EU PSMF and UK PSMF

What start-ups really need to do

The pharmacovigilance system master file in the EU and the United Kingdom: the differences in plain language, a seven-step action plan, what to do when the requirements drift apart, and a checklist to tick off.

WHO THIS IS FOR

Founders and regulatory or pharmacovigilance leads at start-ups and small pharmaceutical companies preparing a marketing authorisation in the EU, the UK or both.

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The essentials in one minute

1. The PSMF describes how your pharmacovigilance works: who is responsible, which processes, systems and contracts are in place, and how you assure quality. Every marketing authorisation holder needs one, in the EU and in the UK.
2. Your EU PSMF does not cover UK marketing authorisations. For those you need a UK PSMF with its own number, issued by the MHRA.
3. The biggest difference is location. The EU PSMF is kept at a site in the EU or EEA. The UK PSMF must be electronically accessible at a point in the UK, the same point from which your adverse reaction reports are accessible.
4. One QPPV can cover both markets if they reside and operate in the EU or EEA. For the UK you then also nominate a national contact person for pharmacovigilance (NCP) who resides and operates in the UK and reports to the QPPV.
5. Since 12 February 2026, the amended EU implementing rules have fully applied (Regulation (EU) 2025/1466). UK law has not caught up yet. According to the MHRA, the amended rules apply to UK Category 2 products, and companies with EU authorisations or Category 2 products should follow them for all their UK products.
6. For start-ups heading for both markets, the simplest set-up is one pharmacovigilance system, one shared core text and two properly registered master files.
7. Over time the two files will drift apart: the rules change at different speeds, and the authorities on each side ask for different things. Keep control with a divergence register and a change process that asks of every change: EU, UK or both?

1 What a PSMF is and who needs one

The pharmacovigilance system master file, or PSMF, is the system description of your drug safety operation. It contains no case reports and no benefit-risk assessments. Instead, it explains how your company collects, assesses and reports suspected adverse reactions, who is responsible, which databases and service providers are involved, and how you check that all of this works.

Authorities use the PSMF to plan inspections. During the inspection they check whether reality matches what the PSMF says. Every gap between the two is a potential finding.

For a start-up, the PSMF matters beyond inspections. An incomplete summary of the pharmacovigilance system can hold up the validation of your application, and the MHRA does not accept submissions that use an invalid UK PSMF number. Licensing partners and investors also read the PSMF in due diligence: in a few pages it shows whether a company has its safety obligations under control.

Who needs a PSMF, and from when?

The obligation applies to the marketing authorisation holder (MAH), and to the applicant before that. As long as your start-up is only running clinical trials, you do not need a PSMF yet; the safety rules for clinical trials

apply instead. The PSMF becomes relevant with the marketing authorisation application. Module 1.8.1 contains a summary of your pharmacovigilance system, and that summary states where the PSMF is kept.

Authorities do not routinely ask for the PSMF before approval. They can, however, and the EU guideline explicitly mentions newly established pharmacovigilance systems. That describes almost every start-up. So plan for your PSMF to be ready when you submit your application.

> **PRACTICAL TIP**
>
> Describe what does not exist yet as planned. Before the first approval there are, by nature, no figures on reporting compliance. The EU guideline allows planned elements in the PSMF as long as they are clearly labelled as planned.

When a partner holds the marketing authorisation

If you bring your product to market through a licensing partner who holds the marketing authorisation, the PSMF obligation lies with that partner. You will then usually need a safety data exchange agreement (SDEA), so that reports reaching you get to the partner reliably and on time.

2 Two legal systems since Brexit

Until the end of 2020, a European PSMF also covered the United Kingdom. Since 1 January 2021 the UK has had its own rules: Part 11 and Schedule 12A of the Human Medicines Regulations 2012 (HMR). In substance, the UK regulator, the MHRA, still follows the EU GVP guidelines and lists where it departs from them in a separate document, ‘Exceptions and modifications’.

Windsor Framework: Category 1 and Category 2

Since 1 January 2025 the MHRA has licensed medicines for the whole of the UK, Northern Ireland included. Every product falls into one of two categories, and the category decides which pharmacovigilance rules apply.

- **Category 1:** products that would fall within the scope of the EU centralised procedure, such as new active substances, orphan medicines, advanced therapy medicinal products (ATMPs) and biotech products, plus their generics and biosimilars. Only UK law applies.
- **Category 2:** all other products. UK law applies, plus the applicable EU law, above all Implementing Regulation (EU) No 520/2012.

As a rule of thumb, a start-up with an innovative active substance usually lands in Category 1. Companies selling generics or over-the-counter products with long-established substances usually land in Category 2. Check the classification for each product anyway.

2026: the EU has tightened its rules, the UK has not yet

Since 12 February 2026 the amended EU implementing regulation on pharmacovigilance has been fully applicable: Commission Implementing Regulation (EU) 2025/1466, which amends Regulation (EU) No 520/2012. Two changes matter most for the PSMF. Deviations from pharmacovigilance procedures now only belong in the PSMF if they are major or critical. And contracts with service providers must spell out who does what, how safety data are exchanged, and that audits and inspections are possible.

The UK counterpart, Schedule 12A, has not been amended yet. In February 2026 the MHRA therefore set out a pragmatic approach:

- **Category 2 products:** legally subject to the amended EU regulation.
- **Category 1 products**, if the MAH also holds Category 2 products or EU authorisations: legally still Schedule 12A, but the MHRA advises following the amended EU regulation, so that one set of rules covers the whole system.
- **Only Category 1 products and no EU authorisations:** Schedule 12A, which still mirrors the old EU text.

For a start-up heading for both markets, this means you write your PSMF to a single set of rules: the amended EU regulation.

3 One system, two master files

If you are going for both markets, you are best served by a single pharmacovigilance system: the same people, the same safety database, the same SOPs. From it you derive two master files, one for the EU and one for the UK. Both share a core text that you maintain only once; only the regional parts are separate.

Shared core maintain once, use for both	**EU part** EU PSMF only	**UK part** UK PSMF only
• Organisation and responsibilities • Sources of safety data worldwide • Safety database and IT systems • Pharmacovigilance processes and SOP list • Quality system, audits, training • Service providers and contracts	• EU QPPV and deputy • National contact persons, e.g. Germany's Stufenplanbeauftragter • EU product list • Metrics on reporting to EudraVigilance and on periodic safety update reports (PSURs) • EU site, Article 57 database entry	• UK QPPV and deputy, NCP where needed • UK product list with Windsor category • UK-specific procedures • Metrics on reporting to the MHRA • UK access point, UK PSMF number

Both sets of rules require the PSMF to describe the global pharmacovigilance system, not just the regional slice. That is why one shared core text works for both. It only stays shared if someone looks after it, and section 6 shows how.

What if you start with one market?

- **EU only:** one EU PSMF, a QPPV in the EU or EEA, registration in the Article 57 database. Check whether your target countries require a national contact person.
- **UK only:** one UK PSMF with a UK PSMF number and a UK access point. The QPPV may be based in the EU, in which case you need an NCP in the UK. For Category 2 products, parts of EU law apply as well, including the Article 57 entry described in step 4.
- **Second market later:** set up your first PSMF with a shared core and a regional part from the start. When the second market comes along, you add a regional part and the registrations instead of writing a second document from scratch.

4 The differences at a glance

In both markets the PSMF follows the structure of GVP Module II. The table shows where the EU and the UK actually differ.

Topic	EU	UK
Legal basis	Directive 2001/83/EC, Regulation (EC) No 726/2004, Implementing Regulation (EU) No 520/2012 as amended by Regulation (EU) 2025/1466. Guidance: GVP Module II.	Human Medicines Regulations 2012, Part 11. PSMF content: Schedule 12A for Category 1 products, Implementing Regulation (EU) No 520/2012 for Category 2 products. Guidance: GVP Module II with the MHRA's 'Exceptions and modifications'.
Location of the PSMF	A site in the EU or EEA: where the main pharmacovigilance activities take place or where the QPPV operates. For an electronic PSMF, a site with direct access to it.	A point in the UK from which the PSMF is electronically accessible. It must be the same point from which reports of suspected adverse reactions are accessible.
Number and registration	PSMF number, assigned when you register in the EMA's Article 57 database (xEVMPD).	Separate UK PSMF number, requested via the MHRA portal. It becomes invalid if the address given is not in the UK. For Category 2, an additional Article 57 database entry.
QPPV	Resides and operates in the EU or EEA.	Resides and operates in the UK or in the EU/EEA.
Additional contact person	Only if a member state requires one (Art. 104(4) of Directive 2001/83/EC). In Germany: the Stufenplanbeauftragter under section 63a of the German Medicines Act (AMG).	Required if the QPPV is not in the UK: a national contact person for pharmacovigilance (NCP) who resides and operates in the UK, reports to the QPPV, has access to case reports and the UK PSMF, and supports MHRA queries and inspections.
Notifying changes of QPPV and PSMF location	In the Article 57 database, immediately and within 30 calendar days at the latest. No variation needed.	SPS update notification via the MHRA portal immediately after the change and within 14 days; currently no fee. A new UK PSMF number requires a Type IA(IN) variation within 14 days.
Availability	Permanently and immediately available for inspection at the PSMF site, including for unannounced inspections. A copy on request within 7 days.	Permanently and immediately available for inspection at the stated UK location. The MHRA requires the content to be up to date when it asks for it.
Supervision	For centrally authorised products, the authority of the member state where the PSMF is located; otherwise the national authorities.	MHRA.
Content rules since February 2026	Amended regulation: only major and critical deviations in the PSMF, stricter requirements for contracts with service providers.	Category 2: amended EU regulation. Category 1 with EU authorisations or Category 2 products: the MHRA advises following the amended EU regulation. Category 1 only, no EU authorisations: unamended Schedule 12A.

Abbreviations are explained in the glossary at the end.

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5 Seven steps to an inspection-ready set-up

The first three steps are decisions. Everything else builds on them, so it pays to make them early and in writing.

Step 1: Decide who holds the authorisations, and where

Decide which company will hold the marketing authorisations, and in which countries. Only the MAH needs a PSMF. Also assign each planned UK product to Category 1 or 2, because this determines which rules you apply in the UK.

> **Outcome:** an overview of product × market × MAH × UK category.

Step 2: Choose your QPPV model

The leanest set-up for both markets is one QPPV who resides and operates in the EU or EEA and is also appointed as UK QPPV, plus an NCP in the UK. With a separate QPPV based in the UK you do not need an NCP, but you then need a second QPPV for the EU.

Put the QPPV's back-up arrangements in writing, because they belong in the PSMF. The MHRA does not require a deputy for the NCP. If the NCP is absent for more than a month, though, you appoint someone else and notify the MHRA within two weeks.

> **Outcome:** signed appointments or contracts for the QPPV, the deputy and, where needed, the NCP.

Step 3: Choose your locations deliberately

EU: choose the site where the main pharmacovigilance activities take place or where the QPPV operates, and record your reasoning. If the main activities take place outside the EU, the QPPV's site is the location. For centrally authorised products, this choice also determines which national authority supervises your pharmacovigilance system.

UK: define the point in the UK from which the PSMF and case reports are electronically accessible, for example the office of your NCP or of a UK service provider. Test the access before you notify the address.

> **Outcome:** a documented location decision and tested access in the UK.

Step 4: Register and get your numbers

EU: register the PSMF location in the Article 57 database. The PSMF number assigned there goes into the summary of the pharmacovigilance system in your application (Module 1.8.1).

UK: request a UK PSMF number for each pharmacovigilance system via the MHRA portal. It is emailed straight away to the UK QPPV and to the address you nominate. The number goes into the UK summary of the pharmacovigilance system (SPS) and into the electronic application form. You also enter the NCP's details in the portal. For Category 2 products, the MHRA also requires you to submit the UK QPPV and what it calls the 'EU location of the UK PSMF' to the Article 57 database. If you have no EU site, clarify early with the MHRA how to meet this.

> **Outcome:** EU and UK PSMF numbers and a complete summary of the pharmacovigilance system for every application.

Step 5: Write the content to the right rules

Structure both master files according to GVP Module II, including annexes A to I. If you are planning for both markets, write to the amended EU regulation; this is exactly what the MHRA expects in that situation. In the UK PSMF, add the UK product list, a list of UK-specific procedures and metrics on your reporting to the MHRA. Showing each product's Windsor category in the list is good practice, because the category determines which rules apply.

Write in English. In the EU, a national language is only acceptable if all your authorisations are in a single member state.

> **Outcome:** two PSMF versions with a shared core, each with its own cover page, PSMF number and logbook.

Step 6: Bring your contracts up to date

Review every contract through which safety information can reach you: pharmacovigilance service providers, distributors, licensing partners, medical information, patient programmes. Where a contract subcontracts pharmacovigilance activities, the amended EU regulation requires it to set out roles and responsibilities, the obligations and method for exchanging safety data, and the arrangements for audits and inspections. A provider may pass tasks on to a further subcontractor only with your written approval, and EU inspectors can inspect both. Apply the same standard to your other agreements: you can outsource tasks, but not the responsibility for them.

> **Outcome:** updated contracts and a current list of contracts for Annex B.

Step 7: Organise maintenance and inspection readiness

A PSMF is never finished. Decide who captures changes, and keep a logbook for each master file with the date, the person responsible and the nature of each change. Put the notification deadlines in the calendar: 30 days at the latest in the EU, 14 days in the UK.

Document major and critical deviations in the PSMF until they are resolved. Review the PSMF regularly, even if nobody asks for it. And rehearse the real thing: could you deliver a complete, current version tomorrow?

> **Outcome:** a working change process, fixed review dates and a tested way of providing the PSMF.

6 When the authorities want different things

Your EU and UK master files start out almost identical. They will not stay that way, and that is normal. The risk lies in differences nobody tracks: one file ends up describing a system that no longer exists, or the two files describe the same global process in two different ways. Both are typical inspection findings.

Where the differences come from

- **New rules.** Procedural differences have existed since 2021, but the 2026 amendment of the EU implementing regulation was the first time the legal texts on PSMF content diverged. The EMA has started to align its GVP guidance, beginning with Module III on inspections in September 2026; the MHRA has said it will consider updating Schedule 12A. Each side sets its own timetable.
- **Requests.** Each authority can ask for your PSMF, for further information or for a change to a process. A request from the MHRA does not bind the EU authorities, and vice versa.
- **Inspections.** EU and UK inspections run separately, each with its own findings and corrective and preventive actions (CAPA). A finding on a global process concerns both files, whichever authority raised it.

- **Your own business.** Launch dates, distributors, licensing partners and patient programmes differ by market. Each such change affects one file and not the other.

Core, regional part or conflict?

Every change, whatever triggers it, belongs in one of three places. If it affects the global system, such as a signal management SOP revised after an inspection, it goes into the shared core and both files change, each with its own logbook entry. If it affects only one market, such as a new UK distributor, only that regional part changes. If the two sets of rules require different things for the same point, you have a conflict.

For conflicts, one rule covers most cases: if the stricter requirement does not breach the other set of rules, apply it in the shared core. Instead of tracking 30 days for the EU and 14 days for the UK, for example, set one internal deadline of 14 days for both. If that is not possible, split the section into an EU and a UK version and record why. When in doubt, ask the authority before an inspector asks you.

How to keep control

- Make one person responsible for consistency. With one QPPV for both markets, that is the QPPV; with two, agree in writing who decides on the shared core.
- Keep a divergence register with one row per difference: topic, EU and UK requirement, your solution, where it is documented, source and date of the last review. Section 4 gives you the first nine rows.
- Ask ‘EU, UK or both?’ in change control for every change request, CAPA, new contract and new product, before it is implemented.
- Check at least once a quarter what the European Commission, the EMA and the MHRA have published.
- Keep both files structurally identical, with the same GVP Module II headings, and compare the shared core side by side at every review.
- Keep the PSMF as modules in your document management system and build both files from one controlled source. Software or AI can flag differences; a named person approves every change.

A shared core makes sense as long as you run one system. If your EU and UK operations grow into separate systems with their own safety databases, service providers and teams, maintain two independent PSMFs and describe clearly where they meet, for example in safety data exchange and signal detection.

7 Common pitfalls

1. **‘Our EU PSMF covers the UK as well.’** It does not. Without a UK PSMF number and a UK access point, your UK summary of the pharmacovigilance system is missing a mandatory item.
2. **An address outside the UK.** If the address you give when requesting your UK PSMF number is outside the UK, the MHRA invalidates the number, and submissions using it are not accepted.
3. **An NCP on paper only.** The NCP must be able to access case reports and the UK PSMF and to answer MHRA queries, including during an inspection.
4. **A new number when the QPPV changes.** The UK PSMF number stays the same, even if the system or the QPPV changes. Notify the change with an SPS update notification rather than requesting a new number.
5. **Deadlines lost in the review cycle.** 14 days in the UK, no more than 30 days in the EU. If you wait for the next scheduled review, you are usually too late.

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6 **Contracts from before February 2026.** They do not automatically meet the new EU requirements on data exchange, audits and inspections. Check each one.

7 **A PSMF in the drawer.** The MHRA explicitly requires the content to be current at the time of the request. A document nobody has touched since the application rarely is.

8 Checklist to tick off

BEFORE THE APPLICATION	
☐	Marketing authorisation holder and target markets decided
☐	Each UK product assigned to Category 1 or 2
☐	QPPV appointed (EU/EEA; for the UK: UK or EU/EEA) and back-up arrangements in place
☐	NCP in the UK nominated if the QPPV is not based in the UK
☐	National requirements of the target countries checked (in Germany: Stufenplanbeauftragter under section 63a AMG)
☐	EU location chosen and rationale documented
☐	UK access point defined, access to PSMF and case reports tested
☐	PSMF written to GVP Module II with annexes A to I, planned elements labelled as ‘planned’
☐	Contracts with service providers and partners updated to Regulation (EU) 2025/1466
WITH THE APPLICATION	
☐	PSMF location registered in the Article 57 database, EU PSMF number received
☐	UK PSMF number requested via the MHRA portal
☐	Summary of the pharmacovigilance system (Module 1.8.1) complete for the EU and the UK, each with its PSMF number
☐	NCP details entered in the MHRA portal
☐	For Category 2: UK QPPV and EU location of the UK PSMF submitted to the Article 57 database
IN ROUTINE OPERATION	
☐	Each new EU authorisation entered in the Article 57 database within 15 calendar days
☐	Logbook kept: every change with date, person responsible and nature of the change
☐	Notification deadlines in the calendar: EU no later than 30 days, UK 14 days
☐	Major and critical deviations documented in the PSMF until resolved
☐	Regular PSMF review scheduled
☐	Provision rehearsed: EU copy within 7 days, UK PSMF immediately accessible
☐	Owner for EU/UK consistency named and divergence register in place
☐	Every change, CAPA and new contract assessed for its impact on both files
☐	New EU and MHRA rules and guidance checked at least once a quarter

WHERE TO START

If you are preparing your first application, make the decisions from steps 1 to 3 now and put them in writing. Name the person who keeps the EU and UK files consistent, test UK access before you notify the address, and open the divergence register with the nine rows from section 4.

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Glossary

Article 57 database	EMA product database, fed via xEVMPD, that holds QPPV and PSMF location.
Category 1 / Category 2	UK product categories under the Windsor Framework (see section 2).
CIR 520/2012	Implementing Regulation (EU) No 520/2012, amended by Regulation (EU) 2025/1466.
EEA	European Economic Area: EU plus Iceland, Liechtenstein and Norway.
GVP Module II	EU guideline on the PSMF, used in the UK with MHRA modifications.
HMR 2012	Human Medicines Regulations 2012, the UK medicines law.
MHRA	Medicines and Healthcare products Regulatory Agency, the UK regulator.
NCP	National contact person for pharmacovigilance. Resides and operates in the UK and reports to the QPPV; required if the QPPV is in the EU/EEA.
PSMF	Pharmacovigilance system master file.
QPPV	Qualified person responsible for pharmacovigilance.
SPS	Summary of the pharmacovigilance system in the application (Module 1.8.1).

Sources and status

[1] Directive 2001/83/EC, in particular Art. 8(3)(ia), Art. 23(4) and Art. 104

[2] Regulation (EC) No 726/2004, in particular Art. 18(3) and Art. 57

[3] Commission Implementing Regulation (EU) No 520/2012

[4] Commission Implementing Regulation (EU) 2025/1466 amending Implementing Regulation (EU) No 520/2012

[5] EMA/HMA: GVP Module II – Pharmacovigilance system master file (Rev 2), EMA/816573/2011

[6] EMA/HMA: GVP Module III – Pharmacovigilance inspections (Rev 2), EMA/119871/2012 Rev 2, in effect since 10 September 2026

[7] MHRA: Pharmacovigilance requirements: qualified person for PV and PSMF (last updated 8 January 2025)

[8] MHRA: Updates to CIR 520/2012 – Information for UK Marketing Authorisation Holders (9 February 2026)

[9] MHRA: Exceptions and modifications to the EU guidance on good pharmacovigilance practices that apply to UK MAHs

[10] The Human Medicines Regulations 2012 (SI 2012/1916), Part 11 and Schedule 12A

[11] German Medicines Act (Arzneimittelgesetz, AMG), section 63a

As of September 2026. The EMA has begun aligning its GVP guidance with Regulation (EU) 2025/1466: Module III on inspections (Rev 2) has applied since 10 September 2026, while Module II is still at Revision 2. The MHRA has said it will consider updating Schedule 12A. Check the current versions before important decisions. This white paper is general information, not legal or regulatory advice.

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