



## **EU Medical Devices: the changing enforcement landscape**

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# Overview

- **From PIP to 2015**
  - Joint Action Plan
  - Commission Initiatives
- **Regulatory Enforcement**
  - Concrete Examples
  - Takeaways
- **Why new rules?**
  - New EU; New Needs
- **Latest Developments on MDR & IVDR**

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# From PIP to 2015 (1)

- Recently, European medical device regulatory & enforcement environment **has changed drastically**
- Triggered by major **scandals** in 2010-2012:
  - **PIP**: French company for many years used industrial-grade silicone in breast implants sold globally
    - 400,000 women affected world-wide
  - **MoM**: reports in the UK regarding exposure of patients to failing implants causing damage
- Led to **strong reactions across Europe**, demanding much stricter rules & oversight





- Led to **call by EC** Health Commissioner Dalli in February 2012 **for immediate actions**
  - Proposed **Joint Action Plan** to EU Member States (MS) within existing framework to “**tighten controls**”
    - Verifying **designations Notified Bodies** (NBs) in light of their expertise & competence
    - Ensuring NBs use their powers within conformity assessments, incl. **conduct of unannounced audits**
    - Reinforcing **market surveillance** by national competent authorities (NCAs), incl. in particular “spot checks”
    - Improving functioning of MD **vigilance regime**

## From PIP to 2015 (3)

- Further reinforced by **EP Resolution** regarding PIP scandal (June 14, 2012)
  - Called on EU MS and EC to introduce measures aimed at ensuring safety of MD/IVD & bring back trust of patients
  - Requested **immediate measures**, incl.:
    - Stricter controls on medical devices on the market
    - Increased focus on designation and activities NBs
    - Reinforcement of market surveillance
    - Improvement of MD vigilance reporting system
- On 26 September 2012, Commission proposed **two new Regulations** (more on that later)

# From PIP to 2015 (4)

- In September 2013, EC published interim two measures:
  - 1. Commission Recommendation (2013/473/EU)**
    - NBs should perform unannounced audits in addition to regular product & quality assessments
    - **EU MS responsible for supervision** relevant NB activities
  - 2. Comm. Implementing Regulation (920/2013/EU)**
    - Increased **focus on**
      - Competence of Notified Bodies; and
      - Monitoring by responsibilities EU Member States



# From PIP to 2015 (5)

## Commission Recommendation (2013/473/EU)

### Whereas clause (3):

- “The interpretation of those provisions [*i.e.* the medical device directives] and the **behaviour of notified bodies** designated in the field of medical devices **differ**.”

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## Commission Recommendation (2013/473/EU)

### Whereas clause (3):

- “The interpretation of those provisions [*i.e.* the medical device directives] and the **behaviour of notified bodies** designated in the field of medical devices **differ**.
- Therefore, this Recommendation should **set benchmarks** for (1) **assessments** and (2) **unannounced audits** by notified bodies and
- respond to the **most frequent shortcomings** of the current practices.”

# From PIP to 2015 (6)

## Commission Recommendation (2013/473/EU)

### 1. PURPOSE:

- “To facilitate the **consistent application** of the conformity assessment provisions contained in [the MDDs], the NBs should apply the provisions of this Recommendation when they perform **product assessments, quality systems assessments and unannounced audits**. [...]

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- By providing general guidelines [...] this Recommendation should **facilitate** the work of the NBs as well as the **MS’ evaluation** thereof.

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- By providing general guidelines [...] this Recommendation should **facilitate** the work of the NBs as well as the **MS’ evaluation** thereof.
- This Recommendation does **not create any new rights and obligations**.”

# From PIP to 2015 (7)

## Commission Recommendation (2013/473/EU)

### Annex III – Unannounced audits

- “Notified bodies should carry out unannounced audits at least once every third year.

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- Notified bodies should **increase the frequency** of unannounced audits if the devices bear a **high risk**, if the devices of the type in question are **frequently non-compliant** or if specific information provides reasons to **suspect non-conformities** of the devices or of their manufacturer.

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- The **timing** of the unannounced audits should be **unpredictable.**”



# From PIP to 2015 (8)

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    - Increased **focus on**
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## Commission Implementing Regulation (920/2013)

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- MS are required to carry out **surveillance and monitoring of the NBs** at certain intervals to ensure that they continuously live up to requirements. If this is not the case, the MS must withdraw the designation as NB.
- Knowledge and **experience requirements** of the staff of the NBs are **clarified**.



## From PIP to 2015 (10)

- EC Staff Working Document of June 13, 2014 indicated substantial progress on Joint Action Plan
  - EU MS re-assessment of NBs led to **corrective measures** in at least 8 countries
  - By May 2014, EC and MS had conducted **joint audits of NBs** in 22 of 23 relevant countries
    - In all cases non-conformities were found, and in about half of the countries these were major non-conformities
  - NBs initiated **unannounced audits**
  - EC and MS have **monthly telephone conferences** to **coordinate vigilance matters**
    - In June 2014, **more than 70 specific cases** had been presented for coordination

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# Regulatory Enforcement (1)

- EC and MS measures have **significantly changed** European **regulatory enforcement landscape**
  - **NBs are under stricter supervision** by NCAs and EC
  - NBs are increasingly subject to **pressure from NCAs** with respect to specific topics / manufacturers
  - Directly **impacts NBs interaction** with and position towards **manufacturers**
- **Could lead to some unexpected changes in position by NBs...**



# Regulatory Enforcement: Concrete Example: Vigilance Reporting (1)

- Key area for regulatory enforcement has been **vigilance** (*i.e.*, safety) **reporting**
  - EC and NCAs are **increasingly coordinating** their concerns re: specific issues and manufacturers
    - Facilitated by monthly telephone conferences NCAs/EC
  - “**Task Force**” of NCAs led by 1 NCA will raise concerns with manufacturer and request detailed info, e.g. on
    - *Complaint handling approach*
    - *Number of complaints and Incidents in EEA*
    - *Risk analysis and argumentation on specific issues*
    - *Justification for marketing of specific products*

# Regulatory Enforcement:

## Concrete Example: Vigilance Reporting (2)

- In many cases, NCA or Task Force will **expect** to see a swift and **significant increase** in Incident **reporting**
- NCA or Task Force will **pressure NB to audit** and take action with respect to manufacturer concerned
- Typically involves **threats of enforcement** or consequences for marketing of specific products
- **NCA concerns are often unexpected** by manufacturers due to lack of supervision by NBs
  - **Not unusual for NBs to have completed multiple audits with no or only minor findings on issue concerned**

# Regulatory Enforcement: Concrete Example: Vigilance Reporting (3)

- Process to address questions and concerns can take **more than year** and requires **significant resources**
  - Short term pressure to provide detailed response to questions that require input multiple departments
  - Subsequent pressure to increase reporting results in more questions to answer
  - Often requires overcoming internal resistance and an **overall culture change**
- **Expectation is continued push** by in particular certain NCAs for increased Incident reporting
  - Part of reason is lack of trend reporting by industry

# Regulatory Enforcement: Concrete Example: Certification (1)

- ***First illustrative example:***
  - Manufacturer unexpectedly is asked by NB to **re-confirm or supplement clinical evidence** for CE marked device
  - Manufacturer resistant because device is on the market and was certified by same NB
  - Situation escalates and manufacturer later learns that
    - NB was under pressure from responsible NCA, and
    - Responsible NCA had in turn been encouraged by other NCA from main market for the device concerned
  - Manufacturer is presented with situation to either present additional clinical evidence or lose certification

# Regulatory Enforcement: Concrete Example: Certification (2)

- ***Second illustrative example:***
  - Manufacturer has been marketing particular medical device across Europe for multiple years
  - No major issues with device, however NB unexpectedly challenges **classification** of device (higher risk)
  - NB refuses renewal of expiring certificate supporting marketing of device due to classification disagreement
  - Manufacturer discovers that NCA backs NB, and is prevented from marketing device until requirements related to higher risk classification are met

# Regulatory Enforcement: Concrete Example: Certification (3)

- ***Third illustrative example:***
  - Manufacturer developed and agreed device **development plan** with NB and worked towards certification
  - NB repeatedly confirms agreement with development plan and steps taken by manufacturer
  - After several years, upon completion of final step of plan, manufacturer requests certification
  - NB refuses certification and requests additional clinical evidence to support safety of device
  - Manufacturer discovers that change of position NB in part is due to pressure from NCA



# Regulatory Enforcement: Takeaways (1)

- Practices and arrangements that were common and **acceptable** for many years **no longer** are
  - Several NCAs view industry overall as non-compliant with e.g. Vigilance obligations
  - Response "*but our approach is in line with industry practice*" does no longer work
- Different regulatory enforcement landscape requires **different approach** towards NBs and NCAs
  - **NBs should be dealt with more like a regulator, as opposed to service provider**



# Regulatory Enforcement: Takeaways (2)

- In many cases, issues escalate due to **lack of transparency** / **lack of diligence** in responses
  - Questions, incl. in particular *unexpected* questions require diligence and accurate response
  - Place information in appropriate context, e.g.
    - mention **sales volume** for **high volume product** to contextualize number of complaints / Incidents
    - **highlight benefit-risk balance** and/or reference material supporting value of device (e.g. publications)

# Regulatory Enforcement: Takeaways (3)

- **Building trust is key**
  - This takes time and requires **living up to commitments** (even small ones, like “minor” deadlines)
- Important to **be ahead of the curve**
  - Better to **analyze gaps now and address them proactively**, then to wait for NCA/NB scrutiny
- **Potential impact is significant**
  - Identification of systems/process issue by NCA/NB can impact sale of all of manufacturer’s devices

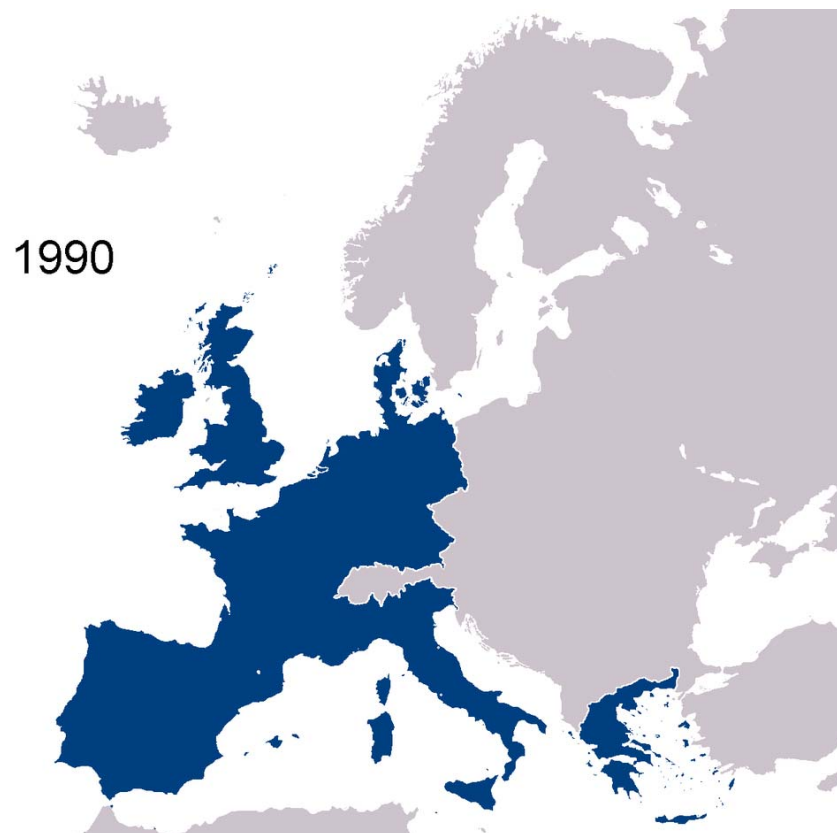
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# Why New Rules? (1)

- **Existing EU rules**
  - Medical Devices Directive (1993)
  - Active Implantable Medical Devices Directive (1990)
  - *In Vitro* Diagnostic Medical Devices (1998)
- **Enlarged EU**
  - From 12 to 28 (+ 5) Member States
  - Different implementation
- **Advances in technology**

## Why New Rules? (2)



# Why New Rules? (3)



# Why New Rules? (4)

1990



2015



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**KEEP  
CALM  
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# Latest Developments on MDR & IVDR

## State of Play

- Existing Medical Devices Directive dates back to **1993**
  - EC first raised review of directives in 2004
  - Several consultations followed
- EC issued **proposed MD Regulation** and **IVD Regulation** in **September 2012**
  - EP proposed significant amendments in October 2013
  - EP adopted first reading position in April 2014
- On June 19, 2015, Council reached a “**partial general approach**” on the legislative proposal
- **Trilogues are on-going...**

# EU legislative decision making

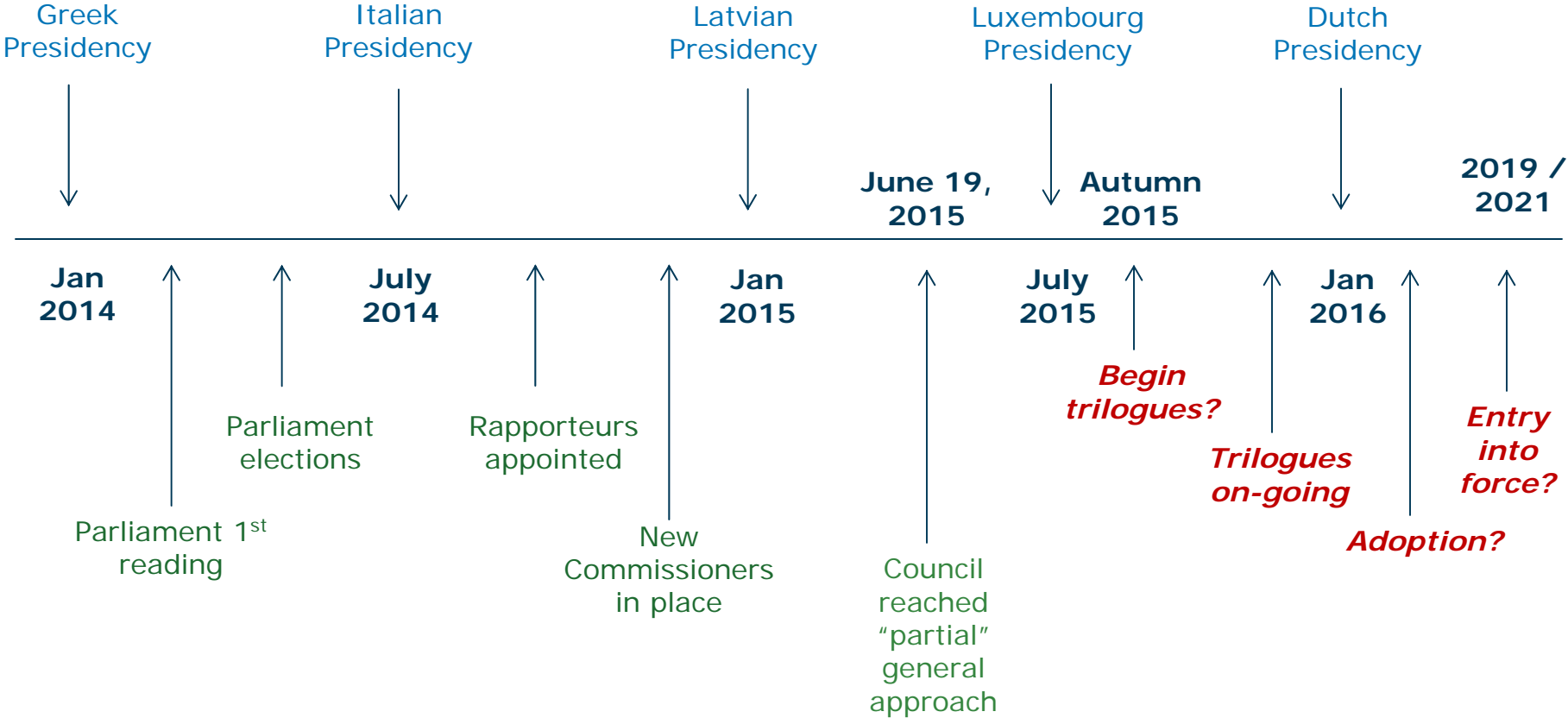
“Laws are like sausages.  
It’s better not to see them  
being made.”



Otto von Bismarck (1815–1898)



# Political Timetable



# Questions/Comments



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