

# **New Regulations: Patient and Health Systems implications**

## **Industry's point of view**

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# A Modernised, Strengthened System

High Risk Devices

Notified Bodies

Clinical Evidence

...and many more

- **Up-classification**, e.g., of joint replacements, or devices in contact with the spinal column or central circulatory system
- **New 'scrutiny' process:** Extra time to market?
- **Stricter:** Especially on clinical evidence
- **More consistent and harmonious:** Joint accreditation and supervision by multiple Member States acting together
- **Clinical data:** Greater need for clinical investigations and clinical data transparency
- **Clinical investigations:** Dedicated EU rules
- **Eudamed database:** Central data submission at EU level
- **Labelling & Instructions for Use:** Modifications needed
- **Reprocessing of single use devices:** More explicitly regulated

## Why this Overhaul was Needed

### 1. To modernize the legislation, e.g.,

- Clarify which products are medical devices and their level of risk,
- Introduce cybersecurity requirements for software/IT infrastructure,
- Facilitate traceability of devices circulating on the EU market

### 2. To increase trust in the EU regulatory system, e.g.

- Increase transparency and public information about devices on the market

### 3. To strengthen the Notified Body system, i.e.,

- Raise the bar for organisations claiming competence to audit/certify devices
- “Get rid of the bad apples” following past experiences with the subpar performance of certain Notified Bodies

INDUSTRY SUPPORTS ALL THIS  
(and is investing heavily to comply!)

# *“So what’s the problem?”*

- 1) Key pillars of the new system aren't ready
- 2) Time is running out for Notified Bodies to re-assess & re-issue approx. 32,000 certificates
- 3) Risk of an approaching 'cliff edge' for availability of medical devices in Europe

# Ongoing Industry Concerns from the Field

## Limitations of the Grace Period

- Many product categories are *ineligible*
- NBs lack the *capacity* to do renewals on time
- What is 'appropriate' NB *surveillance* tasks?
- There is still no 'significant change' *guidance*
- What does it mean in practice to apply the *IVDR/MDR* rules on PMS, vigilance, etc.?

## NB capacity still critically-low

- Companies are asked to *prioritise* files submitted.
- To assess changes, the NB may need to find the time by *dropping* files already submitted
- 'Non-priority' devices risk becoming unavailable..
- Sampling frequency for Class B/C + IIa/IIb presents considerable *workload* concern

## Other challenges

- Increased NB *fees*: Transparency?
- *Inconsistency* between NBs
- Combination products: need to repeat *210-day* consultations?
- Certs for all low risk classes ?

## "Innovation Black-Out"

- Huge focus by MDR-designated NBs on (re-) certifying *existing* MDs
- Refusal to assess *new* products
- Some product launches are now starting in *China* or *the US*.
- No Expert Panels = NB refusal to *start* evaluating certain files!



**Solutions are needed well  
BEFORE May 2020/2022**

# Notified Bodies: The Numbers as of October 2019

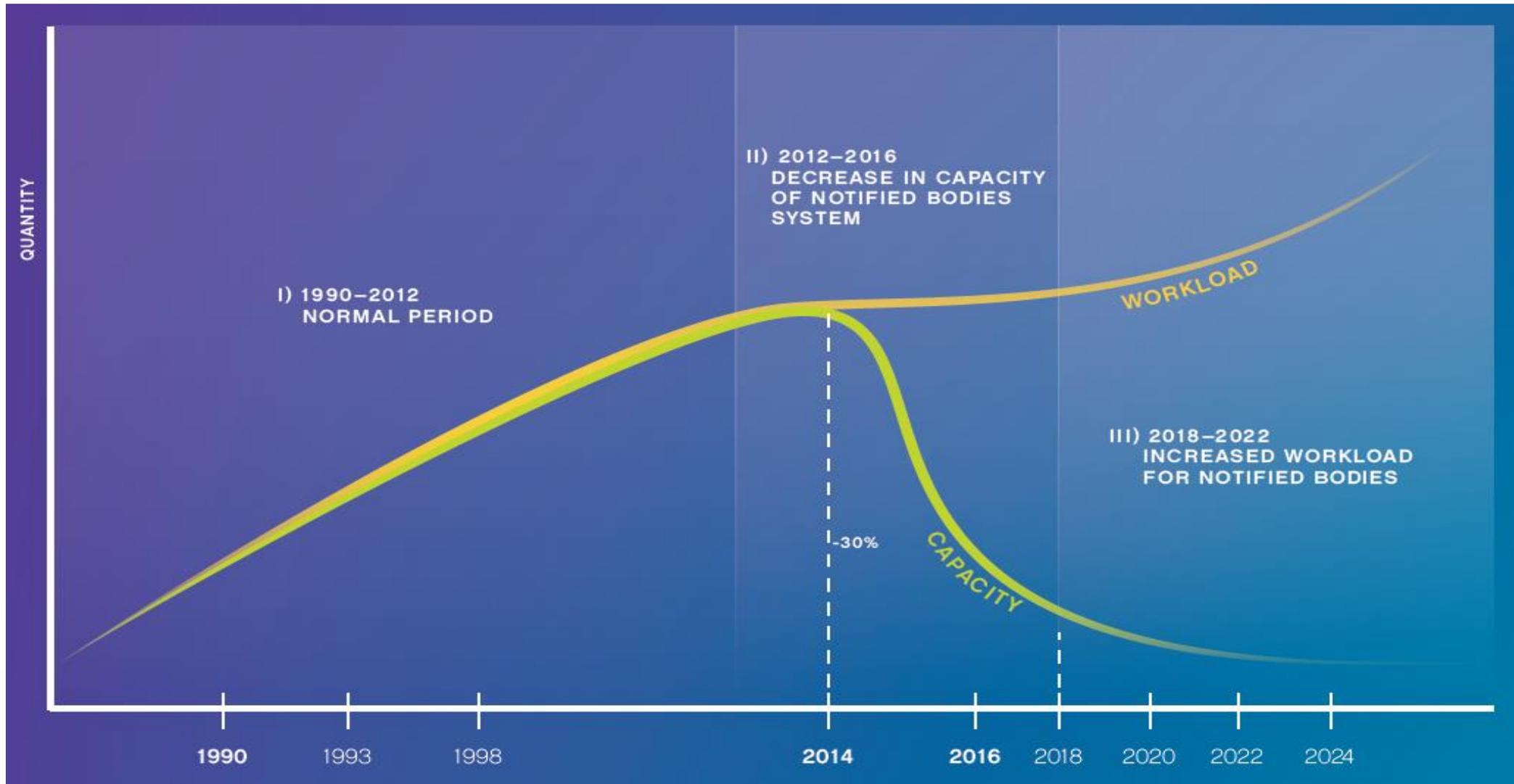
Former Directives	
Before 2012	Today
Nearly 90	56 (and decreasing...)

New Regulations	
Applied*	Passed the Process
Approximately 40	5 - MDR 1 - IVDR

By the end of 2019, we expect only 12-15 Notified Bodies will have passed the process

\* Note: Numbers given are approximations, based on European Commission data, and are subject to change

# Notified Body Capacity vs. Workload vs. TIME



Full chart available here: [https://www.medtecheurope.org/wp-content/uploads/2018/10/MTE\\_NB\\_Capacity\\_Gap\\_Infographic\\_Oct18-WEB.pdf](https://www.medtecheurope.org/wp-content/uploads/2018/10/MTE_NB_Capacity_Gap_Infographic_Oct18-WEB.pdf)

# MedTech Europe's Call to European Authorities

Implement the new  
regulatory system  
faster and with  
more efficiency:

- 1 **Notified Bodies:** Designate them faster!
- 2 **Re-certification:** Ensure the procedure works for all products
- 3 **Eudamed:** Deploy the new database with workable IT specifications and implementation timelines
- 4 **(Quality) Guidance:** Publish it in the most urgent areas
- 5 **Scientific Bodies:** Rapidly establish the new expert panels and EU reference laboratories
- 6 **Delegated and Implementing Acts:** Publish the most-needed ones, including certain 'system-critical' common specifications
- 7 **Harmonised Standards:** Ensure they are available in the highest-priority areas first

**...then a great deal is potentially at stake:**

**But above all**

**Our common duty to ensure continuity of care to patients!**

- 1 Device disappearances?**
- 2 Device shortages?**
- 3 Reduced variety of available devices/suppliers?**
- 4 Market consolidation / potential disappearance of SMEs?**
- 5 Wards need to restructure/reorganise themselves (or close)?**
- 6 Doctors and nurses need to learn to use alternative devices?**
- 7 Slower arrival of innovations to the market?**



# The EU Commission Acknowledges Some Challenges

- *Factsheet for Healthcare Professionals and Health Institutions* [published](#) on 5 June
- “In general, no requirements from the Directives have been removed; the Regulations add **new ones**.”
- ....these changes could have **consequences for the availability** of...devices for health institutions...(and) manufacturers may choose to **stop the production** of certain medical devices...
- ...if certain medical devices do not get their **certificates** on time these products may become **temporarily unavailable**.”

The screenshot shows the top part of a factsheet from the European Commission. It features the EU flag and the text 'European Commission'. Below this is a header with icons for medical devices (test tubes, lungs, syringe, glasses, needle, person) and the title 'Factsheet for healthcare professionals and health institutions'. A blue banner reads 'MEDICAL DEVICES: CHANGE OF LEGISLATION What you need to know!' with a checkmark icon. The main text explains the transition from directives to regulations for MDR and IVDR. A bottom section is titled 'Introduction to the Medical Devices Regulation (MDR) and the In Vitro Diagnostic Medical Devices Regulation (IVDR)' and discusses the benefits of regulations over directives.

European Commission

Factsheet for healthcare professionals and health institutions

MEDICAL DEVICES: CHANGE OF LEGISLATION  
What you need to know!

The factsheet is aimed at healthcare professionals and health institutions. For a general overview of the impact of the Regulations please refer to the Medical Devices' section on the website of the Directorate General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW).

The new Medical Devices Regulation (2017/745/EU) (MDR) and the new *In Vitro* Diagnostic Medical Devices Regulation (2017/746/EU) (IVDR), adopted in May 2017, will replace the existing Medical Devices Directive (93/42/EEC) (MDD), the Active Implantable Medical Devices Directive (90/385/EEC) (AIMDD) and the *In Vitro* Diagnostic Medical Devices Directive (98/79/EC) (IVDD).

The publication of the MDR in May 2017 marked the start of a 3 year period of transition from the MDD and the AIMDD.

The publication of the IVDR in May 2017 marked the start of a 5 year period of transition from the IVDD.

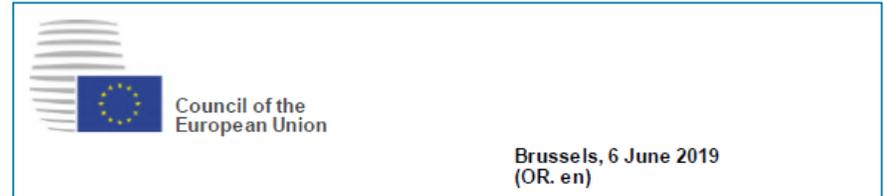
Introduction to the Medical Devices Regulation (MDR) and the *In Vitro* Diagnostic Medical Devices Regulation (IVDR)

The new Regulations will create a robust, transparent and sustainable regulatory framework, recognised internationally, that improves clinical safety and creates fair market access conditions for manufacturers.

In contrast to directives, regulations are directly applicable and do not need to be transposed into national law. The MDR and the IVDR will therefore reduce the risk of discrepancies in interpretation across the EU.

# ...and MOST Importantly... Ministers of Health are now Engaged

- At the initiative of **Germany** and **Ireland**, the MDR transition challenges were discussed at the EU 'EPSCO' Council on Friday 14 June.
- 20 Member States** took the floor to express concerns, particularly regarding Notified Body availability and capacity
- The Romanian Presidency concluded the discussion by stressing the point that Member States should **look for European solutions** for a timely MDR implementation.



## Notified Bodies and Capacity Issues

Much of the concern raised to date relates to the availability and capacity of notified bodies for medical devices under the new Regulation. There is undoubtedly huge dedication and commitment from the European Commission and Member States to progress the work on designation. However, based on the number of notified bodies which are expected to be available on time, there will still be significantly fewer notified bodies than currently exist. In addition, data is not available on the capacity these designated bodies will afford the system.

Devices which are certified under the existing legislation can continue to be placed on the EU market under their existing certification up until 2024, however this does not apply for all devices. Specific concerns on the impact of a lack of notified body capacity have frequently been raised in relation to existing devices, which are up-classified or subject to additional regulatory assessments as a result of the new Regulation, for example surgical instruments which are intended to be re-used. The concerns expressed are that these products cannot continue to be placed on the market under their existing Directive certificate up until 2024, like most other existing medical devices and that this will lead to market shortages.

## Final Thought: 'National Derogations' as a Solution

- Some Member States **acknowledge** the challenges, but they believe they can keep healthcare-critical devices available via short-term, *national* approvals
- Industry sees such measures as an absolute **last resort**, to only seriously consider if there is genuinely no other way to make the new regulatory system work
- These measures can only work if they are *European* (not national) in nature, and if the following **minimum** criteria are ensured:
  1. **Timing**: Approvals ('derogations') must be given for sufficiently-long periods
  2. **Scope**: Devices must be eligible to receive derogations in groups/categories, and more than just 'healthcare critical' devices must be eligible
  3. **Procedure**: Application process needs to be clear, with minimal bureaucracy
  4. **International dimension**: It must be possible to keep the CE marking on devices to ensure global acceptance of the derogation and marketability of the products

# Take-home Messages

## 1. Be aware and alert!

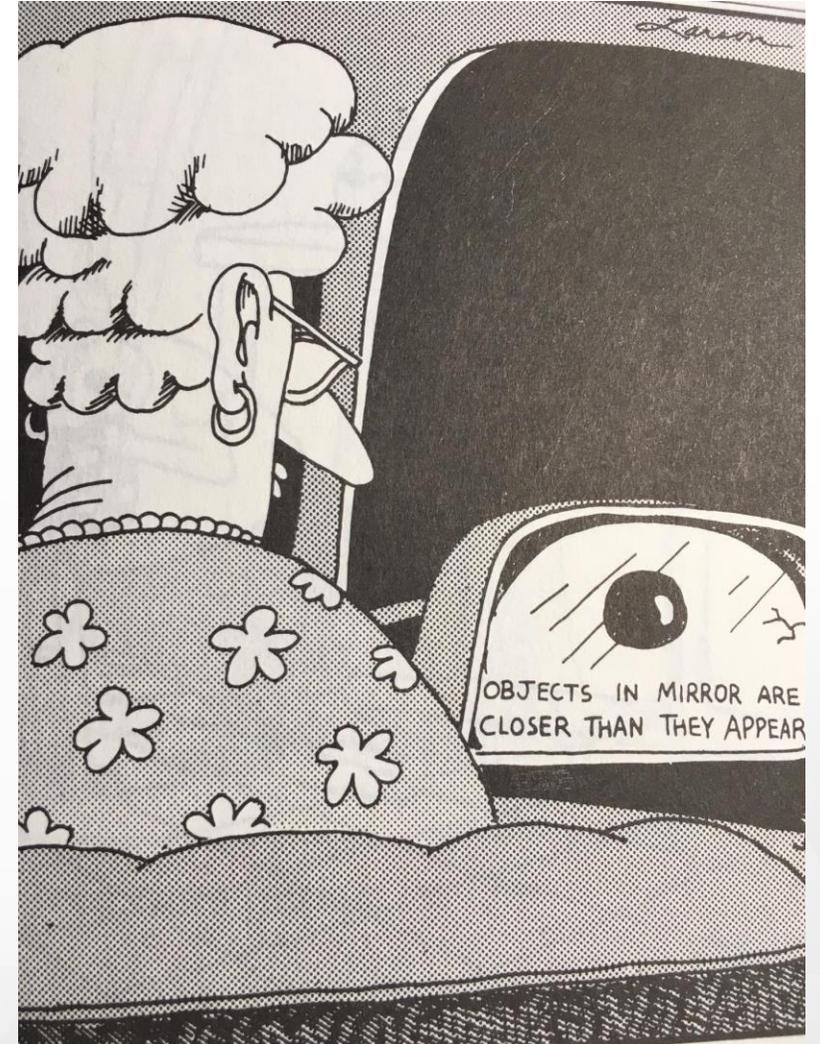
- The Regulation takes effect in 215 days!
- There are major transition challenges for which all stakeholders have to prepare

## 2. Be vocal!

- Patients, doctors, authorities and industry are all discussing this

## 3. Be ambitious!

- We have a shared duty to patients, so let's work together to keep devices available!



# Thank you!

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