Post Market Surveillance – Requirements



MDD & AIMDD

- ✓ MDD conformity annexes (II, III, VII)
- ✓ AIMDD conformity annexes (2 and 3)
- ✓ MedDev 2.12/1 (rev 8) Guidelines on a Medical Devices Vigilance System
- ✓ MedDev 2.12/2 (rev 2) Post Market Clinical Follow Up Studies: A Guide for Manufacturers and Notified Bodies



MDR

- Chapter VII: Post-Market Surveillance, Vigilance and Market Surveillance
- Annex III: Technical Documentation on Post-Market Surveillance
- ✓ Annex XIV (Part B): Post Market Clinical Follow Up



Article 2(44):

Clinical evaluation:

a systematic and planned process to continuously generate, collect, analyse and assess the clinical data pertaining to a device in order to verify the safety and performance, including clinical benefits, of the device when used as intended by the manufacturer.



Article 83

"For each device, manufacturers shall plan, establish, document, implement, maintain and update a post-market surveillance system in a manner that is proportionate to the risk class and appropriate for the type of device."

Annex III 1.1b says PMS should include:

"a **PMCF** plan as referred to in Part B of Annex XIV, or a justification as to why a PMCF is not applicable."





PMS – What's changing from MDD/AIMDD to MDR?

Requirements are more explicit and prescriptive with respect to:

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What data should be gathered

PMS - Annex III (1a):

- ✓ Serious incidents, FSCA, information from PSURs
- ✓ Non-serious incidents and data on any undesirable side-effects
- ✓ Sales, complaints and trend reporting
- ✓ Data from literature, databases and/or registers
- Other market feedback (eg provided by users, distributors and importers)
- Publicly available information on similar medical devices

PMCF - Annex XIV Part B:

- ✓ Safety and performance throughout device lifetime
- ✓ Side-effects and contraindications, including previously unknown side-effects
- ✓ Emergent risks
- ✓ Information on possible systematic misuse or off-label use

How it should be gathered

PMS - Annex III (1b):

- ✓ Proactive and systematic
- ✓ Enable comparison with similar devices on the market
- Methods to assess the data, including indicators and threshold values
- Statistical methods for trending and monitoring increases in frequency or severity of incidents
- ✓ Protocols for communication with CA, NB, EO & users
- ✓ Procedures for corrective actions

PMCF - Annex XIV Part B:

- ✓ Clinical data from use in / on humans on the device
- ✓ Within its intended purpose as referred to in the relevant conformity assessment procedure
- Specific methods and procedures, including rationale for appropriateness
- ✓ Specific objectives
- Reference to CS, harmonised standards and relevant quidance
- ✓ Comparison to equivalent or similar devices
- ✓ Detailed and adequately justified time schedule





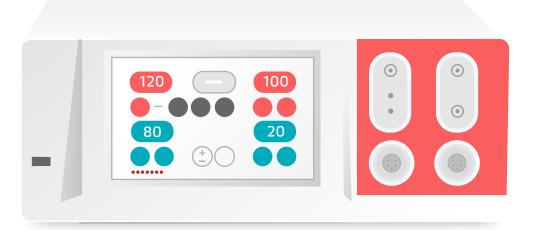




Timescales for updates, review and validation

PMS is linked to PSUR (Article 86) and SSCP (Article 32)

- ✓ PSUR updated annually for Class III and IIb, every two
 years for Class IIa
- ✓ SSCP updated if outputs of PMS impact on it
- ✓ For Class III and implantable devices, NB must validate these documents and upload to EUDAMED
- ✓ For Class III and implantable devices, PMCF report is updated at least annually (Article 61(11))





How it should be used

PMS - Article 83(3):

PMS data shall be used to:

- Update the benefit-risk determination, technical documentation, IFU, labelling, clinical evaluation, SSCP
- ✓ Improve risk management
- ✓ Identify needs for CAPAs or FSCA
- ✓ Identify options to improve the usability, performance and safety of the device
- Contribute to the post-market surveillance of other devices (where relevant)
- ✓ Detect and report trends

PMCF - Annex XIV Part B:

- Confirm safety, performance and benefit-risk throughout device lifetime
- ✓ Identify requirements for corrective action

Article 61(11):

✓ Update clinical evaluation, PSUR and (if indicated) SSCP



