Medical Device Single Audit Program

June 20, 2017

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A global approach included the development of an international coalition of countries dedicated to pooling technology, resources, and services to improve the safety and oversight of medical devices on an international scale in an Audit and Assessment Pilot Program, which began in January 2014 and ran for three years before becoming operational on January 1, 2017.
The international consortium of countries for MDSAP as of June 2017:

- Therapeutic Goods Administration (TGA)
- Agência Nacional de Vigilância Sanitária (ANVISA)
- Health Canada (HC)
- Ministry of Health, Labor and Welfare (MHLW) and Pharmaceuticals and Medical Devices Agency (PMDA)
- U.S. Food and Drug Administration (FDA)
Official Observers to MDSAP as of June 2017:

World Health Organization (WHO)

European Union (EU)
The mission of the MDSAP International Consortium is to jointly leverage regulatory resources to manage an efficient, effective, and sustainable single audit program focused on the oversight of medical device manufacturers.
Third Parties and Regulatory Inspectorates

The development of MDSAP includes the use of third party auditors, much like some current regulatory audit programs, as well as regulatory inspectorates. Use of third party auditors, in addition to Regulatory Authority (RA) Inspectorates, allows greater coverage in auditing manufacturers around the globe.

Government resources can then be focused on high risk or problematic medical devices, manufacturers that are not in compliance with the regulations, and oversight of the third party Auditing Organizations (AOs).
The MDSAP audit process was designed and developed to ensure a single audit will provide efficient yet thorough coverage of the quality management system requirements:

- Brazilian Good Manufacturing Practices (ANVISA RDC 16)
- Japanese requirements (MHLW MO 169)
- FDA’s Quality System Regulation (21 CFR Part 820)
MDSAP Audit Process

AND other specific requirements of medical device regulatory authorities participating in the MDSAP program such as:
- registration
- licensing
- adverse event reporting and more
The MDSAP governing body is the Regulatory Authority Council (RAC) which is comprised of two senior managers from each participating jurisdiction, as well as representation from observing jurisdictions.
Regulatory Authority Council

Responsibilities:

• Perform executive planning, strategic priorities, sets policy and makes decisions on behalf of the MDSAP Consortium.

• Reviews and approves MDSAP documents, procedures, work instructions, etc.

• Makes Auditing Organization authorization and recognition decisions
Regulatory Authority Council

RAC Constitution:
• Chair, ANVISA (rotates)
• Vice Chair, Canada (rotates)
• Executive Secretariat (rotates with Chair)
• Permanent Secretariat (US FDA)
• Permanent Information Technology (IT) Director (PAHO)
In accordance with these best practices, the Consortium has developed a transparent and robust plan/schedule of assessing the competence and compliance of MDSAP Auditing Organizations as part of a four-year recognition process.
Assessment Process

Assessment Program

Initial Assessment
- Application Review
- Stage 1 Assessment including Documentation Review
  - Stage 2 On-Site Assessment (Head Office)
  - 3 Witnessed Audits
  - On-Site Assessment of all Critical Locations (as necessary)

Surveillance Assessment
- Surveillance On-Site Assessment (Head Office)
- 1 Witnessed Audit
- 1 Witnessed Audit per Critical Location and per Assessment Cycle (as necessary)

Re-Recognition Assessment
- Stage 1 Assessment including Documentation Review for Changes
- Re-Recognition On-Site Assessment (Head Office)
- 1 Witnessed Audit
- 1 Witnessed Audit per Critical Location and per Assessment Cycle (as necessary)

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Speed to Market

A product’s cost-of-capital increases with the length of time it is not able to be placed on the market.

The world’s large medical device manufacturers are adopting MDSAP
- could enforce increased compliance on suppliers
- keeping up with the Jones’

AOs have made the investment to service their clients
Auditing Organization Applications

AO Applications

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AOs Conducting MDSAP Audits

- 15 Health Canada Recognized Certification Bodies were invited to participate in the Pilot Program
  - 2 dropped out
  - 3 are now fully ‘recognized’ as AOs
  - 8 are currently ‘authorized’

- NSF submitted its AO application in Jan. 2017 and awaits Stage 2 in July-August

- [https://www.fda.gov/downloads/MedicalDevices/InternationalPrograms/MDSAPPilot/UCM429978.pdf](https://www.fda.gov/downloads/MedicalDevices/InternationalPrograms/MDSAPPilot/UCM429978.pdf)
Participating Manufacturers (Feb. 2016)

Corporations: 41
Individual sites: 81

MDSAP Participating Manufacturer Sites

- Corporations: 41
- Individual sites: 81

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Program Statistics

MDSAP Participating Manufacturer Sites - Calendar Year

Number of Firms

- Number of Firms Added
- Cumulative Total

Quarter

- Q3 2014
- Q1 2015
- Q2 2015
- Q3 2015
- Q4 2015
- Q1 2016
- Q2 2016
- Q3 2016
- Q4 2016

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Program Statistics

MDSAP Participating Manufacturer Sites - Calendar Year

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Program Statistics

MDSAP Witnessed Audit NCs by Category

- Audit Model (WA): 15 (3 red, 12 blue)
- Audit Report: 11 (3 red, 8 blue)
- Audit planning: 7
- Competence management: 3 (1 red, 2 blue)
- Audit team selection: 3
- Post-audit timeline: 1 (1 red, 0 blue)
- Auditor competence: 2
- Information exchange: 1 (1 red, 0 blue)
- Management of impartiality: 1 (1 red, 0 blue)

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Profile of Manufacturers Most Benefitting from MDSAP

- Organization selling in Canada and internationally
- Manufacturing site of finished medical devices
- Relatively large organization (~ 70 people and more)
- Manufacturer of combination products selling in Australia
- Organization intending to sell in Brazil
- Manufacturer of high risk medical devices
- Organization participating in WHO Prequalification of In Vitro Diagnostics (IVDs) Programme

- In the future: Organizations intending to sell in countries requiring premarket QMS audit and accepting MDSAP certificates as evidence of compliance.
Manufacturers’ Feedback

Comments concerning audits:
• Coverage of requirements was as anticipated
• Competency of AO auditors was impressive
• Audit documentation completion was timely
• Familiarity with audit style was a beneficial
• AO auditors were found to be fair and impartial
• Transition into MDSAP was explained
• Marketing benefits
DITTA Survey

DITTA: Global Diagnostic Imaging, Healthcare Information and Communication Technology, and Radiation Therapy Trade Association

*Information source: “Medical Device Single Audit Program Update – March 2017” (Marc-Henri Winter, FDA Staff Fellow)

Has your company participated in the MDSAP Pilot? (53 responses)

- Yes: 32%
- No: 68%

Overall opinion on experience with MDSAP (17 responses)

- Very positive: 12%
- Positive: 53%
- Somewhat positive: 35%
- Neutral: 0%
- Somewhat negative: 0%
- Negative: 0%
- Very negative: 0%

- 100% saw value in their participation.
Manufacturers’ concerns:

- Auditing Organization’s readiness and capacity
- Health Canada timeline to transition from CMDCAS to MDSAP
- Potential impact of audit frequency (MDSAP audits > Regulators audit)
- Complexity of multi-site organization / multi-certification schemes
- Learning curve regarding the preparedness for audits
- Processing of audit reports by each Regulatory Authority
FAQs

- What about Security?
  - Regulatory Exchange Platform Secure (REPs)
    » The “portal” that will be used for all internal MDSAP communication (Audit Reports, etc.)
    » PAHO administered
    » Phase 1:
      – Management of the list of participating manufacturers
      – Submission of audit reports
FAQs

Why is the audit longer?
- The increased duration is a result of the MDSAP covering 5 jurisdictional areas at one time
- Tasks are predetermined within each process
- Additional resources may be necessary (e.g., technical experts)
FAQs

- Why in some cases are surveillance audits the same duration as certification/recertification audits?
  - AOs are auditing against a prescribed set of tasks and regulations
  - General interpretation differences
  - Discussions between RAs and AOs to ensure the necessary coverage of requirements is maintained
FAQs

What is the cost of an MDSAP audit?
- As with duration, the cost is analogous to the overall time spent on audit planning, conduct, and completion.
- AOs are allowed to determine prices.
- Prices are expected to fluctuate with the jurisdictional coverage.
FAQs

- Will there be heightened scrutiny by AOs during witness audits?
  - It should not be the case but...
  - Witness audits may be thought to be much more intense due to RAs looking over the AOs’ shoulders, but the intensive training and impartiality of the auditors is designed to mitigate this
FAQs

- What is the risk/benefit if only Canada is mandating MDSAP?
  - While MDSAP may not be attractive to all manufacturer’s since they may not have experienced consistent audits/inspections by their applicable jurisdictions, those manufacturers participating can potentially take a decided advantage in market share
  - Having the flexibility for future planning of where products will be marketed
Reducing the number of interruptions from audits can save
- time preparing for audits
- time hosting audits
- effects on production
- time post-audit (nonconformities, CAPA)
- cost of multiple audits
- brings some predictability to the schedule
- allows for future integration of regulations
RA Feedback

• Health Canada (Canada)
  - Highly supportive as noted by cessation of CMDCAS
  - Issues with impartiality, competencies, audit reports and audit trails -> growing pains

• PMDA (Japan)
  - PMDA conducted a 6-month trial in which audit reports submitted with the manufacturer’s application will be used to evaluate the need for an on-site assessment. This does not constitute a lack of confidence, but rather validation.
RA Feedback

- FDA (USA)
  - Work with AOs has been very cooperative and beneficial to development of the Program
  - Adding resources to address training needs, manufacturer and AO feedback for improvements, and staff availability
  - To accomplish MDSAP to it’s current state is a testament to the work and the acceptance of industry
  - Continuing discussions pertaining to “legal identity” vs “head office” and critical location oversight
RA Feedback

• TGA (Australia)
  - Technical Documentation Review -> No additional tasks for TDR -> integrated into the normal course of the Audit Model
    – If the audit includes a TDR as defined by the EU, it will automatically cover the requirements of MDSAP for Australia and only a reference from the applicable sections of the MDSAP audit report will need to be made to the formal EU TDR
  - Having a technically qualified team conducting the audit will satisfy the requirements
Observer Feedback

• WHO (Geneva)
  - Inspection time is already based on the MDSAP model and already using N19 for NCR grading
  - Confidentiality agreements with ANVISA, ANSA (France), etc., but not HC or HPRA yet

• Health Products Regulatory Authority (HPRA) (EU)
  - AO recognition process is similar to that of NB process
  - EU will want to do more witness audits to gain confidence
Observer Feedback

- Medicines and Healthcare products Regulatory Agency (MHRA) (EU)
  - Generally the industry is in favor of joining MDSAP (source: MEDTECH Europe)
  - The MHRA has been involved for years and has given some positive feedback as to the warming of the EU
    - EU needs confidence through witness/observed audits
    - Audit Report (AR) is comprehensive and can be used for EU audits
    - Due to the level of documentation review related to the product, an EU Technical Documentation Review (TDR) would cover the MDSAP requirements
Observer Feedback

• MHRA (EU)
  - Challenges include:
    - integrating EU audits with respect to
      - coverage -> Audit Model is not easily divided amongst multiple auditors
    - audit duration -> problem for SMEs
    - qualification -> difficulty in retaining auditor appointment
    - To early to determine the effects of the Brexit
Canada’s Action

- Health Canada sunsets the CMDCAS Program for MDSAP -> Effective January 1, 2019, the Health Canada CMDCAS Program will cease to operate
  - Clear message: CMDCAS and MDSAP will run concurrently until the end of the CMDCAS Program -> all program requirements and sector qualifications must continue to be met
Canada’s Action

- Regulations changes will ensure that device licenses will be sustained/supported by the MDSAP, but if manufacturers have not transitioned, their licenses will be suspended.

- Health Canada will cease to accept certificates issued under CMDCAS as of midnight December 31st, 2018.

- The MDSAP transition period corresponds closely with the transition period for the revision of ISO 13485.

- All manufacturers with CMDCAS certificates must have transitioned to the MDSAP.
Time is Flying

Interest in MDSAP increases and demand increases

Key factors to consider:
- AO schedules = delays and forced prioritization
- Effects of Brexit?
- EU MDR/IVDR
- Redesignation of NBs = more demand
- Post-audit time frames (nonconformities, etc.)

3-year transition??? -> By this time 1 year from now, it may already be too late!
ISO 13485 Revision

On March 1, 2016, the ISO 13485 standard was revised
- Outlines the requirements for a comprehensive quality management system (QMS) for the design and manufacture of medical devices and in vitro diagnostic devices, as well as their related processes and services
- Following a 3-year transition, the effectivity date is March 1, 2019

Subsequently, a revised version of the MDSAP audit model that incorporates ISO 13485:2016 has been published
EU MDR and EU IVDR

On April 5, 2017, the EU adopted the new regulations for medical devices:

- IVDR: 2017/746 repeals 98/79/EC

Transition:
- 3 years after entry into force for the Regulation on medical devices (spring 2020)
- 5 years after entry into force (spring 2022) for the Regulation on in vitro diagnostic medical devices
ISO 13485:2016, MDSAP & EU Regs
Timeline – The Perfect Storm

ISO 13485:2016
- Mar. 1, 2016
- Mar. 1, 2017
- Mar. 1, 2018
- Mar. 1, 2019

MDSAP
- Jan. 1, 2016
- Jan. 1, 2017
- Jan. 1, 2018
- Jan. 1, 2019

EU MDR and EU IVDR
- Early 2020

No 13485:2003 Certifications or Re-Certifications Allowed
13485:2003 New Certifications Discouraged
ISO 13485:2003 or 2016 Certifications

MDSAP Certificate to ISO 13485:2016 Mandatory in HC
Thank you