical devices. In 2008 approximately 10% of adverse reaction reports were received via the website. Users are encouraged to register on the new website and to utilise the reporting forms wherever possible.

Comments or suggestions for improvement to the website are always welcome and should be sent to helpdesk@imb.ie.

Over **90** members of staff received training from the department while over **150** external users received web-based training in 2008

Online Web Based Reports



Training

Training is an essential part of the role of the IT & Change Management department. In 2008 over 90 members of staff received training from the department while over 150 external users received web-based training.

Safety Solutions

In line with the organisational focus on safety-related activities, work commenced in 2008 on the implementation of a new safety system. This new system provides enhanced features and supports secure electronic reporting at both national and international level. Significant changes have taken place in the area of pharmacovigilance over the past number of years, particularly in relation to E2B reporting via the EudraVigilance system at the European Medicines Agency. The introduction of a more sophisticated support and monitoring system is an essential tool in the recording, analysis and monitoring of safety information for pharmaceuticals. The new system is sufficiently flexible to handle medical device data and its use may therefore be extended to managing additional vigilance information within the next few years.

Licensing and Registration Solutions

The IMB continues to develop workflow-based solutions to assist in its operations. To date, the organisation has implemented workflow across both the veterinary and human medicines areas, and is currently working on the implementation of a similar solution within the Compliance department in the areas of inspection, licensing and market compliance. Core systems are continually upgraded throughout the year to reflect the evolving regulatory environment, and also to deliver further improvements. In 2008 both the human and veterinary medicines systems were upgraded and work is already underway for 2009 to reflect changes resulting from the introduction of revised European pharmaceutical legislation.

Technology-based solutions are also in place to support the registration and assessment of medical devices, while electronic reporting systems were deployed in early 2008 to support exempt medical product notifications to the IMB. Over 16,000 product lines were reported via the online system in 2008.

Chief Executive's Office

The IMB Classification Committee (human medicines) considered a total of **80** new products in 2008

BORDERLINE PRODUCT CLASSIFICATION

The IMB provides a service to stakeholders to assist in clarifying which products should be categorised as medicinal products and medical devices and thereby fall under the remit of IMB from a regulatory perspective and to distinguish such products from other products which are outside the scope of IMB's remit. Queries routinely are received in regard to human medicinal products, veterinary medicinal products and medical devices and in each of the three areas, relevant personnel within the organisation have provided on request, an IMB decision as to the status of a given product. This service in each of the three areas has been standardised under the IMB Quality Management System.

Human Medicines

A classification service is operated for products which are on the borderline of human medicines and other products such as food supplements, cosmetics and medical devices. Requests for classification whether external or internal are ultimately presented to an internal multi-disciplinary human medicines Classification Committee which meets once a month. The outcome of the decision is conveyed promptly to the enquirers and in turn is accompanied by a recommendation for any action arising depending upon the circumstances. In the event of an appeal to the Classification Committee decision, the matter will normally be referred to the Advisory Committee on Human Medicines for arbitration. Full details of the procedure can be found in the Guide to the Definition of a Medicinal Product which can be found on the IMB website. This was revised in 2008 following the implementation of the new legislation relating to human medicinal products, adopted in Ireland in 2007.

Dr. Mike Morris
Senior Scientific Advisor

Dr. Caitríona Fisher
Quality Manager

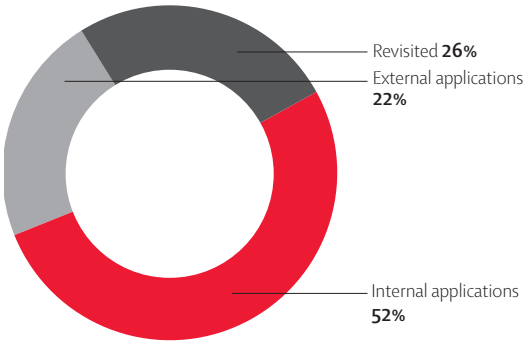
The IMB Classification Committee (human medicines) met nine times in 2008 and considered a total of 80 new products. In addition, there were 27 products revisited from pre-2008. The committee consists of appropriately experienced IMB staff from Human Medicines, Compliance and Medical Device Departments and is chaired by Dr. J.M. Morris, Senior Scientific Advisor.

During 2008, the majority of the applications were internal applications (56) emanating mainly from the Compliance Department, with 24 external applications.

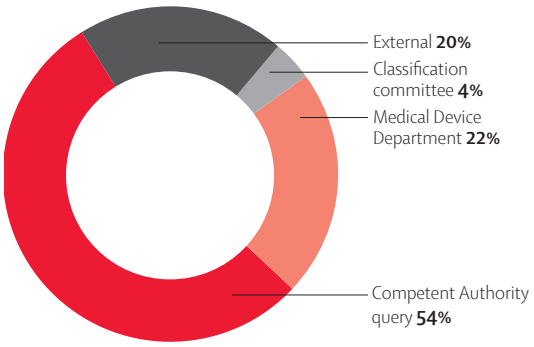
The Classification Committee continues to work closely with the IMB Compliance department's Market Compliance section, which is represented on the committee, and with the Enforcement section. Externally, there is also a very close working relationship with the Food Safety Authority of Ireland and a number of referrals were made in both directions during the course of 2008.

The Classification Committee also engaged in regular dialogue with the Department of Health and Children and also with the Advertising Standards Authority of Ireland.

Human Medicines – Source of Classification Queries



Source of Medical Device Classification Queries

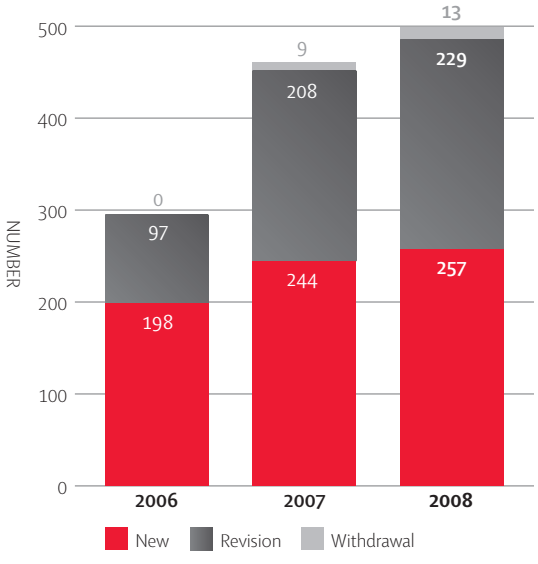


QUALITY MANAGEMENT

Implementation of the IMB-wide quality management system

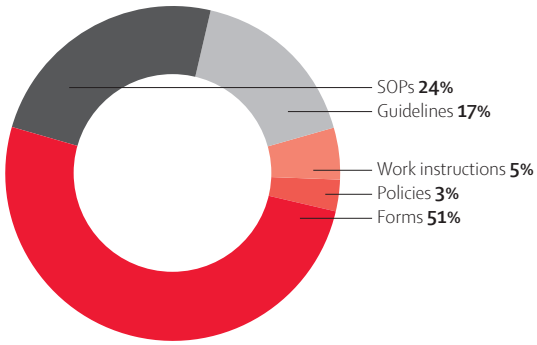
During the year, 486 requests for documents were made under the quality management system and 425 were approved or withdrawn. Of the total number of requests, 257 were requests for new documents, 229 for revisions of documents and 13 for withdrawals. The graph below shows the relevant figures for the past three years. The increase in the number of documents in revision reflects the growing maturity of the system.

Document control requests by year



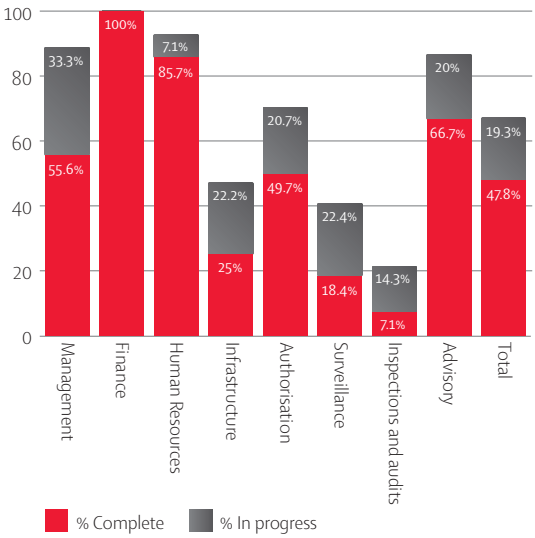
At the end of the year, there were 587 documents approved within the system. The distribution of approved documents by type is shown in the chart below. Of interest are the large number of guidelines, reflecting the organisation's provision of technical guidance for both stakeholders and staff, and the large number of forms (51%) reflecting record-keeping requirements.

Approved documents by type



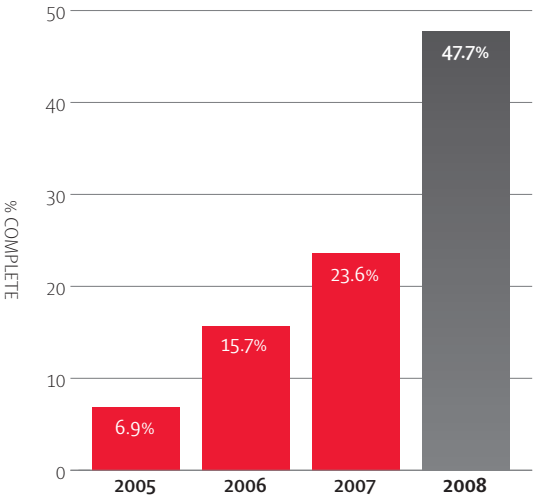
Development of the quality system and migration of current department quality systems to the organisation's system continued during 2008. At the end of the year, 67% of the estimated total implementation has been achieved or was in progress, as shown in the graph below.

Implementation status 31 December 2008



Progress towards completion increased substantially in 2008 as shown in the graph below, due to an increase in resources devoted to this work, both within departments and within the Chief Executive's Office where the number of staff within the QMS section increased to six during 2008.

Total quality system complete by year



11 internal audits were carried out in 2008, on **14** processes (up from 7 in 2007)

Internal audit

Eleven audits were carried out in 2008, on 14 processes (up from 7 in 2007). As in 2007, the objective of internal audits was conformance to procedures, with auditors from the QMS section and from IMB departments reviewing procedures against the approved SOPs and checking for evidence of training. The audits included authorisation processes for both human and veterinary medicines: quality procedures relating to the control of documents, internal audits and non-conformances: and an audit of the service charter. At the end of the year, all audits were closed out except for two where the target completion date for non-conformances is March 2009.

Updates on the quality system were communicated to staff on an ongoing basis and induction training was carried out for all new staff.

Benchmarking of European Medicines Agencies

The IMB co-chairs and participates in the Heads of Medicines Agencies Steering Group for the second cycle of benchmarking of European medicines agencies (BEMA). The process consists of self-assessment by each agency against agreed indicators of best practice, followed by an assessment of the agency by assessors from other European agencies who visit the agency, interview staff and review evidence to support the maturity rating assigned. During the early part of 2008, extensive training was given to EU assessors who have volunteered to participate in this second cycle, including case study review and rating to ensure consistency of approach. In June, the assessment visits began and by the end of the year, six visits had been completed. One member of staff from the QMS section participated in these visits. The visits will continue through 2009 and 2010.

Working Group of Quality Managers

In 2008, the Heads of Medicines Agencies established a working group for the quality managers in medicines agencies across the EU Member States. The group's mandate is to improve the exchange of quality management expertise and to contribute towards the development of best practices for quality management. The group's first meeting was held in Dublin in May, hosted by the IMB and chaired by the IMB's quality manager, with a second meeting under the French Presidency in Paris.

Joint Audit Programme for GMP related Activities

During July activities relating to GMP inspection, licensing, marketing compliance and enforcement (some aspects) were audited by a team of three GMP inspectors from Spain and Germany (2). This was part of the Heads of Medicines Agencies Joint Audit Programme.

The audit team was satisfied with the overall level of compliance and the audit was closed out before year end.

Finance and Corporate Affairs

The finance section continued to successfully manage the high volumes of work while maintaining high standards of internal control

The Finance and Corporate Affairs department delivers a number of key services areas to the organisation.

These include:

- Managing and safeguarding the finances of the IMB.
- Developing and managing the human resource needs of the organisation.
- Providing secretarial support to the Board and Committees and ensuring adherence to best practice in the area of corporate governance.
- Managing the building and accommodation requirements of the IMB.
- Providing infrastructure requirements for staff and visitors from cleaning, reception, canteen, travel service through to library services.
- Managing the Freedom of Information obligations.
- Managing the legal issues for the IMB.

2008 was another challenging and busy year for the department and some of the highlights are outlined below.

FINANCE

As outlined in the financial statements, the IMB's finances remained stable. The finance section continued to successfully manage the high volumes of work while maintaining high standards of internal control. To further increase efficiency and make a contribution towards a greener environment, the payroll section introduced electronic payslips during the year, replacing the previously used paper versions. In 2008 internal auditors reviewed financial management and information systems with a satisfactory outcome. They also reviewed their recommendations from their audit in 2006 of debtors and banking and finance. All procedures were carried out using standard operating procedures under the IMB's quality management system which has added great value to the operation of the department.

In 2008 the IMB successfully sought and was granted planning permission to add an additional two floors to Kevin O'Malley House

Ms. Rita Purcell

Director of Finance and Corporate Affairs

CORPORATE SERVICES

2008 was a busy year for Corporate Services as the increases in operations and staff in all the other departments increase the level of services provided.

In recognition of environmental issues Corporate Services facilitated the setting up of a 'green team' which has looked at all consumables in the organisation and developed plans for reducing consumption and cost.

The IMB held four information days in 2008 and there was a very good turnout to each of these days. The IMB also hosted a European Pharmacopeia meeting in April and on behalf of the Slovenia Presidency hosted the Third Working Group of European Medicines Enforcement Officers (WGEO), Heads of Medicines Agency meeting in April 2008.

The IMB published three Medicinal Products Newsletters in 2008, issue numbers 29, 30 and 31. The newsletters cover a wide range of topics such as electronic reporting for adverse reactions, GMP updates, veterinary pharmacovigilance, Braille and patient-accessible leaflets and many more items including the list of all marketing authorisations issued. The IMB newsletters are circulated via e-mail; if you wish to be added to the mailing list please e-mail foi@imb.ie.

There was a large number of Freedom of Information Act requests in 2008. The IMB received 19 non personal requests and two personal requests for information. The outcome of these requests is outlined below:

Request outcome	
Number of FOI requests received	21
Granted/ Part Granted	17
Refused	4
Withdrawn/ Handled outside FOI Act	–
Internal Reviews	2
Appeals to the Information Commissioner	–

BUILDINGS

In 2008 the IMB successfully sought and was granted planning permission to add an additional two floors to Kevin O'Malley House. Given the location of the building this represents an uplift in the value of the building and provides an opportunity to acquire additional office space at a very reasonable cost. As the business of the IMB has expanded considerably over the last three years this will help to meet the future accommodation needs of the organisation.

In 2008 we also carried out a review of our utility costs to ensure that our service providers are delivering value to the organisation.

HUMAN RESOURCES

The organisation headcount increased in 2008 to 252 staff, representing a whole-time equivalent number of 240.6 and is broken down as follows:

Number of staff	Male	Female	Total
Part-time	2	22	24
Full-time	66	162	228

Significant developments during the year included:

- Board approval of the need for representation of the Human Resources function at executive level and the creation of a separate department to commence operations in 2009.
- Provision of coaching and HR support for line management arising from the internal reorganisation of departments
- Successful outcome of internal QMS audit of recruitment procedures
- Review of activities of the training section with a focus on improving training needs identification across the organisation and preparation for the development of electronic recording during 2009.
- Staff survey completed in line with obligations under the Disability Act; target of 3% exceeded.
- Development of recruitment module on the HR IT system resulting in a more effective logging and tracking of recruitment applications
- An increase in staff numbers undertaking further education (from 8.9% to 9.3%)
- Average number of training days per individual in 2008 was three.

Financial Statements

for the year ended 31 December 2008

Board Members and Other Information

Board Members :	Mr. Pat O'Mahony (Chairman) Mr. Pat Brangan Dr. Brendan Buckley Mr. Wilfrid Higgins Ms. Ingrid Hook Mr. Brendan McLoughlin Ms. Cicely Roche Ms. Maureen Windle The new Board was appointed by the Minister for Health & Children for a term of 5 years from 1st January 2006.
Bankers :	Allied Irish Bank Lower Baggot Street Dublin 2 Bank of Ireland Corporate Lower Baggot Street Dublin 2
Solicitors :	Eugene F. Collins Temple Chambers 3, Burlington Road Dublin 4
Head Office :	Kevin O'Malley House Earlsfort Centre Earlsfort Terrace Dublin 2
Auditor :	Comptroller and Auditor General Dublin Castle Dublin 2

Corporate Governance

The Irish Medicines Board (the IMB) was established under the terms of the Irish Medicines Board Act, 1995, and is governed by a Board which was appointed by the Minister for Health & Children. The Board of the IMB (the Board) consists of a chairman and seven unremunerated non executive members.

The IMB is committed to the highest standards of Corporate Governance and has implemented the Department of Finance "Code of Practice for the Governance of State Bodies". This Code of Practice, which was issued to the Irish Medicines Board in January 2002, incorporates many of the principles under which the IMB operates, taking account of the size and legal nature of the organisation. The IMB has in place an extensive Code of Conduct for all staff, committees and Board members. The IMB applies the highest standards of disclosure and transparency in respect of interests held by staff, committees and Board members.

Audit Committee

The IMB has an audit committee comprising two Board members, which met on three occasions during 2008. This committee is responsible for reviewing internal control matters, together with any other issues raised by the external auditors, the Board or management. The external auditor meets annually with the committee to brief them on the outcome of the external audit. In 2005 the IMB appointed Crowleys DFK as internal auditor to the Board under a three-year contract. During 2008 the internal auditors reviewed the areas of financial management, information systems, debtors and banking and reported their findings to the audit committee. The audit committee has also been involved with the review of the quality systems as described below.

Quality Systems

During 2008, the finance section of the IMB 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 committee.

Remuneration Policy - Board Members and Executive Directors

Remuneration and travel expenses paid to Board members are disclosed in note 17 to the financial statements. The Chairman receives remuneration as directed by the Minister for Health and Children in accordance with the Irish Medicines Board Act, 1995. Other Board members receive travel expenses in accordance with circulars issued by the Department of Health and Children. The Chief Executive is remunerated in accordance with guidelines issued from Government and other Executive Directors are paid in accordance with Department of Health and Children pay scales.

Remuneration Committee

The IMB has established a remuneration committee as a sub-committee of the Board to review the remuneration of the Chief Executive in accordance with guidelines issued by the Department of Finance and the Department of Health & Children. The Chief Executive's remuneration is disclosed net of superannuation contributions in note 18 to the Financial Statements.

Internal Control

The Board is responsible for the IMB'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 Irish Medicines Board are described more fully in the Chairman's report on page 52.

Going Concern

The Board has a reasonable expectation, at the time of approving the financial statements, that the IMB has adequate resources to continue its operations. Government have announced plans for the merger of the IMB, the Food Safety Authority of Ireland and the Office of Tobacco Control in 2011. The merger would result in the assets and liabilities of the IMB being transferred to this new organisation. For this reason, the Board continues to adopt the going concern basis in preparing the financial statements.

Report of the Chairman of the Irish Medicines Board

regarding the assessment of internal financial controls of a State body for the year ended 31st December 2008

1. I, as Chairman, acknowledge that the Board is responsible for the body's system of internal financial control.
2. The IMB system of internal control can provide only reasonable and not absolute assurance against material error, misstatement or loss.
3. The Board confirms that there is an ongoing process for identifying, evaluating and managing the significant risks faced by the IMB. This process is regularly reviewed by the Board via the report of the Chief Executive.

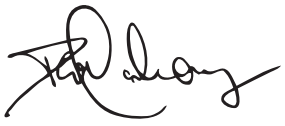
   Management are responsible for the identification and evaluation of significant risks applicable to their areas of business together with the design and operation of suitable internal controls. These risks are assessed on a continuing basis and may be associated with a variety of internal or external sources including control breakdowns, disruption in information systems, natural catastrophe and regulatory requirements.

   Management reports fortnightly on operational issues and risks and how they are managed to the Management Committee. The Management Committee's role in this regard is to review on behalf of the Board the key risks inherent in the affairs of the IMB and the system of actions necessary to manage such risks and to present their findings on significant matters via the Chief Executive to the Board.

   The Chief Executive reports to the Board on behalf of the executive management on significant changes in the work of the IMB and on the external environment, which affects significant risks. The Director of Finance and Corporate Affairs provides the Board with monthly financial information, which includes key performance indicators. Where areas for improvement in the system are identified the Board considers the recommendations made by the Management Committee.

   An appropriate control framework is in place with clearly defined matters which are reserved for Board approval only or, as delegated by the Board, for appropriate Executive approval. The Board has delegated the day-to-day management of the IMB and established appropriate limits for expenditure authorisation to the Executive. The Chief Executive is responsible for implementation of internal controls, including internal financial control.

   The system of internal financial control is monitored in general by the processes outlined above. In addition, the Audit Committee of the Board reviews specific areas of internal control as part of their terms of reference.
4. The Audit Committee of the Board have satisfactorily reviewed the effectiveness of the system of internal control on behalf of the Board. The Audit Committee of the Board carried out a formal review of these systems in respect of 2008 at its meeting on 29th April 2009.



Pat O'Mahony
Chairman

Statement of Board Members' Responsibilities

The Board 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 Irish Medicines Board and of its surplus or deficit for that period.

In preparing those statements the Board is required to:

- select suitable accounting policies and apply them consistently
- make judgements and estimates that are reasonable and prudent
- disclose and explain any material departures from applicable accounting standards, and
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the Irish Medicines Board will continue in existence.

The Board is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Irish Medicines Board and which enable it to ensure that the financial statements comply with the IMB Act and with accounting standards generally accepted in Ireland. It is also responsible for safeguarding the assets of the Irish Medicines Board and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Board

Pat O'Mahony
Chairman

Maureen Windle
Board Member

Report of the Comptroller and Auditor General

for presentation to the Houses of the Oireachtas

I have audited the financial statements of the Irish Medicines Board for the year ended 31 December 2008 under Section 18 of the Irish Medicines Board Act, 1995.

The financial statements, which have been prepared under the accounting policies set out therein, comprise the Accounting Policies, the Statement of Income and Expenditure, the Statement of Total Recognised Gains and Losses, the Balance Sheet, the Cash Flow Statement and the related notes.

Respective Responsibilities of the Board and the Comptroller and Auditor General

The Irish Medicines Board is responsible for preparing the financial statements in accordance with the Irish Medicines Board Act, 1995, and for ensuring the regularity of transactions. The Board prepares the financial statements in accordance with Generally Accepted Accounting Practice in Ireland as modified by the directions of the Minister for Health and Children in relation to accounting for superannuation costs. The accounting responsibilities of the Board Members are set out in the Statement of Board Members' Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

I report my opinion as to whether the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland. I also report whether in my opinion proper books of account have been kept. In addition, I state whether the financial statements are in agreement with the books of account.

I report any material instance where moneys have not been applied for the purposes intended or where the transactions do not conform to the authorities governing them.

I also report if I have not obtained all the information and explanations necessary for the purposes of my audit.

I review whether the Statement on Internal Financial Control reflects the Board's compliance with the Code of Practice for the Governance of State Bodies and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements. I am not required to consider whether the Statement on Internal Financial Control covers all financial risks and controls, or to form an opinion on the effectiveness of the risk and control procedures.

I read other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements.

Basis of Audit Opinion

In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management and operation. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures and regularity of the financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgments made in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Board's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations that I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In compliance with the directions of the Minister for Health and Children, the Board recognises the costs of superannuation entitlements only as they become payable. This basis of accounting does not comply with Financial Reporting Standard 17 which requires such costs to be recognised in the year the entitlements are earned.

Except for the non-recognition of the Board's superannuation costs and liabilities in accordance with Financial Reporting Standard 17, the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Principles in Ireland, of the state of the Board's affairs at 31 December 2008 and of its income and expenditure for the year then ended.

In my opinion, proper books of account have been kept by the Board. The financial statements are in agreement with the books of account.

Gerard Smyth

For and on behalf of the Comptroller and Auditor General
31 August 2009

Accounting Policies

Historical Cost Convention

The Financial Statements are prepared in accordance with generally accepted accounting principles under the historical cost convention and comply with the financial reporting standards of the Accounting Standards Board, with the exception of superannuation – see note below.

Income Recognition

Income is recognised in the financial statements on the following basis:

- In the case of applications for product authorisations (new applications, variations to existing authorisations, or transfers) and clinical trial applications, income is recognised in the financial statements when a valid application form is received.
- In the case of wholesale and manufacturing licences and maintenance of product authorisations, fees are payable annually and a full year's income is accrued in each financial year.

Expenditure Recognition

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

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 balance sheet date or at a contracted date. Exchange differences are dealt with in the income and expenditure account.

Tangible Assets

Tangible Assets excluding Premises

Tangible assets excluding premises are stated at cost less accumulated depreciation. Depreciation is calculated in order to write off the cost of tangible assets to their estimated residual values over their estimated useful lives by equal annual instalments.

The estimated useful lives of tangible assets by reference to which depreciation has been calculated are as follows:

Leasehold Property :	Unexpired portion of the lease
Fixtures and Fittings :	5 years
Computer Equipment :	3 years
Improvements to Premises :	10 years

Premises

The IMB 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.

Taxation

The Irish Medicines Board is exempt from liability to Corporation Tax under Section 32 of the Finance Act, 1994.

Debtors

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

Superannuation

The superannuation scheme operated by the Irish Medicines Board 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 charge to salaries and wages is stated gross of superannuation deductions of €637,517 (2007 - €521,844). The surplus for the year on page 58 is then shown both before and after superannuation transactions for the year. The income and expenditure reserve on the balance sheet is split between retained reserves and superannuation reserves in note 11.

By direction of the Minister for Health & Children, the provisions of FRS 17 are not being complied with.

Provisions

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

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.

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.

Statement of Income and Expenditure

For the year ended 31 December 2008

	Note	2008 €	2007 €
Fee Income	2	18,704,256	17,239,949
Other Income	3	5,220,407	5,073,029
		23,924,663	22,312,978
Salaries and Wages	4	15,255,687	13,239,398
Other Operating Costs	5	5,888,006	5,951,791
Depreciation	1	1,606,304	1,247,081
		22,749,997	20,438,270
Surplus for the year before write back of Superannuation contributions		1,174,666	1,874,708
Staff Superannuation Contributions		637,517	521,844
Surplus for the year		1,812,183	2,396,552
Balance brought forward		12,674,947	10,278,395
Balance carried forward		14,487,130	12,674,947

All income and the surplus for the year arises from continuing activities.

Pat O'Mahony
Chairman

Maureen Windle
Board Member

The accounting policies on pages 56 to 57 and the notes on pages 62 to 69 form part of the financial statements.

Statement of Total Recognised Gains and Losses

For the year ended 31 December 2008

	Note	2008	2007
		€	€
Retained Surplus For The Year		1,812,183	2,396,552
Unrealised Gains For The Year		–	–
Total Recognised Gains		1,812,183	2,396,552

The accounting policies on pages 56 to 57 and the notes on pages 62 to 69 form part of the financial statements.

Balance Sheet

As at 31 December 2008

	Note	2008 €	2007 €
Tangible Assets	1	24,684,505	24,657,277
Current Assets			
Debtors and Prepayments	6	1,664,448	1,703,351
Stock of Stationery		3,451	4,707
Cash at Bank and in Hand	12	1,758,387	1,711,782
Short Term Deposits		4,104,265	2,153,665
		7,530,551	5,573,505
Creditors - Amounts falling due within one year			
Creditors and Accruals	7	5,487,926	4,975,835
Mortgage	13	340,000	340,000
		5,827,926	5,315,835
Net Current Assets		1,702,625	257,670
Long Term Liabilities			
Mortgage	13	11,900,000	12,240,000
TOTAL NET ASSETS		14,487,130	12,674,947
Financed by			
Income and Expenditure Reserve	11	14,487,130	12,674,947
		14,487,130	12,674,947

Pat O'Mahony
Chairman

Maureen Windle
Board Member

The accounting policies on pages 56 to 57 and the notes on pages 62 to 69 form part of the financial statements.

Cash Flow Statement

For the year ended 31 December 2008

	Note	2008 €	2007 €
Reconciliation of surplus to net cash inflow from operating activities			
Surplus for Year		1,812,183	2,396,552
Depreciation Charge		1,606,304	1,247,081
(Increase)/Decrease in Debtors		38,903	(317,023)
(Increase)/Decrease in Stocks		1,256	333
Increase/(Decrease) in Creditors - amounts falling due within one year		512,091	395,890
Deposit Interest		(121,894)	(79,717)
Bank Interest and Charges		528,025	540,444
Loss/(Gain) on Disposal of Fixed Assets		374	44,092
Net Cash Inflow from Operating Activities		4,377,242	4,227,652
Cash Flow Statement			
Net Cash Inflow from Operating Activities		4,377,242	4,227,652
Return on Investments and Servicing of Finance	8	(406,131)	(460,727)
Capital Expenditure	8	(1,633,906)	(3,418,322)
Management of Liquid Resources	8	(1,950,600)	1,109,722
Financing	8	(340,000)	(340,000)
Increase/(Decrease) in Cash		46,605	1,118,325
Reconciliation of net cash flow to movement in net debt			
Increase/(Decrease) In Cash		46,605	1,118,325
Increase/(Decrease) In Short Term Deposits		1,950,600	(1,109,722)
(Increase)/Decrease In Long Term Finance		340,000	340,000
Change In Net Debt		2,337,205	348,603
Net Debt at start of year		(8,714,553)	(9,063,156)
Net Debt at end of year	9	(6,377,348)	(8,714,553)

The accounting policies on pages 56 to 57 and the notes on pages 62 to 69 form part of the financial statements.

Notes to the Financial Statements

For the year ended 31 December 2008

1 TANGIBLE ASSETS

	Fixtures and Fittings €	Computer Equipment €	Leasehold Improvements €	Improvements To Premises €	Premises €	Total €
Cost						
Balance as at 1 January 2008	683,180	5,667,919	502,445	2,894,943	20,383,000	30,131,487
Additions for the year	238,226	1,019,403	–	376,659	–	1,634,288
Disposals for the year	(21,068)	–	–	–	–	(21,068)
As at 31 December 2008	900,338	6,687,322	502,445	3,271,602	20,383,000	31,744,707
Depreciation						
Balance as at 1 January 2008	291,832	4,767,972	149,478	264,928	–	5,474,210
Charge for the year	164,482	935,714	50,245	455,863	–	1,606,304
Disposals for the year	(20,312)	–	–	–	–	(20,312)
As at 31 December 2008	436,002	5,703,686	199,723	720,791	–	7,060,202
Net Book value at 31 December 2008	464,336	983,636	302,722	2,550,811	20,383,000	24,684,505
Net Book value at 1 January 2008	391,348	899,947	352,967	2,630,015	20,383,000	24,657,277

2 INCOME

	2008 €	2007 €
Fee Income		
Clinical Trials	151,762	118,081
Human Medicine - National Fees	6,459,620	6,090,886
Human Medicine - European Fees	6,837,485	6,025,588
Veterinary Medicine - National Fees	1,076,667	1,150,323
Veterinary Medicine - European Fees	915,986	854,874
Compliance Department	3,087,380	2,853,490
Medical Devices	175,356	146,707
	18,704,256	17,239,949
Other Income (Note 3)	5,220,407	5,073,029
Total Income	23,924,663	22,312,978

Certain fees, totalling €13,460,099, are required by law to be disposed of in accordance with the directions of the Minister for Finance.

3 OTHER INCOME

	2008 €	2007 €
Dept Of Health & Children Funding	4,993,212	4,924,000
IT Income	5,000	13,000
Conference Fee Income	100,675	88,402
Deposit Interest	121,894	79,717
(Loss)/Gain on Disposal of Fixed Assets	(374)	(44,092)
Miscellaneous	–	12,002
	5,220,407	5,073,029

4 SALARIES AND WAGES

	2008 €	2007 €
Salaries and Wages	13,971,860	12,113,971
Social Welfare Costs	1,283,827	1,125,427
	15,255,687	13,239,398

The average number of staff employed during the year was 260 (2007 - 234).

Staff employed at 31 December 2008 can be analysed across the following departments :

	2008	2007
Medical Technical	18	15
Pharmaceutical Technical	32	28
Veterinary Technical	12	11
Compliance Technical	18	18
Medical Devices Technical	17	14
Enforcement Technical	9	8
Scientific Technical	1	1
Blood Directive Technical	4	5
Controlled Drugs Technical	3	2
Tissues Technical	2	2
Chief Executive and Corporate	33	30
Operational Staff	106	94
Pensioners	11	10
	266	238

5 OPERATING COSTS

	2008 €	2007 €
Accommodation Costs	1,050,907	1,096,121
Travel, Representation and Training	1,156,870	1,153,890
Bank Charges and Interest	528,025	540,444
Legal & Professional Fees	361,706	591,150
Stationery, Publications and Postage	422,104	396,123
Other Operating Costs	2,368,394	2,174,063
	5,888,006	5,951,791

6 DEBTORS (ALL DUE WITHIN ONE YEAR)

	2008 €	2007 €
Trade Debtors	1,160,040	1,340,493
Prepayments	322,693	266,401
Other Debtors	181,715	96,457
	1,664,448	1,703,351

7 CREDITORS (AMOUNTS FALLING DUE WITHIN ONE YEAR)

	2008 €	2007 €
Trade Creditors	561,913	702,718
Accruals	4,506,106	3,842,994
Revenue	419,907	430,123
	5,487,926	4,975,835

8 GROSS CASH FLOWS

	2008 €	2007 €
Returns on Investment and Servicing of Finance		
Deposit Interest	121,894	79,717
Bank Interest and Charges	(528,025)	(540,444)
	(406,131)	(460,727)
Capital Expenditure		
Payments to acquire Tangible Fixed Assets	(1,634,288)	(3,418,354)
Receipts from sales of Tangible Fixed Assets	382	32
	(1,633,906)	(3,418,322)
Management of Liquid Resources		
(Increase)/Decrease in Short Term Deposits	(1,950,600)	1,109,722
	(1,950,600)	1,109,722
Financing		
Increase/(Decrease) in Long Term Finance	(340,000)	(340,000)
	(340,000)	(340,000)

9 ANALYSIS OF CHANGES IN NET DEBT

	As at 01/01/2008	Cashflow	As at 31/12/2008
Cash at Bank and in Hand	1,711,782	46,605	1,758,387
Short Term Deposits	2,153,665	1,950,600	4,104,265
Debt Due Within One Year	(340,000)	–	(340,000)
Debt Due After One Year	(12,240,000)	340,000	(11,900,000)
	(8,714,553)	2,337,205	(6,377,348)

10 ADMINISTRATION EXPENSES

	2008 €	2007 €
Surplus for the year was calculated having charged :		
Auditor's Remuneration	18,500	18,500

11 INCOME AND EXPENDITURE RESERVES

The Income and Expenditure Reserve disclosed in the Balance Sheet on page 60 comprises the following :

	2008 €	2007 €
Retained Reserves	10,661,471	9,486,806
Staff Superannuation Contributions	3,825,659	3,188,141
	14,487,130	12,674,947

12 CASH AND BANK BALANCES

	2008 €	2007 €
Current Account Balances	3,218	9,098
Deposit Account Balances	1,753,017	1,700,000
Cash on Hand	2,152	2,684
	1,758,387	1,711,782

13 LONG TERM LIABILITIES

Mortgage

On 22 December 2004 the Board 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 Irish Medicines Board is committed to making the following capital repayments on its mortgage :

	2008 €	2007 €
Within one year	340,000	340,000
Between one and five years	3,626,660	1,360,000
After five years	8,273,340	10,880,000
	12,240,000	12,580,000

14 INTEREST RATE EXPOSURE

The IMB have taken all necessary steps to minimise its interest rate exposure by fixing two-thirds of the borrowings for a period of 10 years. The balance of the borrowings are fully offset by cash reserves. For 2009 it is estimated that the net borrowings for which an interest rate exposure may arise is €0.

15 FINANCIAL COMMITMENTS

	2008 €	2007 €
Operating Leases		
Amounts payable during the next twelve months in respect of leases which expire		
– within one year	–	–
– between one and five years	–	–
– after five years (in respect of Alexandra House)	285,984	236,000
	285,984	236,000

The operating lease amount includes an annual commitment of €285,984 in respect of the Board's premises at Alexandra House, Earlsfort Centre, Earlsfort Terrace, Dublin 2. As shown in note 13 above, the IMB purchased Kevin O'Malley House on 22 December 2004, which is why no further lease obligations exist in respect of that premises.

On 22 December 2004 the IMB signed a leasehold interest with 17 years remaining in respect of the 5th floor, Alexandra House, Earlsfort Centre, Dublin 2.

16 CAPITAL COMMITMENTS

	2008 €	2007 €
Contracted For (Contract Signed)	430,000	110,000
Not Contracted For	230,000	65,000
	660,000	175,000

17 BOARD REMUNERATION

	2008 €	2007 €
Chairman's Salary	25,435	26,087
Board Members' Travel Expenses	8,486	8,645
	33,921	34,732

18 STAFF REMUNERATION

	2008 €	2007 €
Chief Executive's Remuneration	169,670	157,747
(Stated net of Superannuation Contributions)		
	169,670	157,747

19 RELATED PARTY TRANSACTIONS

There have been no transactions with related parties which require disclosure under Financial Reporting Standard 8.

20 PROMPT PAYMENT OF ACCOUNTS

The Irish Medicines Board (IMB) 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 :

2008 €1 = STG £0.9525

2007 €1 = STG £0.73335

22 PROVISIONS

The Board has been notified of a number of legal proceedings or potential proceedings. The information usually required by FRS 12 Provisions, contingent liabilities and contingent assets is not disclosed as the Board believes that to do so would be prejudicial to the outcome.

23 APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved by the Board on 29 April 2009.

Appendix I :
Management Committee Members and Committees

Management Committee

Mr. Pat O'Mahony – Chief Executive

Dr. J. Gabriel Beechinor – Director of Veterinary Medicines

Dr. Joan Gilvarry – Director of Human Medicines

Mr. John Lynch – Director of Compliance

Ms. Suzanne McDonald – Director of Information Technology and Change Management

Dr. J. Michael Morris – Senior Scientific Advisor

Ms. Ann O'Connor – Medical Devices Director

Ms. Rita Purcell – Director of Finance and Corporate Affairs

Advisory Committee for Human Medicines

Dr. Brendan Buckley – Chairman

Dr. Mary Horgan

Dr. Kevin Connolly

Prof. John Kelly

Dr. Pat Sullivan

Dr. Bernard Silke

Prof. Ted Dinan

Mr. Tom McGuinn

Ms. Eugenie Canavan

Dr. Paul Browne

Dr. Desmond Corrigan

Dr. Íde Delargy

Advisory Committee for Veterinary Medicines

Mr. Pat Brangan - Chairman

Mr. Tom McGuinn

Dr. Rory Breathnach

Ms. Eugenie Canavan

Dr. Thomas Barragry

Dr. Anne Cullinane

Mr. Joseph Britton

Mr. Matt Browne

Mr. Michael Clancy

Dr. Hamish D. Rodger

Dr. Donal Sammin

Advisory Committee for Medical Devices

Mr. Wilfrid J. Higgins – Chairman

Dr. Geoffrey Chadwick

Ms. Maureen D'Arcy

Dr. John Keogh

Prof. Robert McConnell

Dr. Brendan Cormack

Dr. Tim McGloughlin

Ms. Aideen Murphy

Dr. John O'Mullane

Ms. Maebh Smith

Prof. W. Arthur Tanner

Prof. Wil van der Putten

Clinical Trial Sub-Committee of Advisory Committee for Human Medicines

Dr. Patrick Sullivan – Chairman

Dr. Tom Pierce

Prof. David Bouchier-Hayes

Dr. John Taaffe

Dr. Paul Browne

Prof. Ted Dinan

Prof. Sidney Lowry

Dr. Brian Cantwell

Experts Sub-Committee of the Advisory Committee for Human Medicines

Dr. Brendan Buckley

Dr. Mary Horgan

Dr. Brion Sweeney

Dr. Colin Buckley

Dr. Íde Delargy

Dr. Stephen Flint

Dr. Lorraine Kyne

Dr. Owen Hensey

Dr. Owen Carey

Dr. Kevin Connolly

Dr. Frank Murray

Dr. Mary Keogan

Dr. Kevin Kelleher

Dr. Linda Fenelon

Dr. John McCaffrey

Dr. Noreen Dowd

Dr. Patricia McCormack

Dr. Stephen Eustace

Dr. Douglas Veale

Dr. Joseph Galvin

Prof. Michael Fitzgerald

Prof. Brian Shephard

Dr. Tim Fulcher

Prof. David Kerins

Dr. Donal Brosnahan

Dr. Mark Ledwidge

Mr. Ashley Poynton

Dr. Yvonne O'Meara

Prof. Aidan McCormick

Appendix II :
Glossary

ACE Inhibitors	Inhibitors of Angiotensin-Converting Enzyme
CD	Controlled drugs
CHMP	Committee for Human Medicinal Products
COEN	Compliance and Enforcement Working Group
CVMP	Committee for Veterinary Medicinal Products
DCP	Decentralised Procedure
E2B	International Standardised format for Electronic Reporting of Adverse Reactions
EEA	European Economic Area
EMEA	European Medicines Agency
EUDAMED	European Database for Medical Devices
FDA	Food and Drug Administration
GCP	Good clinical practice
GDP	Good distribution practice
GMP	Good manufacturing practice
ICSRs	Individual Case Safety Reports
IMB	Irish Medicines Board
IVD	In-vitro diagnostic
MAHs	Marketing authorisation holders
MEDDEV	European Commission DG Enterprise & Industry – Medical Devices Guidance Document
MERIT Group	Medical Emergency Responders Integration & Training
MIMS	Monthly Index of Medical Specialties
MR	Mutual recognition
NBOG	Notified Body Operations Group
NHO	National Haemovigilance Office
NSAI	National Standards Authority of Ireland
OMCL	Official Medicines Control Laboratories
PA	Product Authorisation
PhV	Pharmacovigilance
POCT	Point of Care Testing
QMS	Quality Management System
RIO	Regulatory Information Online
SUSARs	Serious, Unexpected, Suspect Adverse Reactions
VPA	Veterinary Product Authorisation
WHO	World Health Organisation

IRISH MEDICINES BOARD

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