**How to Create a Corrective and Preventive Action Plan (CAPA)**

A **CAPA** is written to identify a discrepancy or problem in the conduct of the clinical research study, note the root cause of the identified problem, identify the corrective action taken to prevent recurrence of the problem, and document that the corrective action has resolved the problem. In general, the tone of CAPA should be forward- looking and not seek to explain an error discovered in the conduct of a clinical research study. For example, it may be appropriate to:

Clarify or add information regarding site specific regulatory file requirements, Clarify or add information regarding source document standards,



Document and address any issue that is protocol- and/or site-specific that cannot be resolved without a change from previous procedures.

Key things need to be included in a CAPA:

1. **Root Cause Analysis:** A class of problem solving methods used to identify the root causes of problems or events.
2. **Corrective Action:** Immediate action to a problem that has already occurred or has been identified.
3. **Preventative Action:** Taken to eliminate the root cause of a potential problem including the detection/identification of problems.

A CAPA should be printed on institution letterhead and should be initiated and authored by the individual or organization responsible for its content, as follows:

If the issue relates to actions taken by the sponsor or monitor (e.g., clarification of a protocol section), an appropriate credentialed individual from the sponsor should write and sign on the CAPA.

**CAPA** should be signed by the author, kept on file in the site regulatory file and made available to the clinical site monitors reviewing the site’s documents and procedures.  Follow IRB reporting requirements listed in Chapter 20 of the UH Investigator Manual for IRB Submissions (Reportable New Information).

*In addition*, if a data safety monitoring board is handling the data management of the clinical research study, please forward a copy to the DSMB.

*Hints for working on your CAPA: PICCC: Problem, Investigate, Comparison, Clues, Cause*

# Corrective and Preventative Action Plan

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| --- | --- | --- | --- | --- |
| **Date:** | | [Date that the CAPA is written] | | |
| **To:** | | [Sponsor, FDA, or IRB] | | |
| **From:** | | [Name, title, and the site or institutional affiliation of the person authoring the CAPA, and this individual’s signature] | | |
| **Protocol/IRB Number :** | | [Name, title, and the site or institutional affiliation of the person authoring the CAPA, and this individual’s signature] | | |
|  | |  | | |
| **Issue:** | | [Brief description or outline of the topic/process/problem being documented; can be formatted as a paragraph, numbered list, or bulleted items] |
| **Root Cause:** | | [The reason(s) that the issue arose] |
| **Corrective Action:** | | [Description of the corrective actions taken or planned by the site personnel. If the site was instructed to perform these corrective actions (i.e., by the sponsor or monitor), indicate by whom and as of what date. If status of reports, records, or data will remain incomplete or unavailable, make a statement regarding your failed attempts or describe when/how the records will be retrieved or completed.] |
| **Implementation:** | | [Description of the procedures used to document resolution of the problem, the personnel who are responsible for the procedures etc.] |
| **Effective date of resolution:** | | [Effective date for corrective action (may be the same date as in the memo header)] |
| **Preventive Action:** | | [Description of the preventive actions taken or planned by the site personnel. If the site was instructed to perform these preventive actions, indicate by whom and as of what date.] |

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| **Evaluation / Follow-up:** | [Any plan / procedure to evaluate the implementation and completion, personnel who are responsible for the evaluations, timeframe for the evaluation, etc.] |
| **Comments:** | [Any additional comments or information not noted above] |

Principal Investigator Signature Date of Signature

Principal Investigator Printed Name