

EMA/303300/2012, Rev 3 Human Medicines Development and Evaluation

European network of paediatric research (Enpr-EMA)

Recognition criteria for self-assessment

Recognition criteria which have to be fulfilled by any network seeking to become a member of Enpr-EMA were set up through a public process and finalised in March 2010. All networks wishing to become a member of Enpr-EMA are invited to complete this self-assessment form and send it to the European Medicines Agency.

The completed form should be sent to: enprema@ema.europa.eu

European network of paediatric research at the European Medicines Agency (Enpr-EMA)

The European Paediatric Regulation (EC) No 1901/2006, as amended, calls for the fostering of high-quality ethical research on medicinal products for use in children. This should be achieved through efficient inter-network and stakeholder collaboration. To meet this objective, a European paediatric research network of national and European networks, investigators, and centres with specific expertise in performing drug trials in the paediatric population has been created.

Recognition criteria to become a member of Enpr-EMA (self-assessment)

This document defines 6 criteria with several subcategories (items) for self-assessment. The minimum criteria/items which have to be fulfilled by any network to become a member of Enpr-EMA are marked with a superscript "M". Irrespective of whether or not only minimum criteria/items are fulfilled, the full list of criteria and items as well as the network identification should be completed to the extent possible.

The criteria should be reported for the highest level that the network currently attains. Networks should report on the status of the network, not on individual investigators or sites. For the purpose of this form, the highest level is called the reporting party.

The form should be filled in by the reporting party (once only per network), taking into account the guidance text provided. For transparency and to permit public scrutiny, the completed self-assessment form should be made public by the reporting party, for example on their website.

The reporting party should also make publicly accessible the actual data on which the statements are based (e.g. clinical trial registration numbers). The self-assessment should be updated every other year.

The completed form should be sent to: Enprema@ema.europa.eu. It will be published via the Enpr-EMA database at http://enprema.ema.europa.eu/enprema/.

Criteria for the recognition of a network as a member of Enpr-EMA

Identification M

Name	Include acronyms
Network type and information on funding	Indicate type of reporting party, e.g. national or
	specialty network. May
	include short mission statement. Provide web
	link to information on
	funding or a completed
	Enpr-EMA networks
	<u>funding sources form</u> .
Street	
Postal code	
Town	
Country	
Telephone 1	Contact for public enquires
Telephone 2	Contact for public enquires
Mobile phone	Contact for public enquires
Fax	Contact for public enquires
Website URL	Contact for public enquires
E-mail for general enquiries	Contact for public enquires
Representative (main) contact	ما ما دانم
Please enter information in the fields below, as far as average First name	rallable.
Surname	
Telephone	EMA internal database
Mobile phone	EMA internal database
E-mail	EMA internal database
Further contact(s)	Elix internal database
Please enter information in the fields below, as far as av	vailable.
First name	
Surname	
Telephone	EMA internal database
Mobile phone	EMA internal database
E-mail	EMA internal database
The data in this document are	Provide the date when the
`current' as of	criteria were last updated.
State how this document can	This should be a link to a
be accessed by the public	webpage, but other means
	and formats to make public
	are possible.

Description M

Year of foundation		State year of foundation of the network, or year of start of the investigator's or site's specific paediatric research activities
Paediatric age ranges of study participants covered by the network		
Preterm and/or term newborns from birth to less than 28 days of age	Yes No	
Infants and toddlers from 28 days to less than 2 years of age	☐ Yes ☐ No	
Children from 2 years to less than 12 years of age	☐ Yes ☐ No	
Adolescents from 12 years to less than 18 years of age	☐ Yes ☐ No	
Specialties/conditions covered		State specialties covered. Please use only terminology as per the glossary (http://enprema.ema.euro pa.eu/enprema/images/Glo ssary.pdf) to ensure search functionality in the Enpr- EMA database. If the network covers more than one specialty also state the term "multispecialty". If not all areas within one specialty are covered, specify conditions.
Multispecialty? Specify		For example, oncology or infectious diseases
Specialty or disease specific? Specify		For example, cardiology only
Conditions covered? Specify		E.g. hypertension (within cardiology) or asthma (within respiratory diseases)
Procedure/intervention specific? Specify		For example, surgery, organ or stem cell transplantation

Number of collaborating		State the number of
countries		collaborating countries.
	List all collaborating countries:	Indicate '1' if national.
		Indicate if network is
		limited to Europe, includes
		regions outside of Europe,
		etc.
Number of collaborating		State the number of
centres		collaborating centres and
	List all collaborating centres:	provide a list of all
		collaborating centres
		(attachment or link
		possible)
Type of activity/studies		
Clinical studies	☐ Yes ☐ No	
Experimental research	☐ Yes ☐ No	
Other activity		Describe type of activities
		other than clinical and/or
		non-clinical studies

Evidence for each criterion

Criterion 1: Research experience and ability	7
Criterion 2: Efficiency requirements	10
Criterion 3: Scientific competencies and capacity to provide expert advice	12
Criterion 4: Quality management	13
Criterion 5: Training and educational capacity to build competences	15
Criterion 6: Public involvement	17

How to provide evidence

- 1. The evidence for this self-assessment document should be based only on the activity of the network during the last 5 years.
- 2. Evidence used in this document should be supported by references (e.g. publication, annual or periodic report or internal network document).
- 3. The self-assessment form is to cover a range of different network types. It is recognised that some networks may not be able to complete every item. In such cases it should be stated why the item cannot be completed. The network is referred to as the "reporting party".

Criterion 1: Research experience and ability

Do not include planned trials, but only ongoing and completed trials.

1.1	Any (interventional or
Number of completed	observational) paediatric
paediatric¹ trials ^M	clinical trials, whether non-
_	commercial, investigator-
Number of ongoing paediatric	initiated, industry-
trials ^M	sponsored or commercial,
	which have been conducted
	by the reporting party (as
	opposed to trials conducted
	by individual investigators
	or collaborating centres).
	Listed trials must have a
	reference/mention of the
	reporting party in the public
	trial record. Please provide
	references as links or
	attachments (e.g. to EU-
	CTR, publications).
	Minimum requirement (^M):
	one ongoing or one
	completed trial.
1.2	State, as far as possible,
Total number of paediatric	average yearly enrolment
participants screened per year	numbers for trials listed in
	item 1.1. Which strategies
Total number of paediatric	or pathways are used to
participants eligible per year	screen and recruit
	participants?
Describe methods of screening	
and participant recruitment	
1.3	Provide the number of
Total number of collaborating	centres which enrolled
centres which enrolled	participants into completed
paediatric participants	or ongoing trials listed in
	item 1.1.

Academic (investigator) initiated studies

Studies conducted independently from pharmaceutical companies. There is a separate category (below) for industry-funded studies.

¹ A paediatric trial is a trial that includes at least one participant below 18 years of age.

1.4	Absolute number:	Paediatric interventional
Number of ongoing and		trials of any phase of the
completed paediatric trials		pharmaceutical
		development (phase I to IV,
		including therapy optimising
	Proportion of all paediatric trials:	trials if requiring
	·	authorisation by regulatory
		authority)
		(for other paediatric trials
		unrelated to drug
		development see below)
		Please provide references
		as links or attachments
		(e.g. to EU-CTR,
		publications).
1.5		Count specialties, without
Number of paediatric		repetition, across all
specialties covered by		ongoing or completed
paediatric trials		paediatric trials. Please list
		the specialties covered.
1.6		If not all areas within one
Number of paediatric		specialty covered count
conditions covered by		conditions, without
paediatric trials		repetition, across all
		ongoing or completed
		paediatric trials. Please list
		the conditions covered.
1.7		For example,
Number of other ongoing		epidemiological studies,
research studies/programmes		outcome studies,
		translational research in
		which the reporting party is
		participating. Include cohort
		studies but not audits.
		Research is defined as a
		project with a specific
		research question in which
		the participant/family
		provides formal consent.
		Please attach a list of
		ongoing research
		studies/programmes, if
		available.
1.8		Indicate the proportion of
Proportion of budget for		the budget for completed
academic (investigator)		and ongoing paediatric
initiated studies deriving from		trials that is derived from
public funding	Duamantian of buildings	public funding sources such
	Proportion of budget:	as governmental
		programmes, competitive
		public grants, university
		contributions

1.0	
1.9	
Number of enrolled	
participants (all academic	
paediatric trials)	
Industry-sponsored trials	
1.10	Paediatric (interventional or
Number of ongoing and	observational) trials of any
completed paediatric trials	phase of the
	pharmaceutical
	development (phase I to IV,
	including therapy optimising
	trials if requiring
	authorisation by regulatory
	authority) (for other
	paediatric trials unrelated to
	drug development see
	above)
	Please provide references
	as links or attachments
	(e.g. to EU-CTR,
	publications).
1.11	Count specialties, without
Number of paediatric	repetition, across all
specialties covered by	ongoing or completed
paediatric trials	paediatric trials
1.12	If not all areas within one
Number of paediatric	specialty covered count
conditions covered by	conditions, without
paediatric trials	repetition, across all
	ongoing or completed
	paediatric trials.
1.13	
Number of enrolled	
participants (all industry-	
sponsored paediatric trials)	

Criterion 2: Network organisation and processes

2.1	☐ Yes ☐ No	Enquiries from patients,
Existence of an identified contact person for external enquiries M	Comments:	parents, organisations, researchers, pharmaceutical companies or regulatory authorities are co-ordinated or answered by a nominated contact person. Provide contact details in section "Identification" above.
2.2 Existence of an internal steering committee ^M	Yes No Comments:	Minimum requirement (M): either an internal steering committee (2.2) or an external advisory/steering committee (2.3). Describe selection of the members, and how this information is made publicly available.
2.3 Existence of an external advisory/steering committee directing the reporting party M	Yes No Comments:	Minimum requirement (M): either an internal steering committee (2.2) or an external advisory/steering committee (2.3). Describe selection of the members, and how this information is made publicly available.
2.4 Existence of a website	☐ Yes ☐ No Comments:	If available, mention in "identification" above
2.5 Existence of newsletter	☐ Yes ☐ No Comments:	Newsletter of any format (electronic, surface mail), distributed actively to selected recipients. Clarify how the newsletter is made available and to whom.

2.6	☐ Yes ☐ No	For example, database or
Existence of an internal		disease registry to
database(s) for disease,	Comments/description:	facilitate planning or
condition, treatment and/or		conducting future trials
outcome ^M		(may or may not contain
_		individual patient data).
		Describe the type of
		information stored in the
		database. Clarify if it is
		managed by the reporting
		party or by the individual
		collaborating centres, and
		whether it includes
		information on eligible
		patient pool(s) in addition
		to contact details of
		participating
		centres/investigators.
2.7	☐ Yes ☐ No	Are provisions in place to
Provisions to ascertain data	Comments:	ascertain patients'/study
protection and data security ^M		participants' data
		protection and data safety
		within the network?
		Describe the provisions,
		clarify if they are described
		in any document of the
		reporting party (e.g.
		mission statement/statute)
		in SOPs, and whether they
		are publicly accessible.
2.8	☐ Yes ☐ No	Describe the procedure for
Procedure(s) to access the	Comments:	third parties to access the
database by third parties		database, for planning,
		conducting or analysing
		clinical trials.
2.9	☐ Yes ☐ No	Describe the access of the
Access to external	Comments:	reporting party to relevant
databases/registries		external databases, e.g.
		national databases that
		are not publicly accessible.
2.10	☐ Yes ☐ No	Describe the
Standardised process to access	Comments:	standardisation (e.g.
an external database(s)		SOPs)

Criterion 3: Scientific competencies and capacity to provide expert advice

3.1		The publications should
Number of peer-reviewed		include a reference to the reporting party (network).
publications in the last 5 years		
Provide reference(s)		
Describe the network's contribution to each publication		
3.2 Number of competitive grants obtained in the last 5 years		Grants obtained by the network, exclusively or not (as opposed to grants obtained by individual investigators or collaborating centres). Please provide a list of the grants obtained. (If you wish the information not to be in the public domain, please inform Enpr-EMA
		secretariat.
3.3	☐ Yes ☐ No	Describe how the reporting
Access to expert groups M	Comments:	party has specific access to established expert groups,
		such as learned societies.
3.4	☐ Yes ☐ No	Describe if a coordinated
Capacity to answer external	Comments:	capacity (staff, process) is
scientific questions ^M		available to answer
		external scientific queries
		in relation to clinical trials,
		and how it can be
		contacted (contact point,
		e.g. via network website).
Existence of Standard Operatin	g Procedures (SOP) for assessment	of:
Please enter information in the fiel	-	
Clarify if SOPs are publicly accessil	ble. Provide links or attach documents.	
3.5	☐ Yes ☐ No	This concerns the
Site feasibility	Comments:	suitability of a site for
•		conducting a given trial.
3.6	☐ Yes ☐ No	This concerns provisions to
Participant recruitment	Comments:	regularly monitor
		recruitment progress for a trial.
3.7	☐ Yes ☐ No	This concerns, for
Budget calculation for studies	Comments:	example, quotes and
Baaget calculation for studies	Commence.	prospective financial
		planning for a trial.
	1	- : ::::::g ::: = ::::::::

Criterion 4: Quality management

4.1	☐ Yes ☐ No	Declare whether studies
Documented adherence to Good Clinical Practice (GCP) guideline M	Comments:	conducted comply with the EU Directive 2001/20/EC on Clinical Trials. Clarify if adherence to GCP is included in the documentation of the organisation (e.g. mission statement/statute). Specify how frequently clinical research staff is trained on ICH GCP requirements.
4.2 Documented adherence to the ethical considerations for clinical trials in children M	☐ Yes ☐ No Comments:	Indicate if adherence to "ethical considerations for clinical trials in children" is included in the documentation of the organisation (e.g. mission statement/statute). Provide relevant SOPs and indicate if they are publicly accessible.
4.3 Documented adherence to ethical considerations	☐ Yes ☐ No Comments:	Indicate whether paediatric experts are involved in the ethics committees approached for approval of studies conducted by the reporting party.
4.4 Availability of Standard Operation Procedures (SOP)	☐ Yes ☐ No If yes, provide reference to available SOPs	Indicate existence of SOPs e.g. for study management, adverse events reporting etc.
4.5 Capacity to monitor studies (academic trials, industry sponsored trials)	☐ Yes ☐ No Comments:	Indicate if the reporting party implements the monitoring of paediatric trials according to ICH 6 Good Clinical Practice Guideline or if monitoring is delegated to external bodies, e.g. CROs.

4.6	☐ Yes ☐ No	Describe how performance
Capacity to monitor performance	Comments:	of collaborating centres is
of collaborating centres		evaluated and whether this
		is publicly described.
		Please clarify whether an
		SOP for sites' performance
		monitoring is available,
		publicly accessible and/or
		provide link(s).
4.7	☐ Yes ☐ No	Clarify if these processes
Quality control and quality	Comments:	are described in any
assurance, traceability and data		document of the reporting
safety ^M		party (e.g. mission
		statement/statute), and
		whether they are publicly
		accessible. If yes, provide
		reference(s) or link(s)
		(e.g. to national law).

Criterion 5: Training and educational capacity to build competences

5.1	☐ Yes ☐ No	Indicate awareness of
Evidence of collaboration with regulatory authorities M	Comments:	regulatory requirements for developing medicines; for example, implementation of guidelines of regulatory authorities. Clarify what type of collaboration is established and provide supporting evidence.
5.2 Capacity to provide competent consultation to regulatory authorities	☐ Yes ☐ No Comments:	Indicate capacity to provide expert advice to regulatory authorities. For example, nominations to standing scientific committees of regulatory authorities, registration(s) as authorities' external expert(s).
5.3 Formal meetings for clinical trials If yes, provide number	☐ Yes ☐ No Comments:	For example, investigator meetings, trainings specific to a given ongoing or planned trial. Please attach a list of formal meetings for clinical trials, if available.
5.4 Training courses given/organised by the network over the last 2 years If yes, provide number If yes, provide number	Yes No Comments:	For example, training specific to a trial or in general for trial(s), with external participants or from the reporting party. Clarify if organisation of training courses constitute a requirement within the network's rules/operations, and if so, if this is included or described in any document of the organisation such as its mission statement/statute and publicly available. Minimum requirement (M): training courses either given (5.4) or received (5.5). Please attach a list of training courses organised, if available.

5.5	☐ Yes ☐ No	For example, training
Network-wide training courses	Comments:	specific to a trial or in
received over the last 2 years M	Comments.	general for trial(s), with
If yes, provide number		external participants or
i i yes, provide number		· ·
		from the reporting party.
		Clarify if attendance of
		training courses constitute
		a requirement within the
		network's rules/operations,
		and if so, if this is included
		or described in any
		document of the
		organisation such as its
		mission statement/statute
		and publicly available.
		Minimum requirement (^M):
		training courses either
		given (5.4) or received
		(5.5).
		Please attach a list of
		network-wide training
		courses received, if
		available.
5.6	☐ Yes ☐ No	Indicate if support for such
Promotion of participation in	Comments:	trials is provided by the
clinical trials in countries with		reporting party.
limited resources		3 1 7
Provide list of countries		

Criterion 6: Public involvement ^M

Minimum requirement (M): involvement in at least one of the below items.

6.1	☐ Yes ☐ No	Indicate if parent
Involvement of patients, parents or their organisations in protocol design	Comments:	groups/patient groups/young people advisory groups are/have been involved and provide specific examples. Please describe the type of input received and if it is publicly available on the network's website.
6.2	☐ Yes ☐ No	Indicate if parent
Involvement of patients, parents or their organisations in creating the protocol information packages	Comments:	groups/patient groups/young people advisory groups are/have been involved and provide specific examples. Please describe the type of input received and if it is publicly available on the network's website.
6.3 Involvement of patients, parents or their organisations in the prioritisation of needs for clinical trials in children	Yes No Comments:	Indicate if parent groups/patient groups/young people advisory groups are/have been involved and provide specific examples (e.g. organisation of specific meetings). Please describe the type of input received and if it is publicly available on the network's website.

European Medicines Agency data protection statement for **Enpr-EMA network database**

1. Purpose of processing

The purpose of the present data processing activity is to provide information on research networks and centres with recognised specific expertise in the performance of studies in the paediatric population to relevant stakeholders who are involved and/or interested in identifying research networks for paediatric clinical trials in Europe (e.g. pharmaceutical companies, investigators, patients/parents) via the Enpr-EMA network database.

2. What personal information do we collect and through which technical means?

2.1. Identification Data

The self-assessment form submitted by networks in order to become a member of Enpr-EMA, contains information about the networks' nominated contact persons, such as name, surname, phone number, e-mail and postal address.

2.2. Legal Basis

The European network of paediatric research at the EMA (Enpr-EMA) was developed by the European Medicines Agency in accordance with Article 44(1) of Regulation (EC) No 1901/2006.

The legal basis for the processing of personal data in this specific context is your consent, in accordance with Regulation (EU) 2018/1725 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC. For personal data of third-parties such as individuals other than the network's nominated main contact person (e.g. further contact persons) that are submitted in the context of the self-assessment form, you declare that you have obtained the adequate consent as to this processing.

2.3. Technical information

The Enpr-EMA network database will make publicly available on the EMA website the following data:

- Network identification and contact details
- Network description (including size of the network)
- Research experience and ability
- Scientific competencies and capacity to provide expert advice
- Quality management
- Training and educational capacity to build competences
- Public involvement

3. Who has access to your information and to whom is it disclosed?

The access to information provided in self-assessment forms is granted to the public.

The relevant data fields concerning details of the nominated contact persons are published.

Data contained in non-active self-assessment forms for registration in the Enpr-EMA database are retained within EMA servers for the purpose of legal certainty for 2 years after the end of membership with Enpr-EMA.

4. How do we protect and safeguard your information?

Information provided in self-assessment forms, is recorded in a secured and protected database hosted by the EMA, the operations of which abide by the EMA security policy. The database is not accessible from outside the EMA. Inside the EMA the database can only be accessed using a user ID and password. Access to the application is via a non-encrypted connection using the normal http protocol.

5. How can you verify, modify or delete your information?

Any person whose personal data has been processed by EMA has the right to access their data at any time. In case you wish to verify which personal data is stored by the responsible data Controller, have it modified, corrected or deleted, please contact the data Controller by using the Contact information at the end of this statement and by explicitly specifying your request.

Please see detailed information on your rights in the general EMA Privacy Statement: www.ema.europa.eu/en/about-us/legal/privacy-statement

6. How long do we keep your data?

Your personal data will remain in the Enpr-EMA database until the Enpr-EMA secretariat is informed of changes to the contact person(s), that the registered network is no longer active or wishes to withdraw its membership.

7. Contact information

In case you wish to verify which personal data is stored on your behalf by the responsible data Controller, have it modified, corrected, or deleted, or if you have questions regarding the Enpr-EMA network database or concerning any information processed in the context of Enpr-EMA membership, or on your rights, you are invited to contact the support team, operating under the responsibility of the data Controller using the following contact information:

enprema@ema.europa.eu

8. Recourse

Complaints, in case of conflict, can be addressed to:

- · Data Controller: enprema@ema.europa.eu; or
- EMA Data Protection Officer: <u>dataprotection@ema.europa.eu</u>; or
- <u>European Data Protection Supervisor</u>. For more information on the complaint procedure: <u>https://edps.europa.eu/data-protection/our-role-supervisor/complaints_en</u>