

# Conformity Assessment AHWP Nov 2008

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# BSI Introduction



- British Standards has a Royal Charter to act as the standards organisation for the UK. The Group now operates globally through its 3 divisions: BSI British Standards, BSI Management Systems and BSI Product Services.
- BSI Group was founded in 1901
- BSI British Standards publishes over 2,000 standards each year
- BSI has clients at 60,000 sites in more than 100 countries
- BSI Group:
  - develops private, national and international standards
  - provides product testing services
  - certifies management systems and products
  - provides training and information on standards and international trade

## Affiliations

- Secretary of Technical Committee of AHWP
- Advisory Board member of Training Committee of AHWP
- Committee Member of Medical Device Standard in China
- Chairman of Medical Device Committee in HK Association of Pharmaceutical Industry
- Adjunct Tutor in the School of Pharmacy since 1999
- Editorial Committee of China Medical Journal

- Overview
  - What does everyone want/expectation
  - What is Conformity Assessment and who does it?
  - GHTF model
- 3<sup>rd</sup> Party Conformity Assessment
- How can Governments complement the 3<sup>rd</sup> Party conformity assessment?
- Conclusion

# What does everyone want?

- **Consumer (doctor/patient)**
  - Safe devices
  - Available devices
  - Access to latest devices
- **National governments**
  - Safe, cheap, state of the art medical devices
  - Strong, happy local industry
  - Healthy, happy consumers
- **Testing Lab**
  - One Standard, One Test, Accepted Everywhere

# What does everyone want?

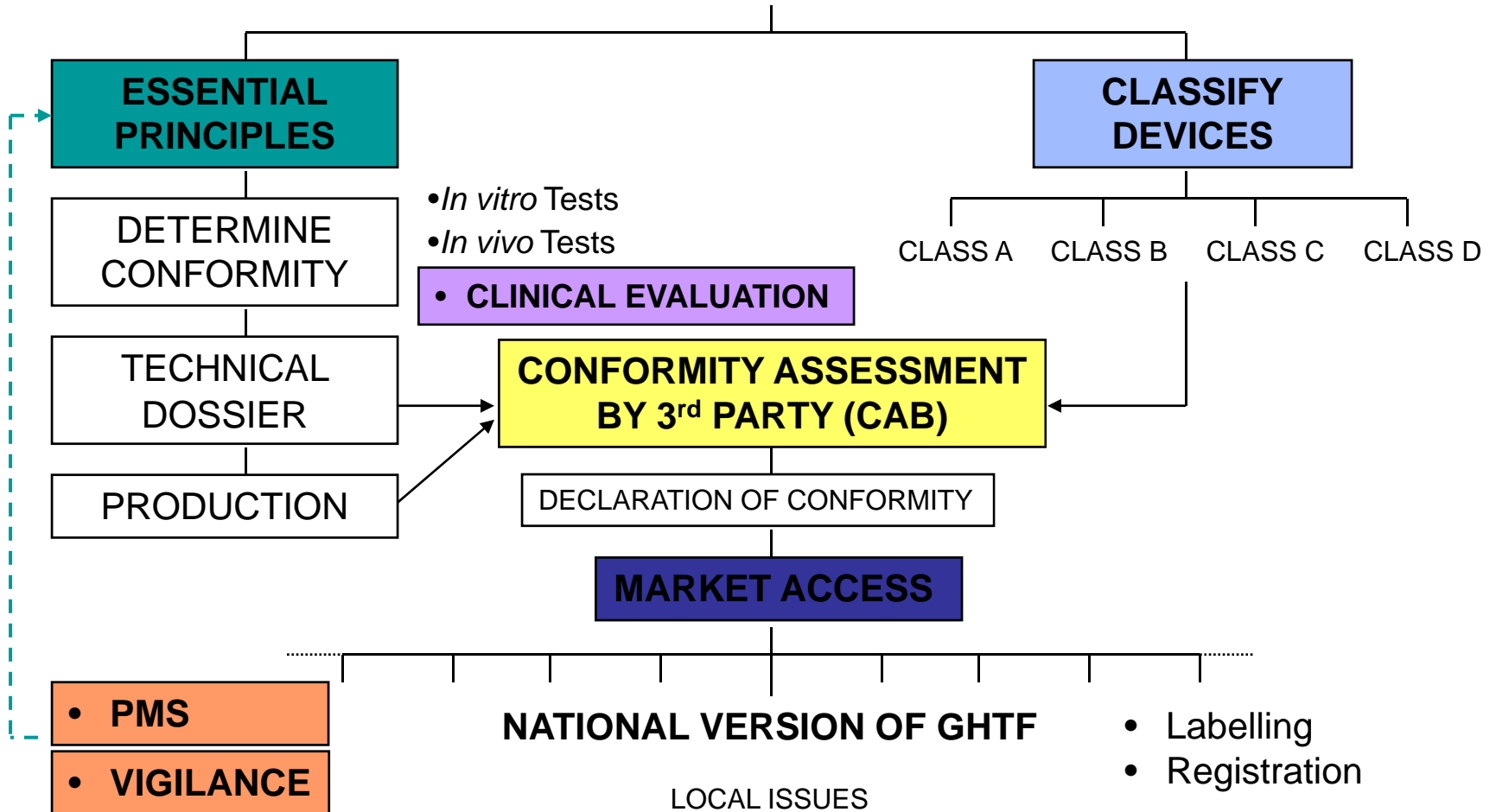
- **Manufacturers**
  - Minimum regulation, certainty about requirements, level playing field
  - External manufacturers want good market access
  - Local manufacturers may want guidance on requirements and/or protection
  
- **Conformity Assessment Bodies (3<sup>rd</sup> parties)**
  - Certainty about requirements, level playing field

# What is conformity assessment?

- “Conformity assessment is the systematic examination of evidence generated and procedures undertaken by the manufacturer to determine that the device is safe and performs as intended by the manufacturer”
  - *Principles of Conformity Assessment - GHTF/SG1/N40:2006*
- Conformity Assessment can be done by first, second or third parties

# GHTF MODEL

## ANALYSE DEVICE INTENDED PURPOSE



*raising standards worldwide*



# Who does conformity assessment?

- Combination of:
  - First party (manufacturer)
  - Second party (usually government)
  - Third party (Conformity Assessment Body)
- **“Conformity Assessment is primarily the responsibility of the medical device manufacturer”**
  - *GHTF/SG1/N40:2006*
- But higher risk devices get more external checking than low risk devices

- Essential Principles and basic documentation and quality requirements are the same for all devices, regardless of classification
- All devices need
  - Clinical data
  - Technical documentation
  - A quality system
  - Post market surveillance and vigilance reporting

# Risk v 3<sup>rd</sup> Party conformity assessment



# This talk will cover .....

- ✓ Overview
- **3<sup>rd</sup> Party Conformity Assessment**
  - Risk v 3<sup>rd</sup> Party conformity assessment
  - What are 3<sup>rd</sup> Parties assessing against?
  - Role technical documentation
  - What do 3<sup>rd</sup> Parties do for each Risk Class?
- How can Governments complement the 3<sup>rd</sup> Party conformity assessment?
- Conclusion

# 4 risk categories of medical device

## **D High Risk**

- Heart valves / implantable defibrillator

## **C Moderate-high Risk**

- Lung ventilator / critical infusion pump

## **B Low-moderate Risk**

- Hypodermic Needles / suction equipment

## **A Low Risk**

- Surgical retractors / tongue depressors

# What are CABs assessing against?

- For quality management systems
  - ISO13485:2003
  
- For products
  - Essential principles (as interpreted by Standards)

- ISO 13845:2003 - Medical devices. Quality management systems. Requirements for regulatory purposes
  - Follows format of ISO9001
  - Can omit Design Controls for lower risk products
- CABs do factory audits
  - Specifically include manufacturer post market surveillance and vigilance reporting processes

# Products: Essential Principles

- EPs define the characteristics of a “safe” device
  - risks must be acceptable when weighed against benefits
- 6 general requirements
- 11 specific requirements
- manufacturers must address each one
- Manufacturers can choose use standards which are equivalent to the EPs



- Medical devices should be designed and manufactured in such a way that, when used under the conditions and for the purposes intended .....
- ..... they will not compromise the clinical condition or the safety of patients, or .... other persons,
- ... any risks ... acceptable when weighed against the benefits to the patient
- and are compatible with a high level of protection of health and safety.

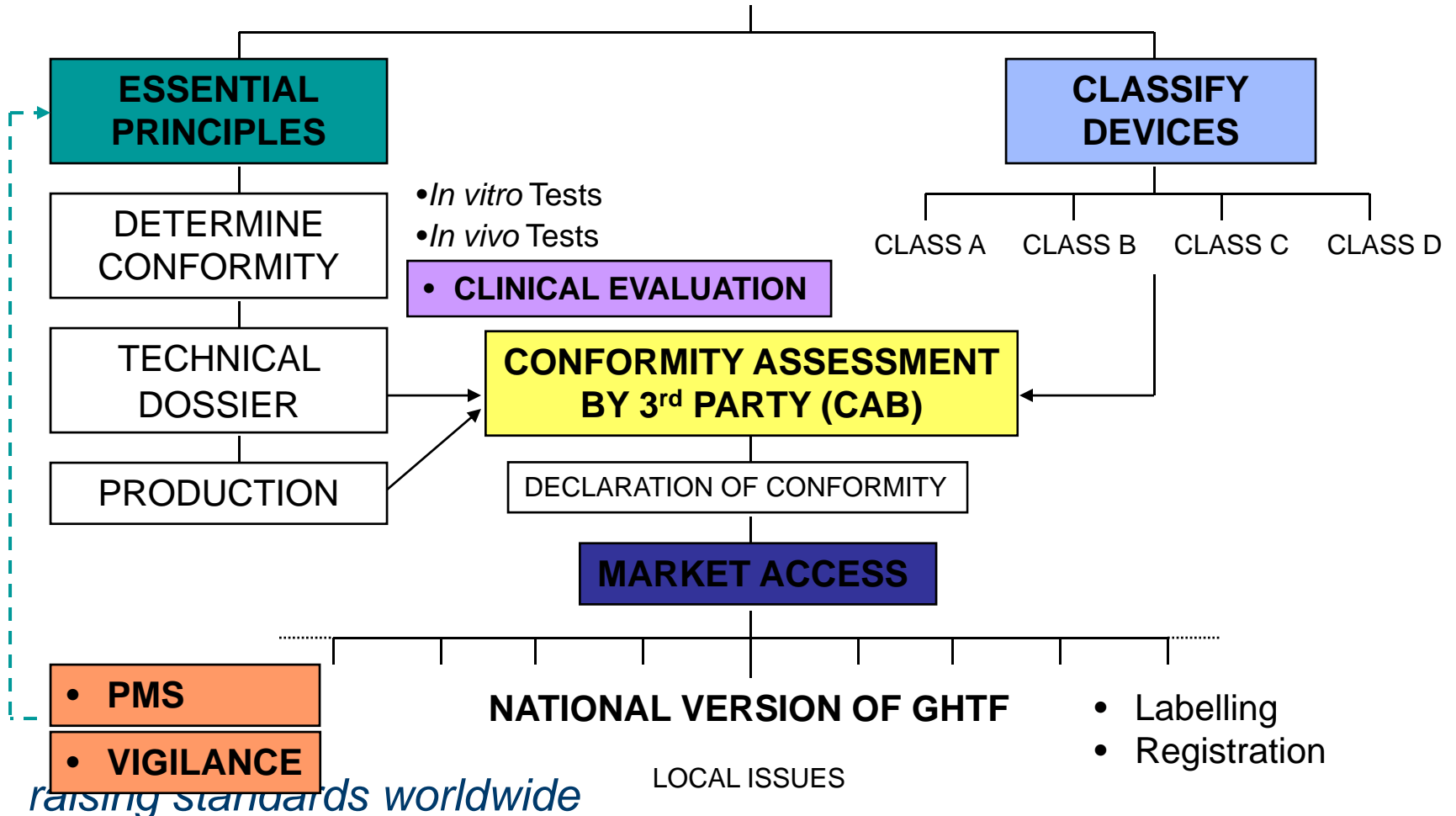
- .... must include:
  - description including variants
  - drawings, manufacturing methods etc
  - results of risk analysis (EN 14971)
  - method of sterilisation
  - design calculations
  - proof of compatibility with other devices in necessary
  - test reports and clinical data if necessary
  - label and IFU

- The STED is intended for conformity assessment purposes.
- The manufacturer creates the STED to demonstrate that the medical device is in conformity with the Essential Principles
- The STED can be a real or virtual set of documents, at the discretion of the manufacturer
  - Obviously, it must become “real” if used as a submission!

- For high risk products, there is usually a separate examination of a “Design Dossier” which must:
  - describe the design, manufacture and performance of the product
  - include the documents needed for the Regulatory Authority or Conformity Assessment Body to assess whether the product conforms to the requirements

# *GHTF MODEL ..... leads to D of C*

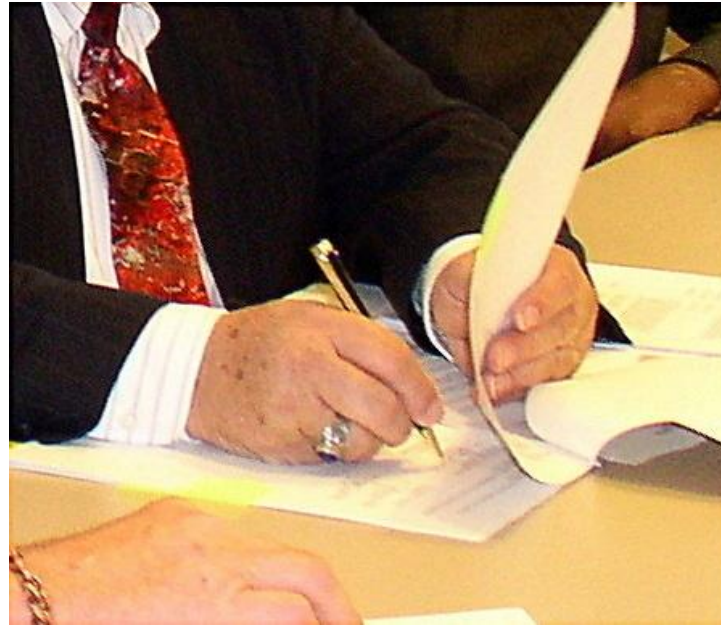
## ANALYSE DEVICE INTENDED PURPOSE



- The manufacturer attests that the medical device complies fully with all applicable *Essential Principles for Safety and Performance* ....
- ... and that all necessary conformity assessment activities are complete

# Declaration of Conformity

Can be a legal document, signed by the responsible person who has been authorised on the manufacturer's behalf



*Government or 3<sup>rd</sup> Party may review the Declaration of Conformity, and examine the supporting documents or evidence*

- Provide 3<sup>rd</sup> Party conformity assessment services
- Usually excluded from market surveillance
- **Entire responsibility to produce a safe device remains with the manufacturer**



# What do 3<sup>rd</sup> Parties do for each Risk Class?

# What does the CAB check for Class A?

# What does the CAB check for Class B?

- QMS (ie ISO13485 with Design Exclusions)
  - Process control
  - Inspection and testing
  - Procedures for producing STED
    - In EU system, CABs check the actual Declarations of Conformity and STEDs on a sample basis only
- Post market surveillance and vigilance processes
- Technical evaluation of sterilisation process if applicable

# What does the CAB check for Class C?

- ISO13485:2003
  - Complete QA system including design control
- Sample STED (in more depth than for Class B)
- Post market surveillance and vigilance processes
- Technical evaluation of sterilisation process if applicable

# What does the CAB check for Class D?

- ISO13485:2003
  - QA system including design control
- Post market surveillance and vigilance
- Design Dossier scrutiny of each device
  - risk analysis
  - EPs addressed & relevant standards applied
  - manufacturer's solutions for each EP are checked
  - clinical data
  - Technical evaluation of sterilisation if applicable
- *(DD review can be replaced by Type Test)*

# 3<sup>rd</sup> Party conformity assessment

**D.** Manufacturing Control  
(including design) plus  
Design Dossier

**C.** Manufacturing Control  
(including design)

**B.** Manufacturing Control

**A.** Zero (manufacturer self-  
certifies compliance)



# This talk will cover .....

- ✓ Overview
- ✓ 3<sup>rd</sup> Party Conformity Assessment
- **How can Governments complement the 3<sup>rd</sup> Party conformity assessment?**
  - What is not covered by 3<sup>rd</sup> Parties?
  - Local and imported products
  - Registration
  - Market surveillance
- Conclusion

# What is not covered by 3<sup>rd</sup> Parties?



# What is not covered by 3<sup>rd</sup> Parties?

## A. Lowest risk, no CAB involvement

## B. Medium/Low risk

- Design process
- D of C or STED, except on a sample basis
- clinical data to justify status as a medical device or claims, except on a sample basis

## C. Medium/High risk

- D of C, STED or clinical data for every product
- but much more is done than for Class B

## D. High risk, CAB covers all aspects

- But even here, the final responsibility remains with the manufacturer

# Government role?

- What do governments want?
  - Safe, cheap, state of the art medical devices
  - Strong, happy local industry
  - Healthy, happy consumers
- Often the medical device regulations are made under the Consumer Protection Laws
  - Enables surveillance and penalties to be included as for any other consumer product
- GHTF model contains provision for:
  - product registration
  - market surveillance
  - gives opportunities to complement the work of the CABS

# Complementing the CAB - registration

- GHTF considers registration to be the most basic level of regulatory control
  - Identifies devices and responsible parties in the national market
  - Facilitates regulatory activity
- Regulatory Authorities can consider how much information they need to process a registration
  - eg Declaration of Conformity?
  - STED summary?

- GHTF has provision for Regulatory Authority audit post-market to investigate specific safety or regulatory concerns
  - can be pro-active or reactive
- Surveillance audits can cover
  - Is there clinical data to show that products meet claims?
  - Has the manufacturer classified his products properly?
  - Is the technical file complete?
  - Has the manufacturer registered all his products
  - Is he making appropriate vigilance reports?

- Objective is to create an “atmosphere of compliance” by sampling where there is no prior knowledge of the particular product or manufacturer, eg
  - Random sample – eg 2% of products registered
  - Targetted sample – eg 20% of products of a type which is a cause of concern

- based on prior product knowledge, eg
  - Local user or manufacturer reports of adverse incidents
  - Recalls, advisories etc from overseas
    - FDA
    - ECRI
    - MHRA
  - Any other relevant information
- Registration system will allow assessment of relevance of overseas advisories to the local market

# Local v Imported products

<b>Locally produced</b>	<b>Imported into the Region</b>
Emphasis on low risk	Range from low to high
Sometimes for local markets only	Available “worldwide”
Local manufacturers may not want FDA/EU conformity assessment	Will nearly always have FDA/EU conformity assessment – but there are gaps for Low Risk
Sometimes PMS is local market only	Subject to PMS in other countries



- **Benefits**
  - creates an atmosphere of compliance
  - complements 3<sup>rd</sup> Party surveillance
  - especially useful for low risk products
  - can be used to help educate local industry
  
- **Essential Principles and basic documentation and quality requirements are the same for all devices, regardless of classification**
  - Manufacturers may need reminding of this ....

# This talk has covered ....

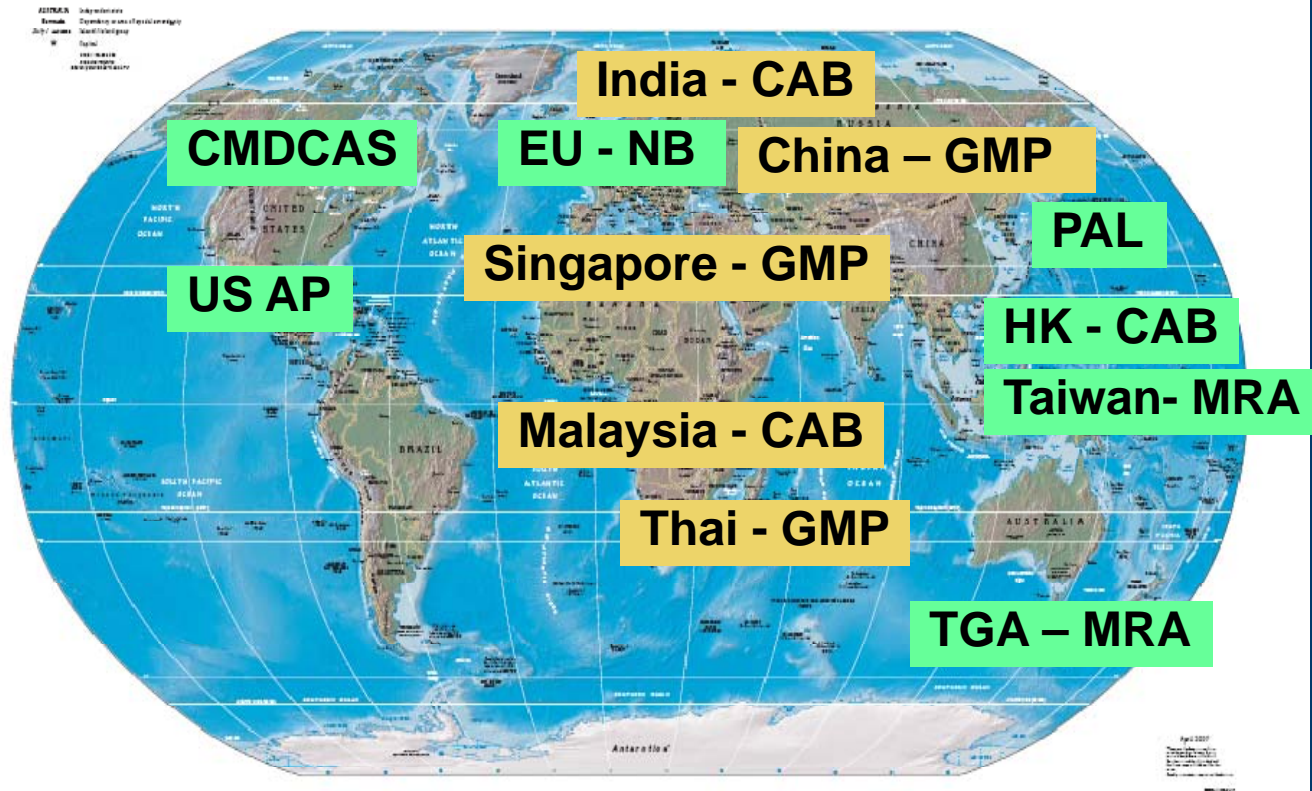
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- ✓ **3<sup>rd</sup> Party Conformity Assessment**
- ✓ **How can Governments complement the 3<sup>rd</sup> Party conformity assessment?**
  - What is not covered by 3<sup>rd</sup> Parties?
  - Local and imported products
  - Registration
  - Market surveillance
- **Conclusion**

# Conclusions on GHTF model

- Good but not perfect
- Requirements same for all devices but less CAB conformity assessment for Low risk
  - Manufacturers must do their part
- Regulatory Authority roles include
  - Registration schemes
  - Compliance regimes (proactive and reactive)
  - Post market surveillance
  - Monitoring recalls etc worldwide
- RAs need to create an atmosphere of compliance to complement the work of the CABs

# Global Regulatory Trend - CAB

Physical Map of the World, April 2007





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