

Regulatory Affairs 101

Quality Systems 101

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Your champion for product success.

QUALITY SYSTEMS 101

DISCLAIMER:

- 30 Minutes- focus on “systems”
- Must over simplify to meet the time limit
- Quality Assurance is not my day job



QUALITY SYSTEMS

- CFR 21: Part 820
 - Parentage: Original GMPs and ISO 9001
- ISO 13485:2003
 - Parentage: ISO 9001 and QSRs
- **HARMONIZED but NOT Equivalent!**



QUALITY SYSTEMS

CFR 21 Part 820

- Federal Regulation for Medical Device
Manufacturers who sell, manufacture or distribute a regulated medical in the USA
- You can get **BUSTED** if you fail to comply

ISO 13485:2003

- Voluntary Standard “adopted” in various jurisdictions, for various medical device products, in order to receive market clearance.
- Often confused as the same as the CE MARK





US Device Manufactures MUST Comply with Part 820 to the extent that it applies to their product and function

ISO Certification to 13485:2003 is a contractual agreement.

You PAY for this CERTIFICATION

FDA only makes you pay for NOT meeting Part 820



QUALITY SYSTEMS

A few tips and we'll move along



Don't brag to FDA inspector how you just received your ISO certification and *that* auditor didn't find anything wrong!



Don't show the FDA inspector your "ISO-template" Quality Manual and procedures that fail to mention compliance with Part 820 and ignores MDRs!



END GAME: QSIT

- Quality System Inspection Technique- **FREE!**
<http://www.fda.gov/downloads/ICECI/Inspections/InspectionGuides/UCM085938.pdf>
- Breaks Quality Systems into constituent parts for practical presentation
- Asks questions for you to answer to confirm your systems are compliant
- Also read Inspection Manual
 - <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072753.htm>



QSR Resources

- **Presentation: Quality System Regulation 21 CFR 820 - Basic Introduction**

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/ucm126252.htm>

- **21 CFR Parts 808, 812, and 820 Medical Devices; Current Good Manufacturing Practice (CGMP); Final Rule**

- <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/PostmarketRequirements/QualitySystemsRegulations/MedicalDeviceQualitySystemsManual/UCM122806.pdf>



TRIP WIRE!

Premarket Notification legislation was enacted prior to Quality System Regulations thus no direct requirement to demonstrate conformance to QSRs with the 510(k)!

- In order to qualify for Special or Abbreviated applications, FDA imposed a requirement to certify to conformance
- In some “special controls” FDA requires some quality control or manufacturing information.... *But!!!*

FDA will inspect DCR evidence **AFTER** the 510(k) is cleared, thus enabling your noncompliance!

LINK FYI: <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm070897.Htm>



QSRs for IDE!!

- Investigational Device Exemption 812.1 “exempts” from QSR –EXCEPT from 820.30- Design Control and Review
 - Applies to (NSR and IDE studies)
- Practical matter of conforming to DCR without having a basic Quality System
- ISO certification to 13485 is not a substitute



QUALITY SYSTEM REGs

- Broken into Subparts- really a maize!
- All Subparts connect through Subpart M and D
 - RECORDS
 - DOCUMENT CONTROL
- Subpart is B is the tie that binds:
 - QUALITY SYSTEM REQUIREMENTS
 - MANAGEMENT and AUDITS,
 - TRAINING



WHY is Part B Important?

MANAGEMENT Owns It!

- Sets the policy
- Responsible organization has resources
- That results of audits are brought to their attention frequently and resolved effectively
- That there is a quality system, with quality planning, and there are adequate quality procedures in place



Big Difference from “GMP’s”

DESIGN CONTROL & REVIEW

- Class II, Class III and Class I if 820.30 says so
- Development Plan
 - FDA does not require set “phases”!
- Design Input
- Design Output
- Design Review
- Design Verification/Validation
- Design Transfer
- Design Changes Controlled/Documented/Reviewed
- Design History File--- ISO 13485:2003 does not use this term!



820.50/60/65

PURCHASING CONTROLS leads the parade for compliance with **IDENTIFICATION & TRACEABILITY**

- Vendor Qualification
- Materials Control by agreement
- Identifying materials at receipt
- Traceability through manufacturing



ACCEPTANCE CRITERIA

Subpart H has bearing on what you've bought, how you made it and how you know it met your requirements!

You cannot verify a design, a manufacturing process, employ automated or software controlled systems without first documenting your acceptance criteria!!



Manufacturing Controls

Production and Process Controls .70/.72/.75

- Must be established, monitored, maintained
- Process and software validation
- Inspection, testing, calibration

Acceptance Activities and Status .80/.86

- What is acceptable and how do you know it
- Acceptance as it flows through process and storage, distribution and installation



Complaints, MDRs, CAPA

Failure to understand how QSRs and 13485 differ at the systems level for these requirements is the root cause of many FDA headaches!

- Subpart I: Nonconforming Products
- Subpart J: Corrective and Preventative Action
- Subpart M: 820.198 Complaints
- MDRs are in 21CFR PART 803!
- Vigilance rules totally different!



Returns, Rework, Reprocessing

Servicing is constrained in **820.200**

Rework (reprocessing) requirements are described in **820.90(2)** about Nonconforming products, and you must document to the (original) DHR!

-Must have evidence of return to accepted requirements.

Returns are part of **820.100**; evaluate if possible quality problem and trended (CAPA).

All information loops through complaints review if necessary and through management reviews.



Subpart L

- **Handling**-establish and maintain procedures
- **Storage**-prevent mix-ups, damage, deterioration
- **Distribution**- Who has it and is it still good
- **Installation**- Ties to **Labeling** and extends the long arm of “acceptance” to the customer’s location.
- All tie back through nonconformance, complaints and CAPA system as necessary



RECORDS * Retention

- Device Master Record
- Device History Record
- Quality System Record
- Records of Complaints and MDRs
- (Servicing Records)
- (Rework/Reprocessing Records)
- Other records such as:
 - Design History Records
 - Sterilization Lots
 - Biocompatibility and other qualification testing



**Do you need a Quality System if
you have a Contract
Manufacturer build your
product?**

Sure you do!



Quality Systems Must Mesh

- Vendor Agreement/Vendor Specifications
- Map in the Quality Plan who does what and how; define responsibilities for compliance
- Map in the Risk Management Plan who is accountable for which risk mitigations
- Periodic Audits
- Define where records are kept
- Complaints, MDRs and CAPA systems



Teaching Moment

QSR 820 (and ISO 13485) are meant to be deployed as SYSTEMS!

FDA wants to see evidence of how your systems work together, not just a list of procedures no one follows or understands

The differences between these HARMONIZED quality systems are important to successful FDA inspections.



Thank you for your attention

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