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# QMS Aspects of the MDR (& IVDR)

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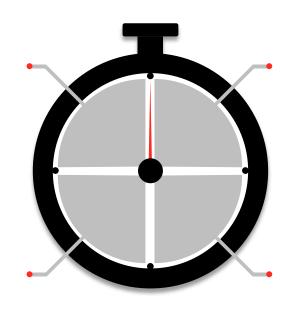


#### **This Presentation**

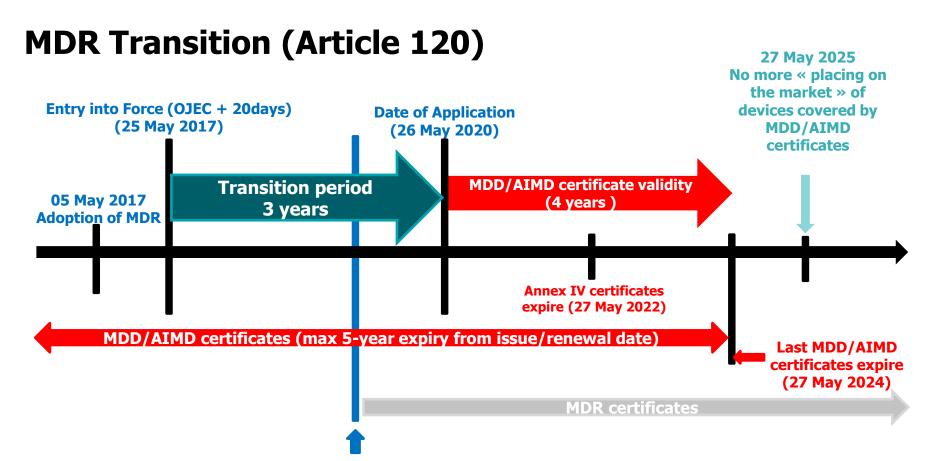
- 1. The clock is ticking!
- 2. Dates & priorities
- 3. BSI Assessments
- 4. QMS Items for MDR / IVDR
  - Immediate checks / post market
  - For full MDR / IVDR Application
- 5. MDD to MDR Certification
- 6. Next Steps...



#### The Clock is Ticking!



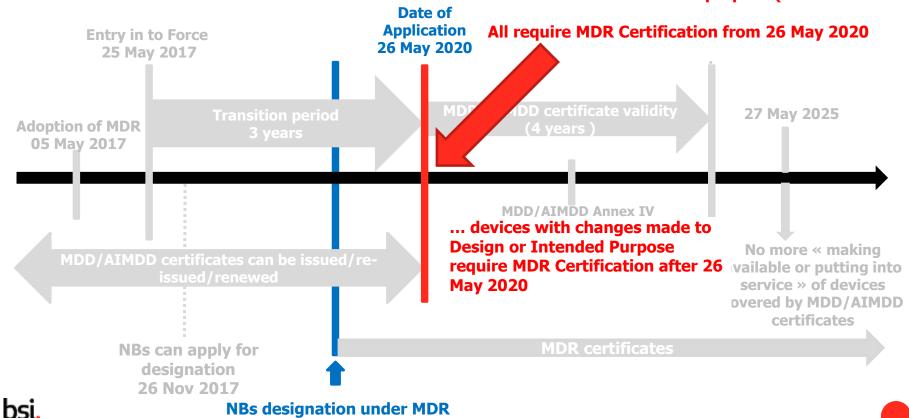
- What products currently on the EU market?
- What products on the market post 2024?
- What needs certification in 2022 / 2024?
- What is 'in' the MDR / IVDR that wasn't previously? i.e. Will need CE Certification sooner?
- What is reclassified?
- What are the priority products?



**NBs designation under MDR** 

#### **MDR Transition (Article 120)**

- Class I reusable
- Class III custom made implantable
- Reclassified Software (previously Class I)
- Devices with no medical purpose (once CS available)



### **MDR Transition (Article 120)**

#### Article 120

#### Transitional provisions

- From 26 May 2020, any publication of a notification in respect of a notification of a notification in respect of a notification of a notification in respect of a notification in respect of a notification.
- Certificates issued by notified bodies in accordance with Directives 90/37
  2017 shall remain valid until the end of the period indicated on the caccordance with Annex 4 to Directive 90/385/EEC or Annex IV to Directive 4 to Directive 90/385/EEC or Annex IV to Directive 4 to Directive 90/385/EEC or Annex IV to Directive 90/385/EEC or Annex I

Certificates issued by notified bodies in accordance with Directives 9

FEIC and 93/42/EEC from 25 May 2017 shall remain valid until the end of the period indicated on the certificate such shall not exceed five years from its insurance. They shall however become void at the latest on 27 May 2014.

1. By way of designation from Article 5 of this Regulation a device with a certificate that was issued in accordance with Directive 90/385/EEC or Directive 93/32/EEC and which is valid by virtue of paragraph 2 of this Article may only be placed on the market or put into service provided that from the date of application of this Regulation it continues to comply with either of those Directives are provided that from the date of application of this Regulation relating to post-market surveillance, market surveillance, market surveillance, regularion of economic operators and of davices shall apply in place of the corresponding requirements in the Directives.

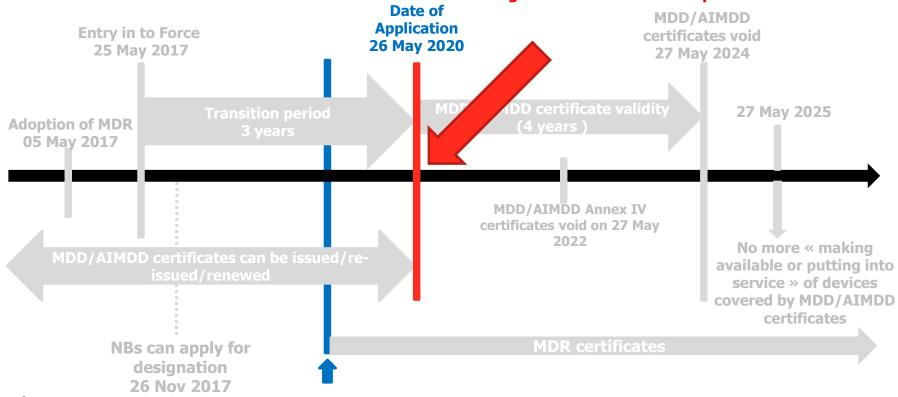
Without prejudice to Chapter IV and paragraph 1 of this Article, the notified body that issued the certificate referred to in the first subparagraph shall continue to be responsible for the appropriate surveillance in respect of all of the applicable requirements relating to the devices it has certified.

However, the requirements of this Regulation relating to post-market surveillance, market surveillance, vigilance, registration of economic operators and of devices shall apply in place of the corresponding requirements in those Directives.



### **MDR Transition (Article 120)**

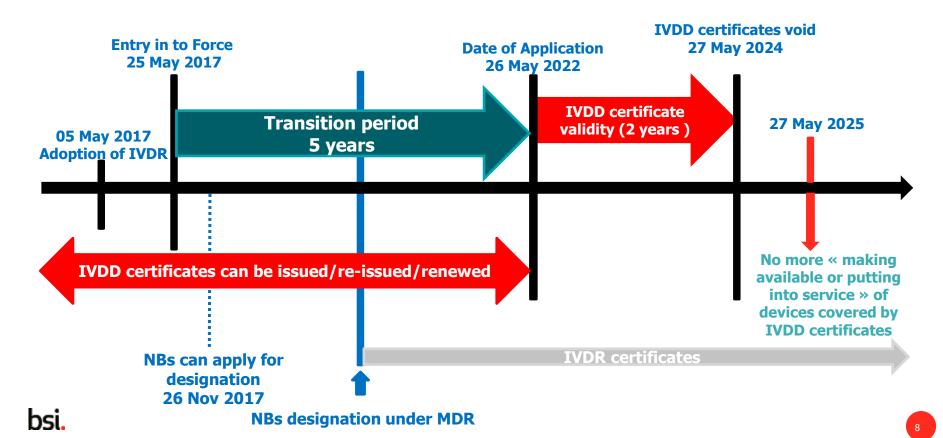
- Post market surveillance
- Market surveillance
- Vigilance
  - Registration of economic operators and devices



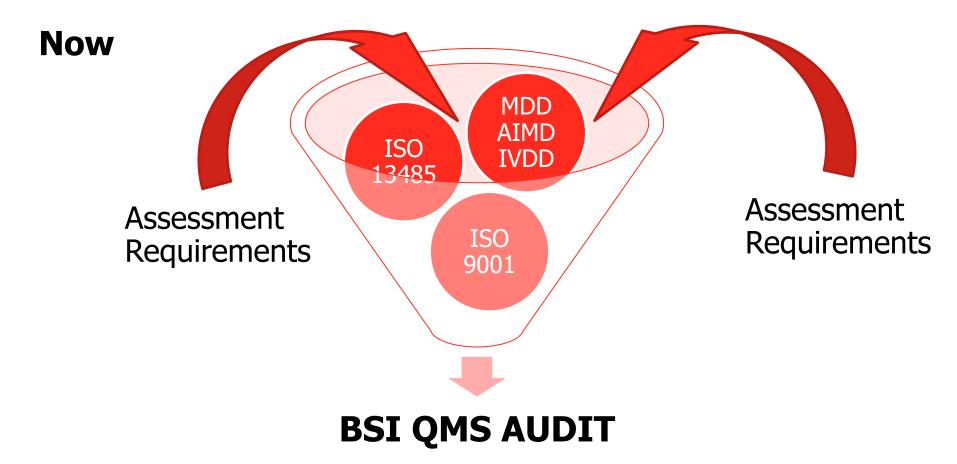
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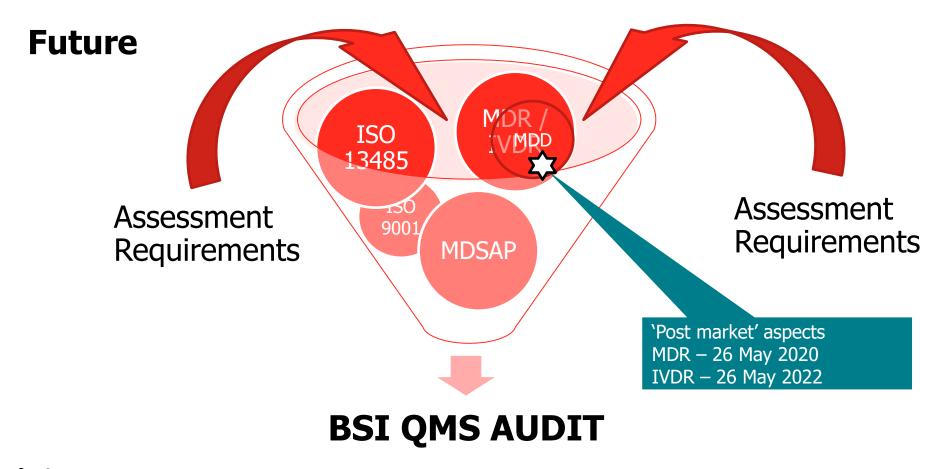
**NBs designation under MDR** 

#### **IVDR Transition (Article 110)**



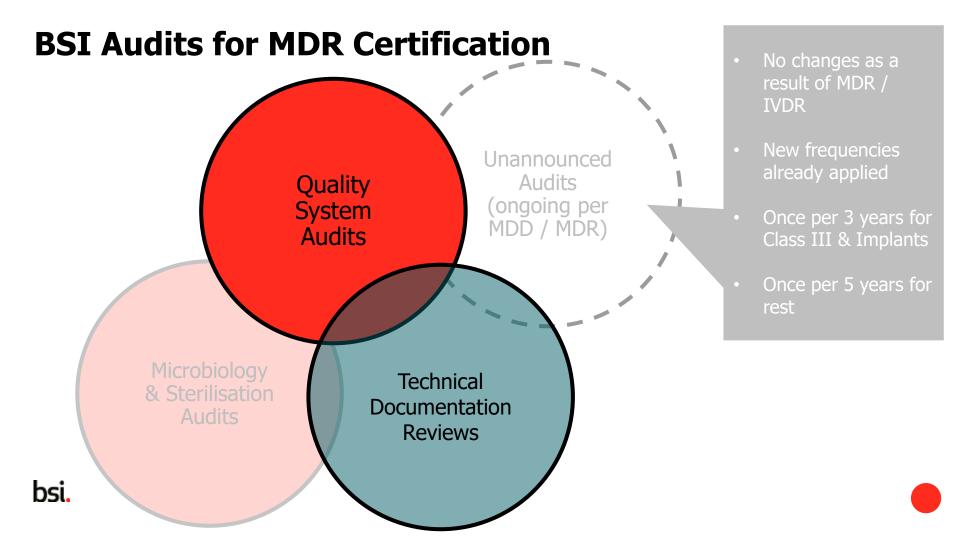
**BSI** Assessments







- What is the procedure?
- Show me the process
- What is the defined and documented system for...
- Do you have evidence of?



### **IVDR Pilot Audits - Volunteers Required!**

Charge at standard rates

#### **Pilot IVDR QMS Audits**

- Not a full formal audit, could be:
  - Sections of site / systems
  - Section of QMS
  - One product range
  - Several sub-systems

BSI Draft MDR / IVDR Processes and Procedures:

- DRAFT MDR / IVDR Assessment Procedures
- DRAFT MDR and IVDR Checklist (Approx. 100 items dependant on Devices, Conformity Assessment Route etc)

- No non-conformities (observations)
- Assessment will <u>not</u> count (i.e. full formal QMS assessment required at later date)
- Audit of process / systems and evidence <u>as far as is reasonable / possible</u>
- BSI accept full implementation will not be possible in all cases (e.g. SRN, UDI, EUDAMED etc)



#### QMS Items for MDR / IVDR

- Immediate checks / post market





#### BSI QMS Audits from 26 May 2020 / 2022 For All EXISTING CE Certifications — 3 Main Areas

#### 1) Registrations

- Devices (Article 29)
- Economic Operators (Article 30)
- Manufacturers, authorised representatives and importers (Article 31)

#### 2) Post Marketing Surveillance Systems

- For Plan (Article 84) & Report (Article 85 Class I)
- Vigilance Reporting requirements Systems for Serious Incident, FSCA and Trend Reports (Article 87 & 88)
- PSUR (Article 86 Class IIa, IIb, III) post MDR certification

#### 3) Market Surveillance (Article 93)

• Provision / access to information, devices, sites by Competent Authorities

#### **Economic Operators**



#### Article 2 Definitions

- A manufacturer
- An authorised representative
- An importer
- A distributor
- Or the person referred to in Article 22(1) and 22(3) i.e. Provider of Procedure Packs or Parts & Components

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### **Economic Operators**



Manufacturer – Article 10



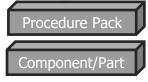
Authorised Representative – Article 11 & 12



Importer – Article 13



Distributor - Article 14



Procedure packs or parts / components – Article 22 & 23



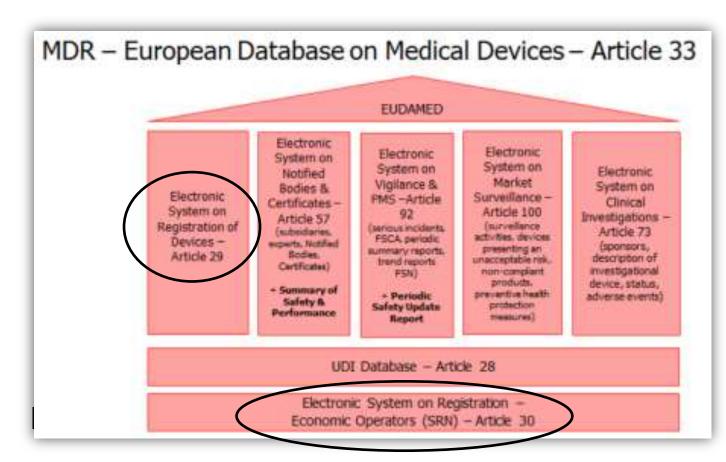
Translation / Re-packaging / Re-labelling - Article 16\*



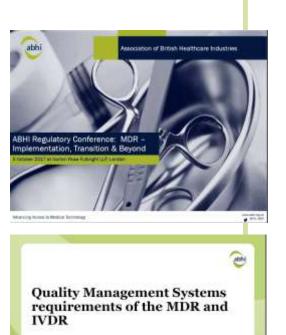
Major increase in responsibilities for ALL

<sup>\*</sup>Need EC Certificate

#### **Registration of Devices & Economic Operators**



- Devices (Article 29)
- Economic Operators (Article 30)
- Manufacturers, authorised representatives and importers (Article 31)



5 October 2017

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Earnonn Hoxey & Michael Murphy ABHI Regulatory Conference

#### **QMS** processes and Economic Operators



	Manufacturer (Article 10)	Authorised representative (Articles 11 and 12)	Importer (Article 13)	Distributor (Article 14)	Assembler (Article 22)
Eudamed					
registration					
Technical					
documentation					
Design and					
development,					
Manufacture or					
assembly					
Handling, storage					
and distribution					
Nonconformities					
FSCA					
UDI/Labelling					
Complaints					
PMS					
Person					
responsible for					
RC					

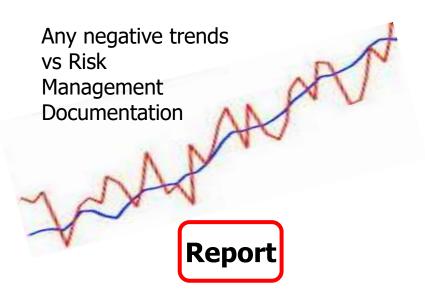
# Vigilance Requirements for Reporting Serious Incidents & FSCAs – Article 87

New regulation wording on 'Causal' relationship between device and incident

- Systems
- Process
- Procedures
- Evidence

Type of incident	Directives	Regulations
Serious Public Health Threat	2 days	2 days
Death or Unanticipated Serious Deterioration in the State of Health	10 days	10 days
Others	30 days	15 days

### **Vigilance** Requirements for Trend Reporting – Article 88



any statistically significant increase in the frequency or severity of incidents that are not serious incidents or that are expected undesirable side- effects that could have a significant impact on the benefit-risk analysis ... and which have led or may lead to risks to the health or safety of patients, users or other persons that are unacceptable when weighed against the intended benefits.

The significant increase shall be established in comparison to the foreseeable frequency or severity of such incidents in respect of the device, or category or group of devices, in question during a specific period as specified in the technical documentation and product information

#### QMS Items for MDR / IVDR

Following application for certification



- For Brand New
   Initial Applications
   Normal Initial
   Assessment
   Durations Apply
- For Manufacturers
   `Transitioning' from
   MDD / AIMD to
   MDR likely 1 4
   days Initial
   Assessment (in
   addition to current
   MDD durations)

#### **Article 10/10 – Manufacturers**

Clause 9 – The quality management system shall address at least the following aspects:

- a) a strategy for regulatory compliance, including compliance with conformity assessment procedures and procedures for management of modifications to the devices covered by the system;
- b) identification of applicable safety and performance requirements and exploration of options to address these requirements;
- c) responsibility of the management;
- d) resource management, including selection and control of suppliers and sub-contractors;
- e) risk management;
- f) clinical / performance evaluation, including PMCF / PMPF;
- g) product realisation, including planning, design, development, production and service provision;

Much already covered in ISO 13485:2016

ISO 13485:2016 - not covered

ISO 13485:2016 - 7.3.3

ISO 13485:2016 - 5

ISO 13485:2016 - 6.1, 7.4.1

ISO 13485:2016 – 4.1.2, 7.1

ISO 13485:2016 - 7.3.7

ISO 13485:2016 - 7

#### **Article 10/10 – Manufacturers**

Clause 9 – The quality management system shall address at least the following aspects:

verification of UDI assignments, ensuring consistency of information provided;

setting-up, implementation and maintenance of a PMS system;

handling communication with competent authorities, notified bodies, other economic operators, customers and/or other stakeholders;

processes for reporting of serious incidents and FSCA in the context of vigilance;

management of corrective and preventive actions and verification of effectiveness;

processes for monitoring and measurement of output, data analysis and product improvement.

# Much already covered in ISO 13485:2016

ISO 13485:2016 - 7.5.8

ISO 13485:2016 - 8.2.1, 8.5.1

ISO 13485:2016 - 7.2.3, 8.2.3

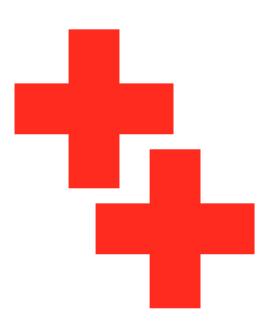
ISO 13485:2016 - 8.2.2, 8.2.3

ISO 13485:2016 - 8.5.2, 8.5.3

ISO 13485:2016 - 8

# Initial Assessment to MDR / IVDR ... Some key areas we will be covering in BSI QMS Audits

- General QMS Requirements
  - Continual Improvement
  - Strategy for Regulatory Compliance
- Person Responsible for Regulatory Compliance
- UDI (+ Implant Card)
- Clinical processes evaluation and investigation
- Post Market Processes PMS Systems, PSUR, SSCP
- Technical Documentation Processes and Procedures



# Person Responsible for Regulatory Compliance Article 15

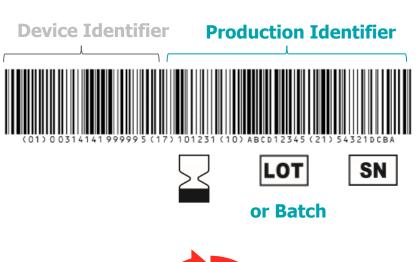
- Required for both Manufacturers and Authorised Representatives
- Must have expertise in medical devices, including degree and four years' professional experience
- Responsible for ensuring:
  - Product conformity checked via appropriate QA release
  - → Technical documentation and DoC maintained
  - ⇒ PMS & reporting obligations are met
  - ⇒ Investigational devices: statement of safety and compliance with SPRs
- Note the concessions for small or micro enterprises with respect to requirements

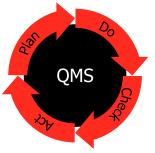
#### **UDI – Article 27 (24)**

- On the label (not shipping containers)
- On vigilance reports ... the UDI shall be used for reporting serious incidents and field safety corrective actions in accordance with Article 87.
- EU declaration of conformity the Basic UDI device identifier ('Basic UDI-DI' as defined in Annex V Part C) of the device shall appear on the Doc referred to in Article 19.
- Technical documentation Annex II
- Implant Card Article 18

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Notified Body CE Certificate – Annex XII





#### **UDI Dates**

GS1, HIBCC and ICCBBA designated **UDI** issuing entities May 26, 2019 (Article 123,3i; Article 113,3h) May 26, 2021 - Implantable devices and Class III devices; May 26, 2023 - Class IIa and IIb (non-implantable) **UDI** carrier on the label and higher devices and Class D devices levels of packaging May 26, 2025 - Class I devices, Class B and Class C (Article 123,3f; Article 113,3e) devices May 26, 2027 - Class A devices May 26, 2023 - Reusable Class III devices; **UDI** carrier on reusable devices May 26, 2025 - Reusable Class IIa and reusable IIb (non-(Article 123,3g) implantable) devices; May 26, 2027 - Reusable Class I devices.

#### **Implant Card - Article 18**

The manufacturer of an implantable device (<u>not</u> sutures, staples, dental fillings, dental braces, tooth crowns, screws, wedges, plates, wires, pins, clips and connectors), shall provide together with the device the following:

☐ device name, serial number, lot number ☐ Unique Device Identification, device model Available to patient on implant card ☐ manufacturer name, address and website any warnings, precautions or measures to be taken by the patient or a healthcare professional with regard to reciprocal interference with reasonably foreseeable external influences, medical examinations or environmental conditions; any information about the expected lifetime of the device and any necessary follow-up; any other information to assure a safe use of the device by the patient □ including the information in Annex I, Section 23.4 (u) – qualitative and quantitative information on the materials and substances to which patients can be exposed

#### **Periodic Safety Update Report - Article 86**

#### Throughout the lifetime of the device concerned the PSUR shall set out:

- Conclusions of t determination
- Main findings
- Volume of Sales
- Estimate of the size and other characteristics of the Population that use the device
- Where practicable usage frequency of the device

QMS

- Manufacturers of class IIa, class IIb and class III devices shall prepare a periodic safety update report ('PSUR') for each device and where relevant for each category or group of devices
- BSI QMS Audit Check of Systems, Procedures etc Detail in Technical submit
  - PSUR reports by means system to the notified body
  - Notified Body shall review, add its evaluation with details of any action taken, and make available to the Competent Authorities through the electronic system



#### **Summary of Safety & Clinical Performance - MDR Article 32**

**QMS** 

#### SSCP shall include at least the following:

- Manufacturer + SRN
- Device + UDI-DI
- Intended Purpose, Indications, Contra-indications and Target Population
- Description, previous variant(s), differences, accessories, other products intended to be used in combination
- Possible diagnostic or therapeutic alternatives
- Harmonised Standards / Common Specifications
- Summary of the Clinical Evaluation Report + PMCF
- Suggested profile and training for users
- Information on residual risks, undesirable effects warnings & precautions

- For <u>implantable devices</u> and for <u>class III</u> <u>devices</u>, the manufacturer shall draw up a summary of safety and clinical performance
- The SSCP shall be written in a way that is clear to the intended user and, if relevant, to the patient and shall be made available to the public via EUDAMED

#### Article 61 – Clinical Evaluation

For <u>class III devices</u> **and** <u>implantable</u> <u>devices</u>, the PMCF evaluation report and, if indicated, the summary of safety and clinical performance (referred to in Article 32) shall be <u>updated</u> at <u>least annually</u> with such data.



# **Summary Safety & Clinical Performance SSCP- Article 32 Periodic Safety Update Report PSUR - Article 86**

	PSUR	SSCP
Class I	Strictly N/A however	-
Class Is / Im / Ir	Article 85 – Class I PMS Report updated 'when necessary'	-
Class IIa	As necessary and at least every 2 Years	-
Class IIb	Annual	-
Class IIb Implantable	Annual to NB (via EUDAMED)	Annual to NB (to EUDAMED)
Class III	Annual to NB (via EUDAMED)	Annual to NB (to EUDAMED)

## Witness Testing & Reconciliation



Annex IX Chapter I - 3.3 + 3.5

Class IIa, IIb, III

... At the time of such on-site audits, the notified body shall, where necessary, carry out or ask for tests in order to check that the quality management system is working properly.

For class III devices surveillance assessment shall include a test of the approved parts and/or materials that are essential for the integrity of the device, including, where appropriate, a check that the quantities of produced or purchased parts and/or materials correspond to the quantities of finished devices.

## Witness Testing & Reconciliation





- New / strengthened requirement to perform or request tests to verify proper functioning of the QMS
- Currently routine in Unannounced Audits
- BSI Policy to witness where possible
- Focus on inprocess and / or final product inspection
- Reconciliation of materials for class III

## **Safety & Performance Requirements**

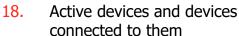
- 1. Safe, Perform as Intended, State of the Art
- 2. Risk reduction as far as possible
- 3. Risk Management
- 4. Risk Control
- 5. Risk of **Use Error**
- 6. Lifetime
- 7. Packaging, Transport, Storage
- Undesirable side-effects minimised & Risks<Benefits</li>
- 9. Annex XVI "no risk at all" or "no more than the maximum acceptable risk"
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- 10. Chemical, Physical & Biological Properties
- 11. Infection & Microbial Contamination r
- 12. Devices incorporating a medicinal product and devices composed of substances that are absorbed by or locally dispersed in the human body

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- Devices incorporating materials of biological origin
- 14. Construction and interaction with the environment
- 15. Devices with a diagnostic or measuring function
- 16. Protection against radiation







19. Requirements for AIMD



- 20. Protection against mechanical and thermal risks
- 21. Protection against the risks posed to the patient or user by supplied energy or substances
- 22. Protection against the risks posed by medical devices intended for use by lay persons

#### **Information Supplied**



23.





## **Summary of Key Changes Impacting QMS Processes**

Systems / Process

Strategy for Regulatory Compliance

Harmonisea Standards, Common Specifications Classification V Conformity Assessment Route

Procedures for

Device Specific

Procedures for

Clinical Evaluation

Custom made (Class III)

Implementing & Delegating Acts

Clinical Evaluation & Investigation **Processes** 

**Technical Documentation**  SPR Checklist / Evidence

Nanoparticles

No medical

purpose

Non-viable Animal or Human Tissues

PMS & Vigilance Processes (+ SSCP, PSUR)

Person Responsible for Regulatory Compliance

DRAFT DoC

Labelling, UDI

Software

System & procedure packs

Communication with Regulators & Stakeholders

Registration of **Economic** Operators and **Devices** 

SSCP & PSUR

Management of Changes

Medicinal **Substances** 

Parts / Components

Technical Documentation

Route from MDD to MDR Certification

### **Manufacturers Route from MDD to MDR Certification**





## MDD to MDR Certification – QMS Certificates



 MDR QMS Certificate (Annex IX Chapter I or Annex XI Part A) must be issued first (or concurrently with a corresponding product certificate)

- MDR QMS Certificate first issue will include in scope only devices / ranges with:
  - ✓ Successfully completed MDR QMS Audit AND
  - Successfully completed MDR Technical Documentation Review



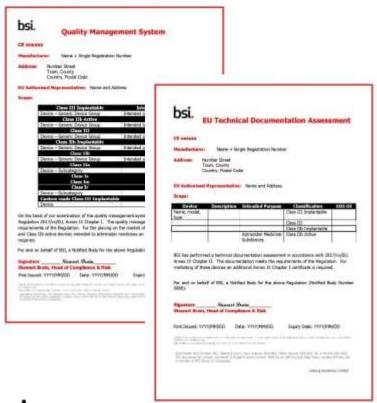
### **MDD to MDR Certification – Product Certificates**



- For devices requiring product certificates will require concurrent certificate issue / reissue once
  - ✓ Successfully completed MDR QMS Audit AND
  - Successfully completed MDR Technical Documentation Reviews
- => Certificate decision process for review for issue of
  - Annex IX Chapter I QMS certificate
  - Annex IX Chapter II Product certificate



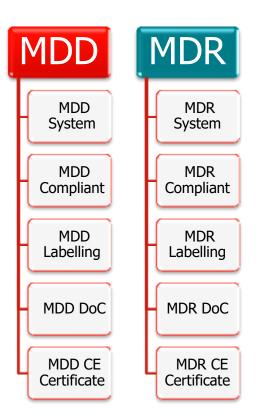
## MDD to MDR Certification — Larger Manufacturers & Scopes



- For larger manufacturers / scopes as further Technical Documentation reviews completed and Product Certificates ready to be issued, the MDR QMS Certificate can be re-issued to 'add-in' additional devices or range
- Where possible, aim is to conduct one initial QMS MDR certification audit / recommendation (i.e. not multiple MDR initial QMS visits to same manufacture).
- MDR activity and compliance will be verified annually as part of normal QMS surveillance

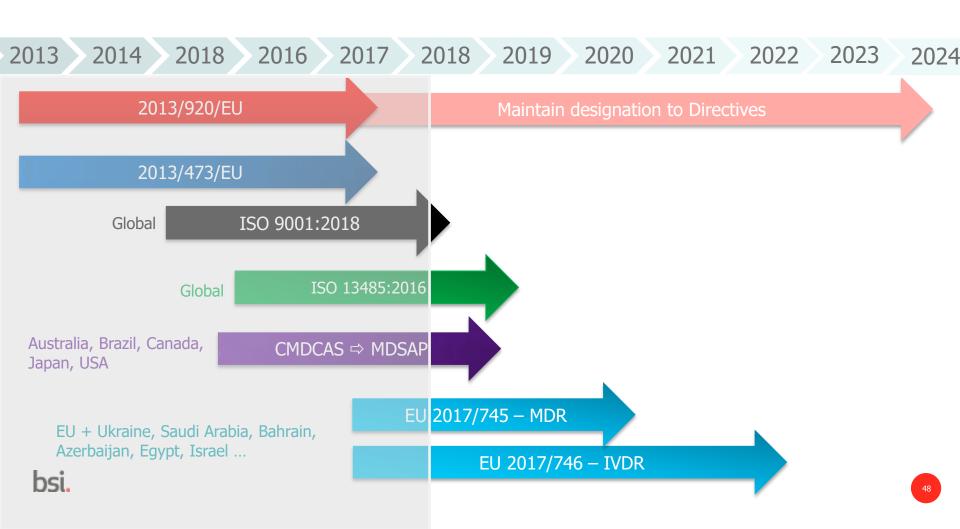


### **Concurrent MDD & MDR Certificates**

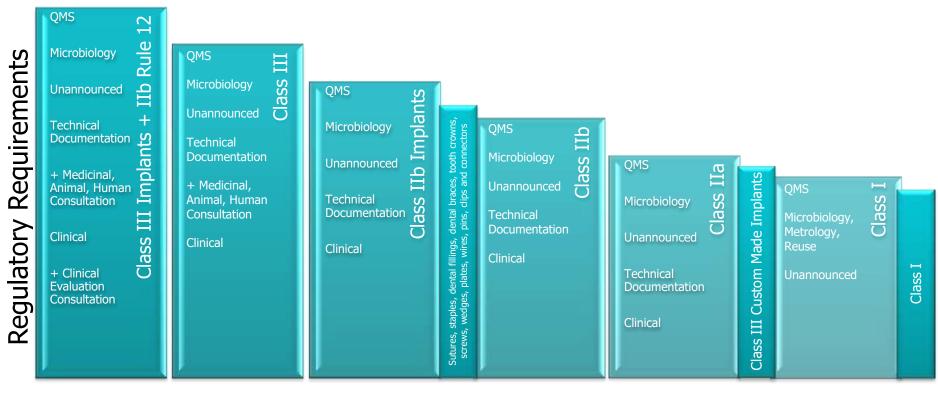


- Devices must be within respective certificate scopes
- Must be clear and traceable what product / batch has been produced under what system
- Look out for upcoming BSI communications on deadlines for applications for early renewals of MDD / AIMD / IVDD certificates

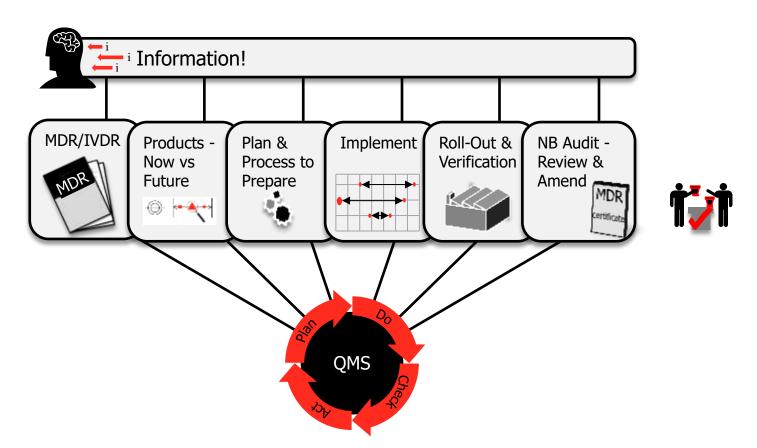
**Next Steps** 



## **MDR Assessment Type by Device Classification**



## **Approaching the MDR & IVDR**



### Resources

bsigroup.com/MDR-Revision

bsigroup.com/IVDR-Revision

bsigroup.com/iso13485revision













< Our services

#### MDR and IVDR Critical Update:

BSI has submitted designation applications for the Medical Devices Regulation (Regulation (EU) 2017/745) and the In Vitro Diagnostic Regulation (Regulation (EU) 2017/746) to both the UK and The Netherlands Competent Authorities. 26 November 2017 was the first day that Notified Bodies were allowed to apply for designation under the MDR and IVDR, BSI were among the first wave of Notified Bodies to submit for both Regulations. The next step is for the Designating Authority, MHRA in the UK and IGJ in The Netherlands, to review our application and write a preliminary report to be sent to the Commission so that they can schedule Joint Assess ment audits of BSI.

BSI is proud to work towards designation for these critical Regulations and will continue to strive for excellence in our Notified Body activities over the transition period. We will ensure that you are kept up to date with the progression going forward.

New Medical Devices Regulation now published

#### Contact us

Find out how BSI can support you in achieving excellence with Standards, Certification and Assessment

> Send us an email

Talk to us

New complimentary webinar

Register now for our latest update on QMS aspects of the MDR and IVDR

Register now



# **Questions & Answers**





...making excellence a habit.™