



संस्कार जगदी  
Ministry of Health & Family Welfare  
Government of India



Asian Harmonization Working Party  
WORKING TOWARDS MEDICAL DEVICE HARMONIZATION IN ASIA



# 22<sup>nd</sup> Asian Harmonization Working Party Annual Meeting



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# Post-market Surveillance of Medical Device How far have we gone towards Harmonization

Asian Harmonization Working Party  
Technical Committee  
Work Group 4 Chair

Jennifer MAK





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  - ▣ Adverse Event (AE)
  - ▣ Field Safety Corrective Action (FSCA)
  - ▣ Product Recall
- PMS Survey and Results
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# Post-market Surveillance (PMS)

- Providing **ongoing assessment and monitoring** on the safety and effectiveness of the medical device after a device has been introduced to the market

- Fundamental PMS Elements

- Adverse Event (AE) Reporting
- Field Safety Corrective Action (FSCA)
- Product Recall



# Adverse Event (AE)

- Any untoward medical occurrence, unintended disease or injury or any untoward clinical signs, including abnormal laboratory finding, in patients, users or other person (*Medical Device Regulation EU 2017/745, Article 2 (57)*)
- Reportable AE
  - ❑ Public health concern
  - ❑ Death or serious injury
  - ❑ Death or serious injury if re-occurred



***Adverse Event Reporting Guidance for the Medical Device Manufacturer or its Authorized Representative (AHWP/WG4/F001:2015)***





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# Field Safety Corrective Action (FSCA)

- Any remedial action, including preventive and corrective, taken by a manufacturer for reducing the risk of death or serious deterioration in the state of health associated with the use of the medical device
- Actions include product recall, device modification, implant alert, device precaution and user warning

***Definition and Classification of Field Corrective Actions including Field Safety Corrective Actions, Recalls and Non Safety related Field Corrective Actions (AHWP/WG2/F002:2012)***



# Product Recall

- Permanent removal from the market and / or destruction of devices, when the device has or may have a safety problem
- A form of FSCA



***Definition and Classification of Field Corrective Actions including Field Safety Corrective Actions, Recalls and Non Safety related Field Corrective Actions (AHWP/WG2/F002:2012)***







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# PMS Survey

- Time: July – Sep 2017
- Survey Format: Hard copy and online version of questionnaire
- Participants: AHWP member economies and representatives from other jurisdictions





# PMS Survey Results

- 20 survey returns received from **13 AHWP member economies** and **7 non-AHWP jurisdictions**
  - **AHWP member economies** – Abu Dhabi, Chile, Chinese Taipei, Hong Kong SAR, Indonesia, Kingdom of Saudi Arabia, Malaysia, Philippines, Republic of Korea, Singapore, Thailand and Yemen
  - **Non-AHWP Jurisdictions** - Australia, Europe, Germany, Japan, Papua New Guinea, Peru and USA





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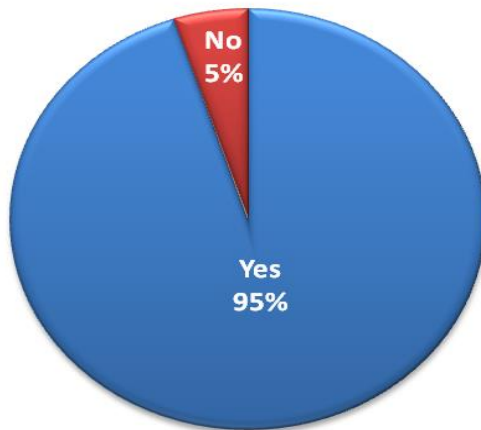


# Are we adopting the same approach in PMS?



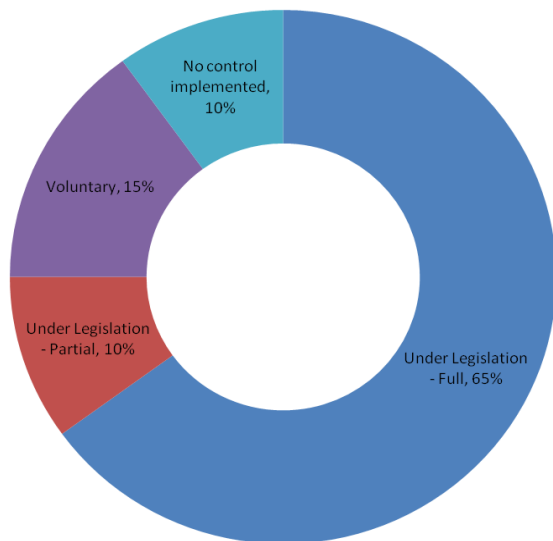
# Medical Device Legislation

- A majority (95%) has medical device legislation implemented in their jurisdictions





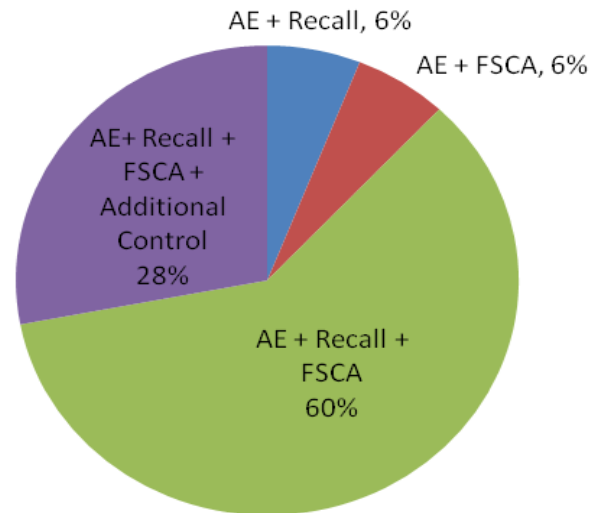
# PMS Implementation



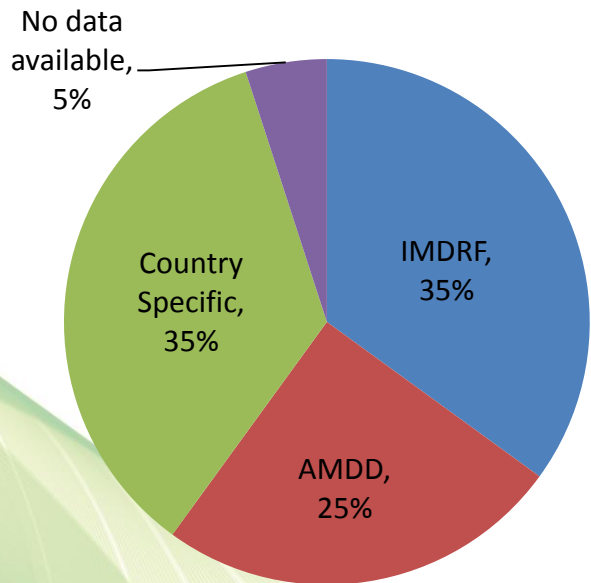
- Under Medical Device Legislation – 75%
  - ▣ 65% fully implemented
  - ▣ 10% partially implemented
- Under Voluntary PMS System – 15%

# Elements of PMS

- PMS scope in 88% of the jurisdictions covers AE reporting, FSCA and product recall
- In 28% of the jurisdictions, PMS strengthened via imposing additional controls, e.g. testing of product samples, compliance audit of manufacturers and periodic post-market reviews



# Interpretation (Definition) of Reportable AE



- About 1/3 adopting IMDRF's recommendations
- About 1/3 having own country's specific definition
- About 1/4 adopting ASEAN's recommendations





# Definition of FSCA



- About 2/3 having own country's specific definition
- About 1/3 not having any definition



# Definition of Product Recall



- 3/4 having own country's specific definition
- 1/4 not having any definition





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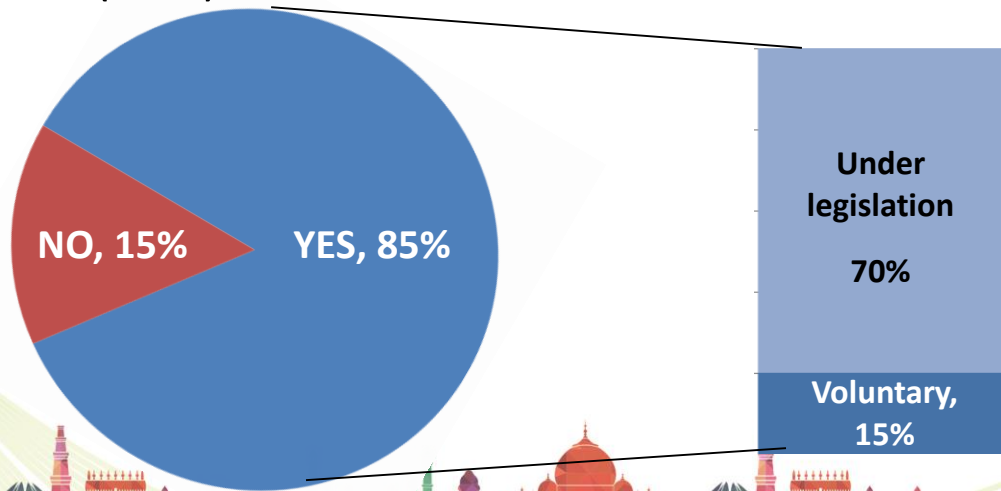
# Are we using the same reporting criteria?





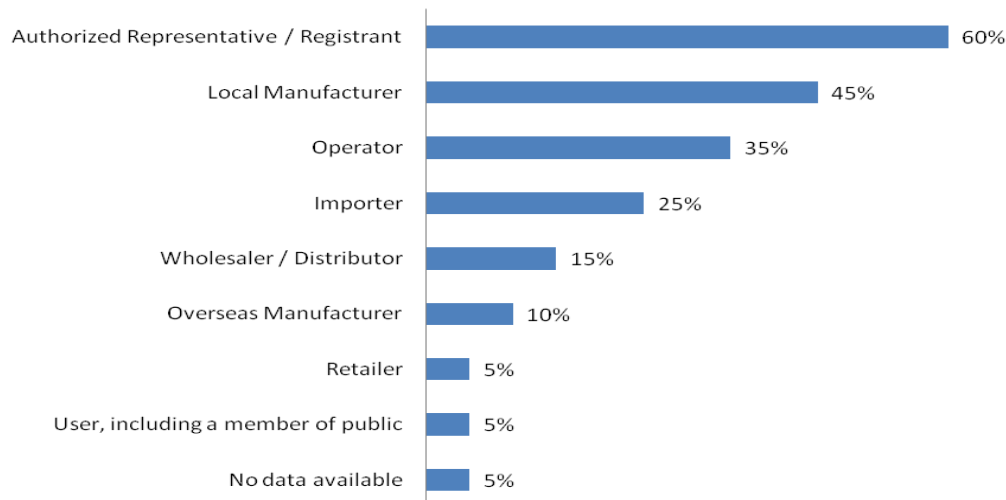
# Reporting Criteria of AE (1)

- Mandatory reporting of AE required in 85% of the jurisdictions either under the medical device legislation (70%) or the voluntary PMS system (15%)



## Reporting Criteria of AE (2)

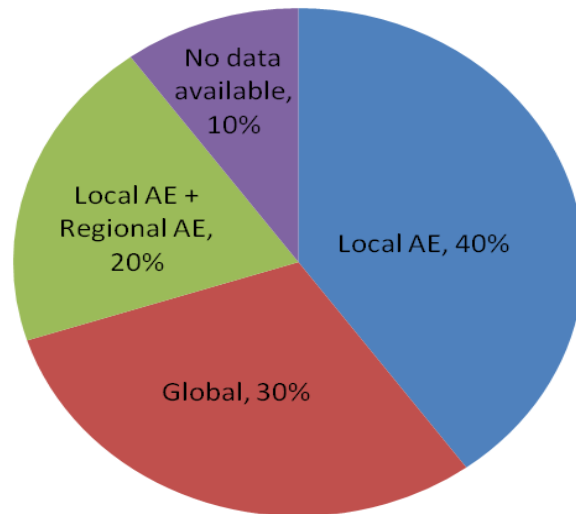
- **Authorized representative** and **local manufacturer** being the major parties responsible for the mandatory AE reporting



*Note: Operator refers to Healthcare Institutions or Healthcare Professionals*

# Reporting Criteria of AE (3)

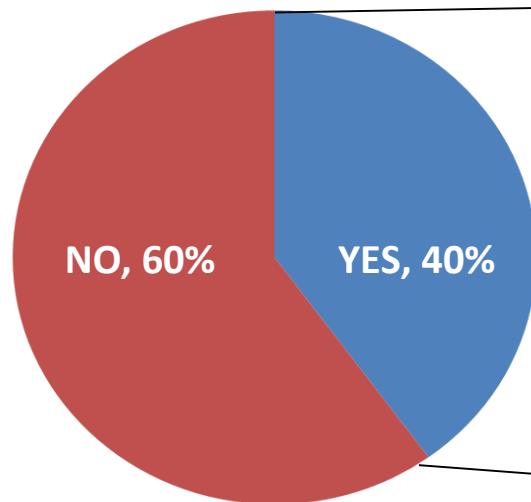
- Different geographical scopes of reportable AE required in the jurisdictions
  - 40% requiring Local AE reporting
  - 30% requiring Global AE reporting
  - 20% requiring both Local and Regional AE reporting





# Reporting Criteria of AE (4)

- AE reporting implemented in two phases in 40% of the jurisdictions



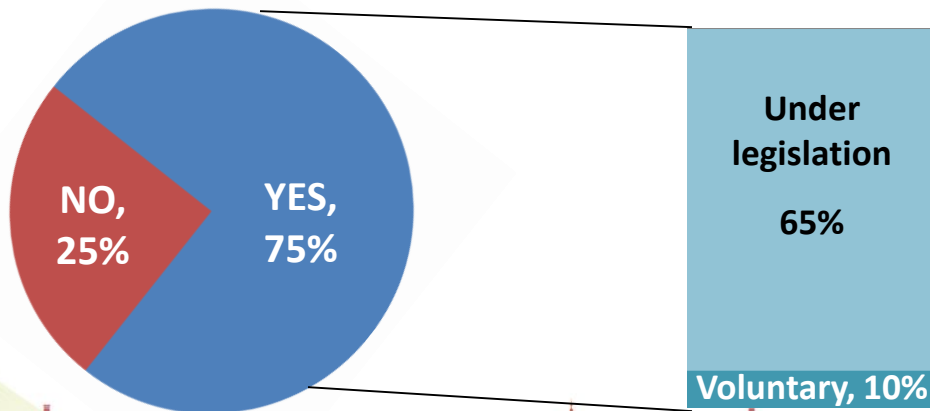
1<sup>st</sup> phase - High Risk MD  
2<sup>nd</sup> phase - Low Risk MD, 4%  
1<sup>st</sup> phase - Low Risk MD  
2<sup>nd</sup> phase - High Risk MD, 4%

1<sup>st</sup> phase - Local AE Reporting  
2<sup>nd</sup> phase - Global AE Reporting  
16%

1<sup>st</sup> phase – Voluntary Reporting  
2<sup>nd</sup> phase – Mandatory Reporting  
16%

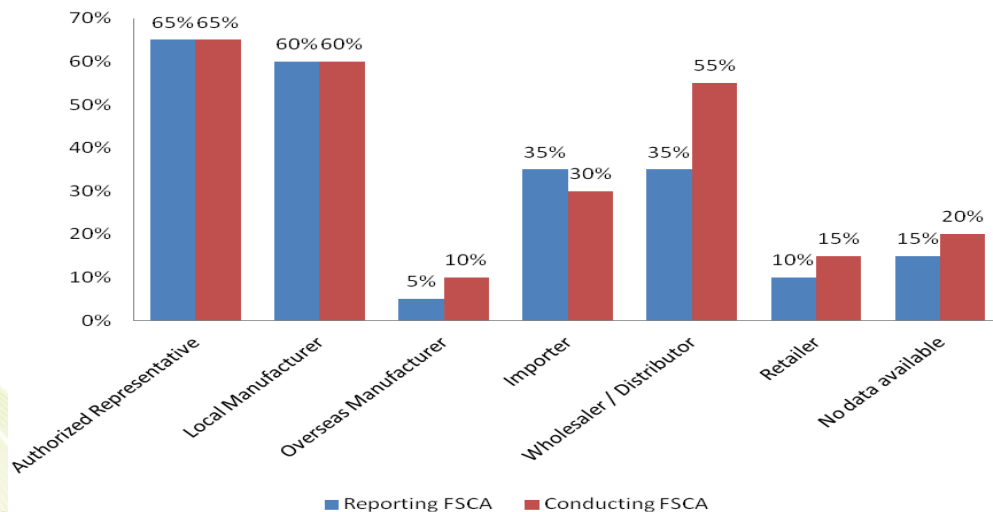
# Reporting Criteria of FSCA (1)

- Mandatory reporting of FSCA required in 75% of the jurisdictions either under the medical device legislation (65%) or the voluntary PMS system (10%)



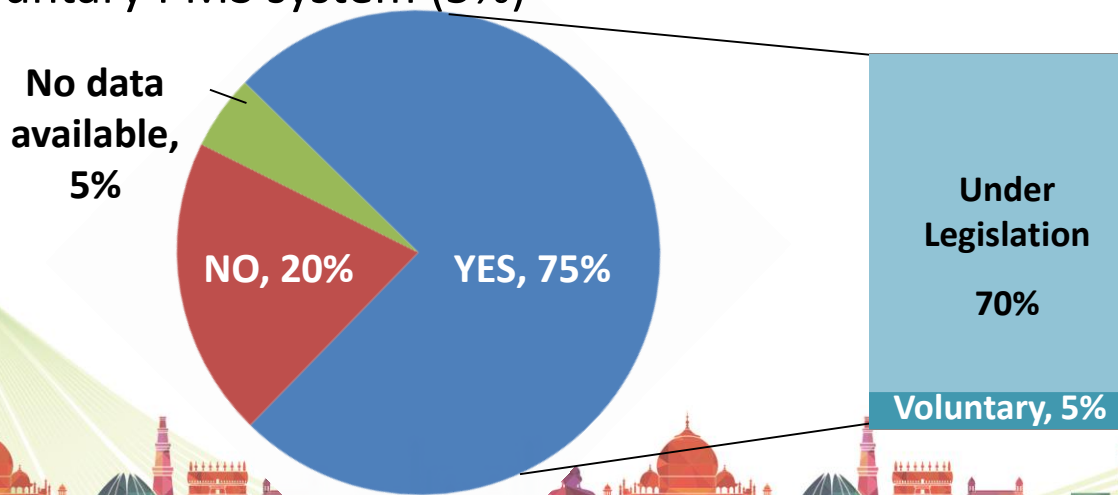
## Reporting Criteria of FSCA (2)

- **Authorized representative** and **local manufacturer** being the major parties responsible for reporting and conducting FSCA



# Reporting Criteria of Product Recall (1)

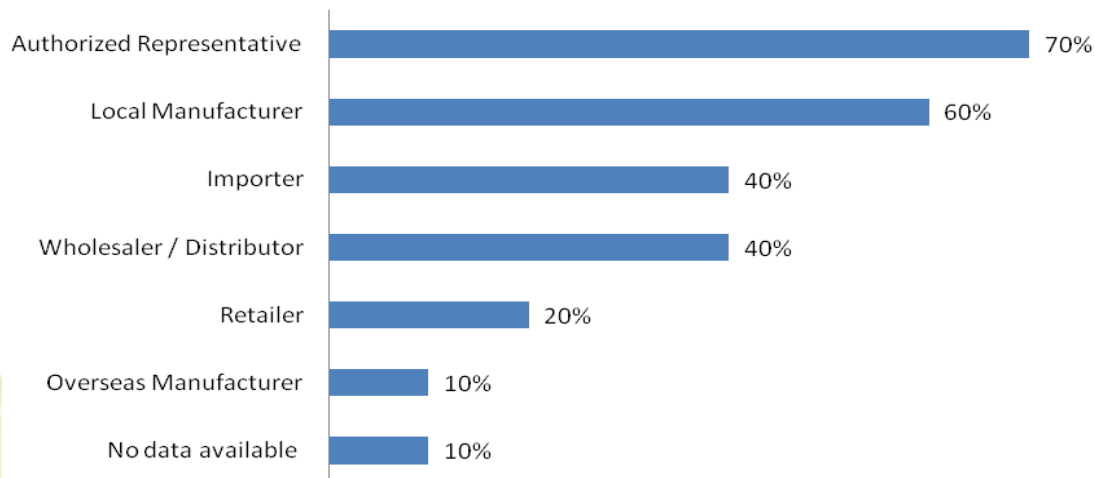
- Mandatory reporting of product recall required in 75% of the jurisdictions either under the medical device legislation (70%) or the voluntary PMS system (5%)





# Reporting Criteria of Product Recall (2)

- **Authorized representative** and **local manufacturer** being the major parties that responsible for the product recall reporting





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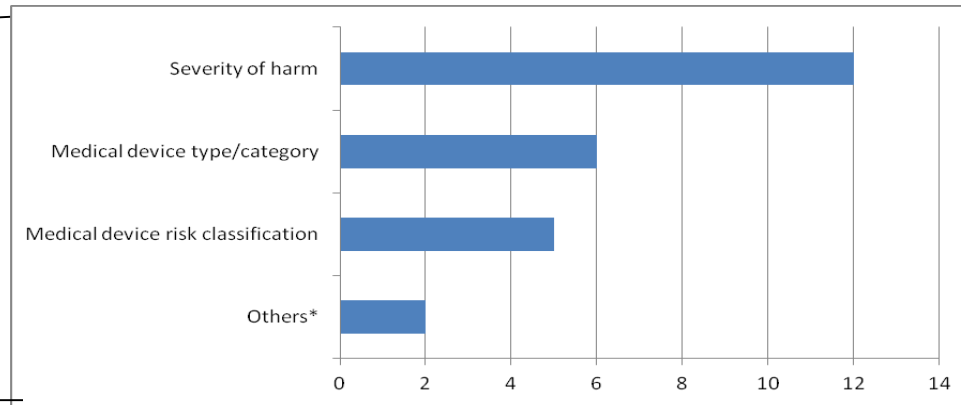
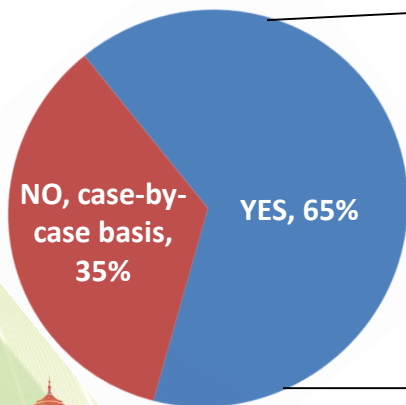


# Are we using the same criteria in managing the cases?



# Managing AE cases (1)

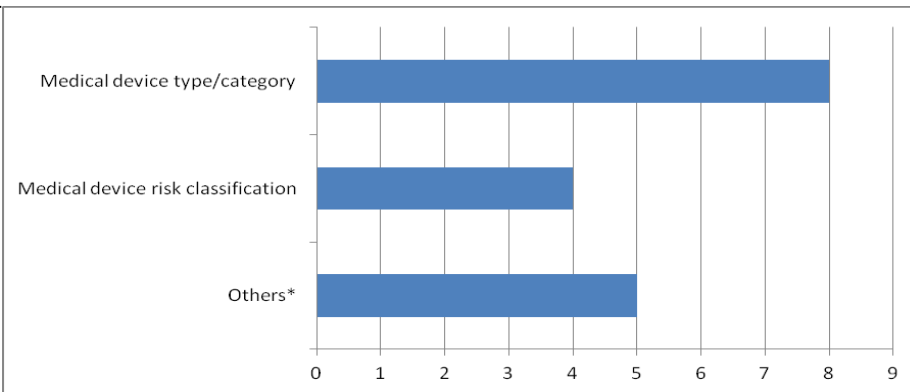
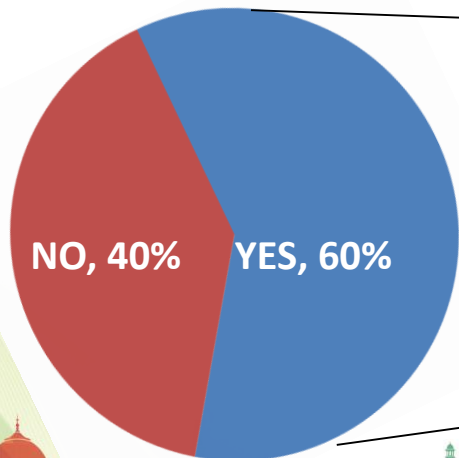
- AE cases being categorized in 65% of the jurisdictions
- The **severity of harm**, i.e. the degree of harm to the patients, operators or end-users, being the most common parameter used in AE categorization



\*Others: Guidance documents or possibility of occurrence

## Managing AE cases (2)

- AE trending being conducted in 60% of the jurisdictions
- Medical device type / category being the most common parameter used in AE trending

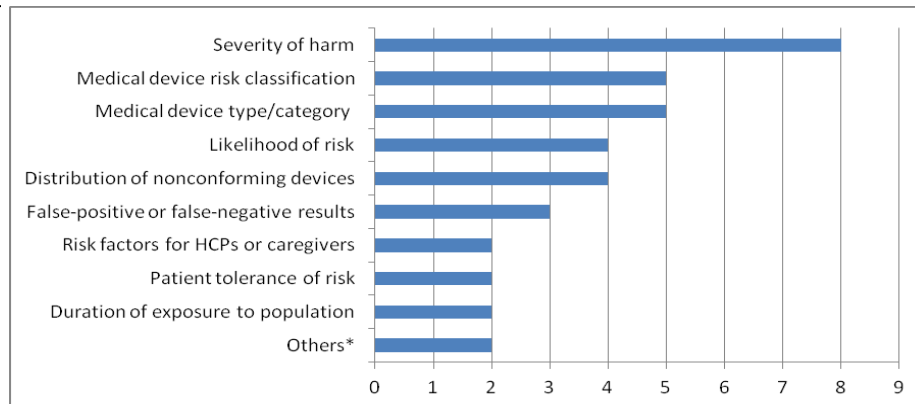
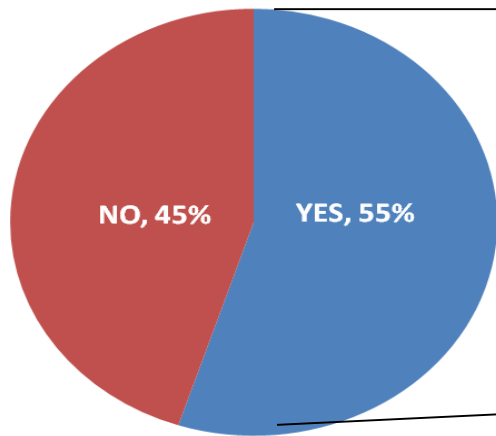


\*Others – possibility of occurrence, severity of harm, case-by-case basis or other parameters, e.g. GMDN



# Managing FS<sup>CA</sup>

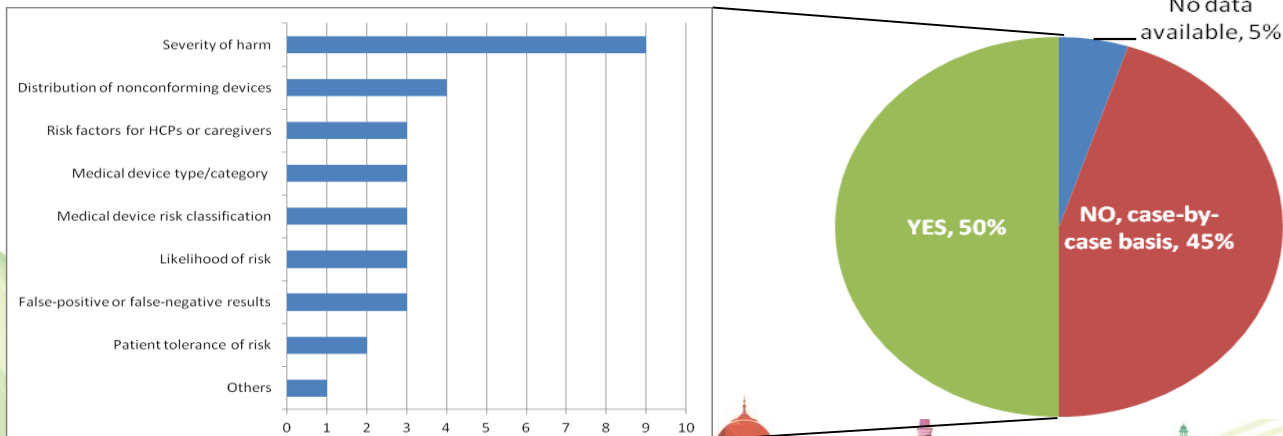
- FS<sup>CA</sup> cases being categorized in more than half of the jurisdictions
- The **severity of harm** being the most common parameter used in FS<sup>CA</sup> categorization



\*Others: Guidance Documents or review on case-by-case basis in some cases; HCPs = Healthcare professionals

# Managing Product Recall

- Product recall cases being categorized in half of the jurisdictions
- The **severity of harm** being the most common parameter used in product recall categorization



\*Others: Guidance Documents; HCPs = Healthcare Professionals



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## Observations and Way Forward



# Observations (1)

- Similar control framework in PMS shared in the jurisdictions , covering the 3 fundamental elements:
  - ▣ AE Reporting
  - ▣ FSCA
  - ▣ Product Recall
- Depending on the resources available and public health concerns of the regulatory authority, PMS being strengthened by imposing additional controls in individual jurisdiction





## Observations (2)

- Reportable AE interpreted (or defined) similarly in many jurisdictions
- However, different approaches in managing AE tend to be adopted in the jurisdictions, probably due to
  - ▣ the unique infrastructure of the local medical device industry
  - ▣ the local public health concerns; and
  - ▣ the resources available



## Observations (3)

- In some jurisdictions, country specific definitions for FSCAs and Product Recall being used rather than adopting the ones recommended in the IMDRF or AHWP guidance documents
- Product recall is included within the definition of FSCA as suggested in IMDRF or AHWP guidance documents; yet FSCA and product recall found being handled in separate systems in many jurisdictions
- Despite the lack of harmonized standards in managing FSCA and product recall, a similar approach in managing FSCA and product recall still shared by the jurisdictions, which mainly based on the severity of harm



# Way Forward

The survey data indicate that PMS in the jurisdictions has been going towards harmonization. To help go further in the direction, we may consider:

- More experience sharing and communications on PMS work amongst the regulatory authorities from different jurisdictions, and also with the industry;
- Developing more PMS related guidance e.g. guidelines or good practice in managing FSCA and product recall;
- Further gap analysis conducted aiming to identify and narrow down the differences of the PMS measures implemented without compromising public health in different jurisdictions







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