

Basic information	
<b>1997/0197(COD)</b>  COD - Ordinary legislative procedure (ex-codecision procedure) Regulation	Procedure completed
Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials	
Repealed by <a href="#">2012/0192(COD)</a> Amended by <a href="#">2004/0217(COD)</a> Amended by <a href="#">2021/0431(COD)</a>	
<b>Subject</b>  4.20.02.06 Clinical practice and experiments 4.20.04 Pharmaceutical products and industry	

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	<b>ENVI</b> Environment, Public Health, Consumer Policy	LIESE Peter (PPE-DE)	11/09/2000
	Former committee responsible	Former rapporteur	Appointed
	<b>ENVI</b> Environment, Public Health and Consumer Protection	AMADEO Amedeo (NI)	08/10/1997
	Former committee for opinion	Former rapporteur for opinion	Appointed
	<b>BUDG</b> Budgets	The committee decided not to give an opinion.	
	<b>ENER</b> Research, Technological Development and Energy	SCAPAGNINI Umberto (UPE)	08/10/1997
	Council configuration	Meetings	Date
	Competitiveness (Internal Market, Industry, Research and Space)	2265	2000-05-25
Agriculture and Fisheries		2332	2001-02-26
Budget		2285	2000-07-20
Health		2319	2000-12-14

Key events			

Date	Event	Reference	Summary
03/09/1997	Legislative proposal published	COM(1997)0369	<a href="#">Summary</a>
19/09/1997	Committee referral announced in Parliament, 1st reading		
29/10/1998	Vote in committee, 1st reading		<a href="#">Summary</a>
29/10/1998	Committee report tabled for plenary, 1st reading	A4-0407/1998	
16/11/1998	Debate in Parliament		
26/04/1999	Modified legislative proposal published	COM(1999)0193	<a href="#">Summary</a>
20/07/2000	Council position published	08878/1/2000	<a href="#">Summary</a>
07/09/2000	Committee referral announced in Parliament, 2nd reading		
21/11/2000	Vote in committee, 2nd reading		<a href="#">Summary</a>
21/11/2000	Committee recommendation tabled for plenary, 2nd reading	A5-0349/2000	
11/12/2000	Debate in Parliament		
26/02/2001	Act approved by Council, 2nd reading		
04/04/2001	Final act signed		
04/04/2001	End of procedure in Parliament		
01/05/2001	Final act published in Official Journal		

Technical information	
Procedure reference	1997/0197(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)
Procedure subtype	Legislation
Legislative instrument	Regulation
Amendments and repeals	Repealed by <a href="#">2012/0192(COD)</a> Amended by <a href="#">2004/0217(COD)</a> Amended by <a href="#">2021/0431(COD)</a>
Legal basis	EC Treaty (after Amsterdam) EC 095
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/5/13000

Documentation gateway				
European Parliament				
Document type	Committee	Reference	Date	Summary
Committee report tabled for plenary, 1st reading/single reading		A4-0407/1998 OJ C 379 07.12.1998, p. 0005	29/10/1998	
Text adopted by Parliament, 1st reading/single reading		T4-0648/1998 OJ C 379 07.12.1998, p. 0017-0034	17/11/1998	<a href="#">Summary</a>
Committee recommendation tabled for plenary, 2nd		A5-0349/2000		

reading		OJ C 232 17.08.2001, p. 0010	21/11/2000	
Text adopted by Parliament, 2nd reading		T5-0548/2000 OJ C 232 17.08.2001, p. 0035-0052	12/12/2000	<a href="#">Summary</a>

#### Council of the EU

Document type	Reference	Date	Summary
Council position	08878/1/2000 OJ C 300 20.10.2000, p. 0032	20/07/2000	<a href="#">Summary</a>

#### European Commission

Document type	Reference	Date	Summary
Legislative proposal	COM(1997)0369 OJ C 306 08.10.1997, p. 0009	03/09/1997	<a href="#">Summary</a>
Modified legislative proposal	COM(1999)0193 OJ C 161 08.06.1999, p. 0005	26/04/1999	<a href="#">Summary</a>
Commission communication on Council's position	SEC(2000)1293 	26/07/2000	<a href="#">Summary</a>

#### Other institutions and bodies

Institution/body	Document type	Reference	Date	Summary
EESC	Economic and Social Committee: opinion, report	CES0099/1998 OJ C 095 30.03.1998, p. 0001	28/01/1998	<a href="#">Summary</a>

#### Additional information

Source	Document	Date
European Commission	<a href="#">EUR-Lex</a>	

#### Final act

Directive 2001/0020 OJ L 121 01.05.2001, p. 0034	<a href="#">Summary</a>
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## Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials

1997/0197(COD) - 28/01/1998 - Economic and Social Committee: opinion, report

In assessing the proposal, the Committee feels it desirable to seek to strike a balance between the need to: simplify red tape; respect the deadlines for commencement of the clinical trial; and the need to provide the utmost guarantees for trial subjects; coordinate findings so that the efficacy and safety of a new medicinal product can be rigorously assessed. However, the Committee thinks that forms of cooperation should be encouraged for the purpose of gradually moving towards a single EU procedure. Use should be made here of the scientific skills and knowhow available at the European Agency for the Evaluation of Medicinal Products (EMEA), especially as regards "orphan" medicinal products and gene and cell therapy. In order to

boost cooperation, it is essential that an EU database be provided as part of EudraNet (a telematic network linking the relevant national authorities, the EMEA and the Commission). This would be used to coordinate and circulate information between the Member States involved in a multi-centre international trial, with an access key to guarantee the utmost confidentiality and the safeguarding of industrial protection. The goal must be a clear and simple legal framework which allows trials to be launched simultaneously in different countries. This presupposes respect for the deadlines laid down for the favourable opinion from the ethics committees and for the acceptance of any requests from the relevant authorities for modifications (these authorities have 30 days to notify their opinion to the sponsor). It is also essential that persons undergoing trials are guaranteed the best possible risks-benefits ratio. To this end, the Commission must obtain greater guarantees regarding the participation of third countries in multi-centre trials. The sponsor should be asked to ascertain that third countries involved in trials on a particular medicinal product are familiar with the Community guidelines and are therefore able to apply them properly.

## **Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials**

1997/0197(COD) - 17/11/1998 - Text adopted by Parliament, 1st reading/single reading

In adopting the report by Mr Amedeo AMADEO (NI, I), the European Parliament called for trials to begin only after the ethics committee had issued a favourable opinion. At the same time, trials on any person incapable of giving informed consent should be banned unless they were of direct benefit to the person concerned. Member States were asked to adopt detailed regulations, if they did not already exist, to protect such persons (e.g. the mentally handicapped or children) against any abuse. It should not be possible for individuals who were incapable of giving their informed consent to participate in clinical trials unless a legally responsible person had consented after clarification of the circumstances. Similarly, if a trial participant was incapable of entering into legal transactions, the informed consent of relatives, the guardian and/or a legal representative was required. Parliament considered that a clinical trial could be undertaken only if: - the right of the participant in the trial to physical and mental integrity was respected, as well as the right to privacy, - the participant in the trial had given his written consent after being informed of the nature, significance and implications of the clinical trial, - an appropriately qualified doctor was responsible for the medical care given to, and medical decisions made on behalf of, subjects. Compensation must be available in the event of injury to or death of a trial participant which was attributable to the clinical trial. If trials had unexpected side-effects, Parliament considered that the sponsor should suspend all recruitment for the study concerned. Substances used in trials must be used in accordance with the principle of good practice, whatever their place of origin. Those responsible for approving 'investigational substances' must possess appropriate training. Parliament called for the outer or immediate packaging of investigational medicinal products to state in, at least, the national languages that the medicinal product was being used for a clinical trial and that it was not for sale.

## **Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials**

1997/0197(COD) - 26/07/2000 - Commission communication on Council's position

The Commission supports the common position. The adoption of Community legislation on the application of good clinical practice in the conduct of clinical trials on medicinal products will promote the conduct of such trials in the European Union.

## **Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials**

1997/0197(COD) - 12/12/2000 - Text adopted by Parliament, 2nd reading

The European Parliament approved, with a number of compromise amendments, the resolution by Mr Peter LIESE (EPP/ED, D) on the Council's common position. Commissioner Michel BARNIER said he could also accept these compromise amendments. For a long time, the European Parliament and Council positions had been very different but a detailed agreement has been finally reached. Key points of the compromise amendments were that necessary research will be allowed but that 'trial subjects' are ensured maximum protection. In order to implement the agreement, Parliament adopted a large number of compromise amendments. These are mirrored in the decision of the committee responsible. (Refer to the previous document).

## **Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials**

1997/0197(COD) - 20/07/2000 - Council position

The Council's common position is essentially based on the amended Commission proposal, and therefore includes the letter or spirit of most of the amendments suggested by Parliament and taken up by the Commission. An important exception concerns the procedure for starting a clinical trial, which has been substantially amended by the Council in order to simplify and speed up decision-making by the competent authorities of the Member States. Another exception concerns the provisions for the subjects in clinical trials, in particular certain aspects to minors and incapacitated adults which could only be partly accepted by the Council and the Commission, both institutions nevertheless considering that the protection guarantees for subjects in clinical trials would not be reduced as a result. In addition, the Council has also introduced a number of editorial changes to the text of the

common position. Some original provisions to which the European Parliament's proposals for amendments refer have consequently undergone subsequent re-drafting or re-editing. The amendments accepted by the Council without modification, with minor editorial modifications or in principle relate in particular to: - the definition of "informed consent". The definition selected by the Council differs from that proposed by the Parliament in that it also covers persons who are not in a position to give their consent with full knowledge of the facts; - the definition of "unexpected adverse reaction"; - the extension of the 60-day period for the Ethics Committee to give its opinion in cases where trials involve medicinal products for gene therapy was accepted by the Council and extended to include somatic cell therapy, including xenogenic cell therapy; - the strict observance of the confidentiality of data to be entered in the European databases; - the obligation to inform the sponsor, the competent authorities, the Ethics Committee and the Commission in cases where a suspension of clinical trials must be contemplated; - provisions relating to the manufacture and importation of investigational medicinal products. In relation to the amendments which were partly accepted by the Council, these concern the protection of trial subjects in clinical trials. Moreover, they also concern the trial subject's right to have his mental and physical integrity safeguarded. On the other hand, the amendments not accepted by the Council relate in particular to: - replacing the idea of "person responsible" in the definition of "investigator" by "doctor responsible"; - the deletion of the provision on the arrangements for rewarding or compensating investigators and trial subjects as one of the elements to be considered when the Ethics Committee prepares its opinion; - the indication on the packaging that the medicinal product is being used in the framework of a clinical trial and that it cannot be sold. Lastly, the Council did not accept the amendment which provides for the deletion of the indication that inspections for the purpose of verifying compliance with good clinical and manufacturing practice are carried out on "behalf of the Community".

## **Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials**

1997/0197(COD) - 26/04/1999 - Modified legislative proposal

The Commission's amended proposal introduces new measures to take into account the European Parliament's opinion. The main amendments focus on the following points : 1) informed consent : with a view to strengthening the guarantees concerning the protection of participants in clinical trials, the Commission introduced an operational definition, as well as procedures for the exercise or withdrawal of consent, particularly in the case of minors or of incapacitated adults. The amended text also lays down clearer conditions for clinical trial subjects who wish to have access to an independent contact able to supply them with further information. To this end, the responsibility of the sponsor to organise the corresponding arrangements is clearly established ; 2) ethics committee : the amended proposal gives the ethics committee a more important role, one that is no longer limited almost exclusively to the phase preceding commencement of the clinical trial. In this way, the content of the information to be submitted to the ethics committee has been widened substantially to cover the entire clinical trial, from before commencement to completion. It has also been made clear that the ethics committee must be consulted again if the sponsor makes substantial amendments to the protocol being followed which could impair subjects' safety, and, therefore, call into question the original favourable opinion ; 3) exchanges of information : the amended proposal reinforces the original text by adding provisions on the practical arrangements for centralisation at Community level of the results of the clinical trials and clearly defining the role played by the Commission in organising and coordinating such exchanges of information vis-à-vis the competent authorities and the sponsor of the clinical trial ; 4) compatibility with existing Community legislation : it is essential that the European Agency for the Evaluation of Medicinal Products receives a copy of the notification of commencement of a clinical trial so that it can assess the content thereof in preparation for subsequent evaluation of the product should it fall under Part A of the Annex to Regulation 2309/93/EEC. If the product falls under Part B of the same Annex, the sponsor has the option of deciding whether or not to notify the Agency ; 5) procedure for the commencement of a clinical trial : the new procedure opts for simplification, which should lead to greater speed and efficiency, by putting the accent on the notification procedure. For the sponsor, this entails informing the competent authorities of any plans to proceed with a clinical trial, by means of a "notification". The notification of the clinical trial must be accompanied by a written authorisation granted by the competent authorities of the Member States concerned within fixed time limits.

## **Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials**

1997/0197(COD) - 25/05/2000

The Council reached a political agreement by a qualified majority on the common position, the Austrian delegation voting against.

## **Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials**

1997/0197(COD) - 14/12/2000

The Council approved by a qualified majority - the Netherlands delegation entering a reservation - all the amendments adopted by the European Parliament at second reading concerning the draft Directive on clinical trials. After finalisation of the text in the official languages of the Community, the Directive will be adopted at a forthcoming Council meeting.

## **Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials**

**PURPOSE** : to establish specific provisions regarding the conduct of clinical trials of medicinal products on human subjects, particularly in relation to the implementation of good clinical practice. **COMMUNITY MEASURE** : Directive 2001/20/EC of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use. **CONTENT** : This directive obliges Member States to adopt detailed rules to protect from abuse individuals who are incapable of giving their informed consent. This includes minors, and incapacitated adults. Such persons should not participate in trials if the same results would be obtained from persons who are capable of giving consent. The directive sets out the preconditions under which trials may take place. The foreseeable risks and inconveniences must be weighed against the anticipated benefits for the individual trial subject and other patients. A trial may only be initiated by the Ethics Committees, the establishment and duties of which are set out in the directive. The trial subject or his legal representative must be given certain information about the trial, including the right of withdrawal. The directive establishes rules on the commencement and conduct of trials, suspension of the trials or infringements, the manufacture and import of investigational medicinal products, labelling, and verification of compliance with good clinical and manufacturing practice. **ENTRY INTO FORCE** : 01/05/2001 **DATE OF APPLICATION** : Member States shall adopt and publish before 1 May 2003 the laws to comply with the Directive. The provisions will apply at the latest with effect from 1 May 2004.

## **Medicinal products for human use: implementation of good clinical practice in the conduct of clinical trials**

**OBJECTIVE**: approximation of legislative provisions relating to the conduct of clinical trials on medicinal products for human use. **SUBSTANCE**: the proposal for a directive seeks to provide the same level of protection for patients taking part in a clinical trial and to harmonize technical standards and also rationalize documentary and administrative procedures involved in multi-centre clinical trials, whilst taking account of experience acquired by the Member States. The proposal contains a number of internationally approved definitions codifying the terms used in the Member States, facilitating an international exchange of data relating to clinical trials within the European Union. In addition, the proposal harmonizes the procedures to be followed with regard to information to facilitate ongoing safety monitoring and introduces monitoring in the form of inspections. It is important to note that this proposal is in fact a rationalization of legislation, since overall the administrative and bureaucratic requirements will be reduced in line with a 'risk-based' approach, thus allowing new medicines to be made available in a timely manner. It is also intended to simplify the regulatory burden for small and medium companies (e.g. companies starting up in biotechnology) for which the current complexity of national requirements makes it almost impossible to conduct trials in more than one Member State.