

Overview



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 - Stakeholder analysis
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Motivation



- Medical devices are a fundamental component of every health care system
- To avoid failures the need for standardization is raised
- MDR replaces a previous directive with the main goal of introducing industry standards
- MDR calls for urgent business transformations

MDR Background



- Effective since May 2021
- Main goals of MDR
 - increase safety for patients
 - improve quality of medical devices on the market
 - standardization of medical devices across the European Economic Area
- Major changes compared to MDD:
 - new rules for classification of medical devices
 - → most devices are classified one class higher than before
 - → need to involve a Notified Body in the certification process
 - stricter control on Post-Market Surveillance plans
 - more requirements for the technical documentation
 - registration in the EUDAMED database

MDR Background



- According to the classification of the manufactured device, the obligations for manufacturers are:
 - apply a conformity assessment procedure and draw up a Declaration of Conformity
 - to appoint a Person Responsible for Regulatory Compliance (PRRC)
 - to conduct clinical evaluations
 - implement a QMS and RMS
 - implement a UDI mechanism
 - compile technical documentation
 - conduct Post-Market Surveillance and Clinical Follow-ups

Class I	Class IIa	Class IIb	Class III
Low risk	Low to medium risk	Medium to high risk	High risk
E.g. tongue depressors, FFP2 face masks, etc.	E.g. software with monitoring and/or diagnostic functions	E.g. software that monitors physiological processes	E.g. implants, defibrillators

Methodology: Research questions



What are the main challenges of MDR compliance?

Literature review

Goal: Identify pain-points for small manufacturers

What processes are already in place to deal with the challenges?

Semi-structured interviews

Goal: overview of the certification process, identify roles in the certification process and find how are challenges overcome

How can a start-up bring a new product onto the market?

Apply framework

Goal: streamline the necessary process steps towards certification according to MDR

Challenges for SMEs



Lack of clarity towards MDR requirements and obligations New classification rules

Resources to discover what obligations apply

Identify the necessary roles and activities

Source: N. McDevitt. "Challenges for the Regulatory Affairs Function in Demonstrating Compliance for Existing CE Marked Devices to the New EU Medical Devices Regulation 2017/745." en. In: (2019),

Challenges for SMEs



Distribution of accountability between the roles involved in the manufacturing process

Critical suppliers needs to comply with MDR

Using frameworks and libraries

Challenges for SMEs

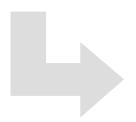


Increase in certification costs

Hire staff and allocate resources

Case study: 5% - 10% of revenues go into certification

In general, SMEs manufacture a small range of products



Mergers and acquisitions of medical companies can be expected

Source: P. Maresova, L. Rezny, L. Peter, L. Hajek, and F. Lefley. "Do Regulatory Changes Seriously Affect the Medical Devices Industry? Evidence From the Czech Republic." eng. In: Frontiers in public health 9 (Apr. 2021)



Challenge: Completeness in content

- Documents missing
- Information missing

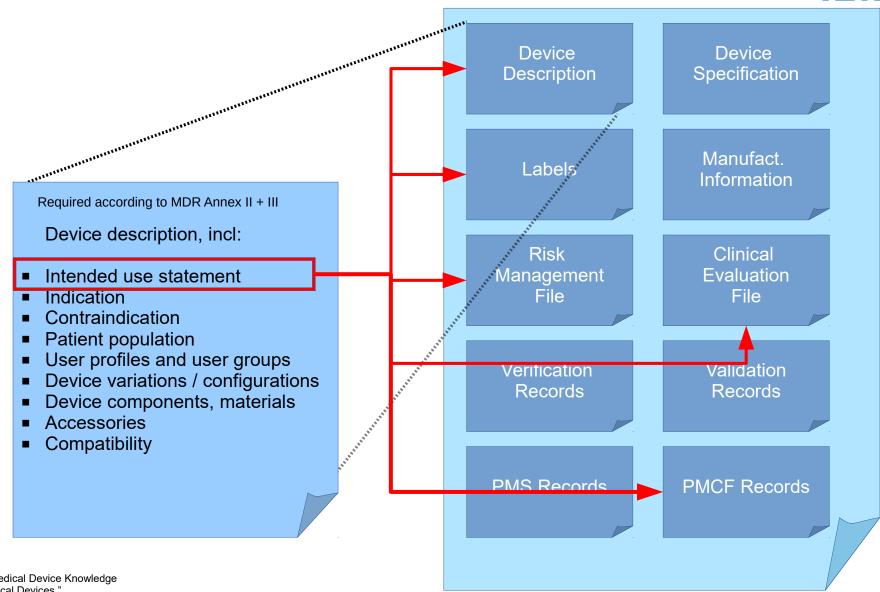
Required according to MDR Annex II + III Device description, incl: Intended use statement Indication Contraindication Patient population User profiles and user groups Device variations / configurations Device components, materials Accessories Compatibility

Device Device Description Specification Manufact. Information Clinical Risk Management Evaluation File File Verification Validation Records Records **PMS** Records PMCF Records



Challenge: Consistency of information

- At least 37% of information is reused in at least one other document
- Information should be transferred across documents in a reliable way





Challenge: Traceability across documents

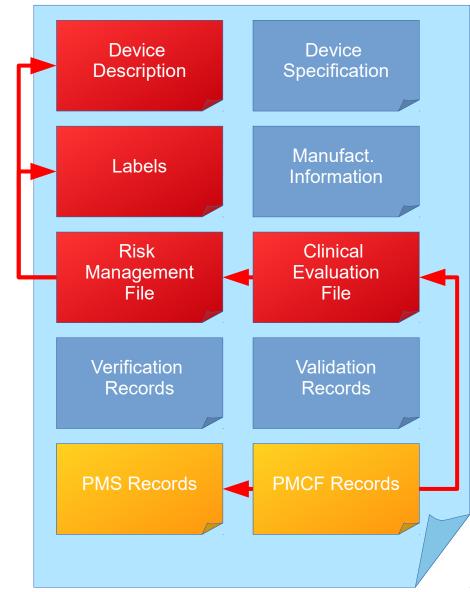
- Changes must be traceable across all documents
- It must be clear how and which changes were triggered
- The change process needs to be managed, so that changes are controlled, carried out consistently, and completed.





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Medical Device Knowledge Units

- "an innovative, open source data model for the medical device industry, whereby the contents of the technical documentation of medical devices can be efficiently mapped in digital form." (Avasis, MDKU, 2021)
- Idea: transfer of documents to individual knowledge units (KU), managed in a database.
- Knowledge units are assigned to topics (e.g. risk management, clinical evaluation, etc.) and are reused as required.

The creation and maintenance of technical documentation documents is **simplified** and **accelerated** through the use of existing knowledge units. In addition, **redundancies and inconsistencies are avoided**.

Knowledge TOPIC (KT)

Specific topic of information

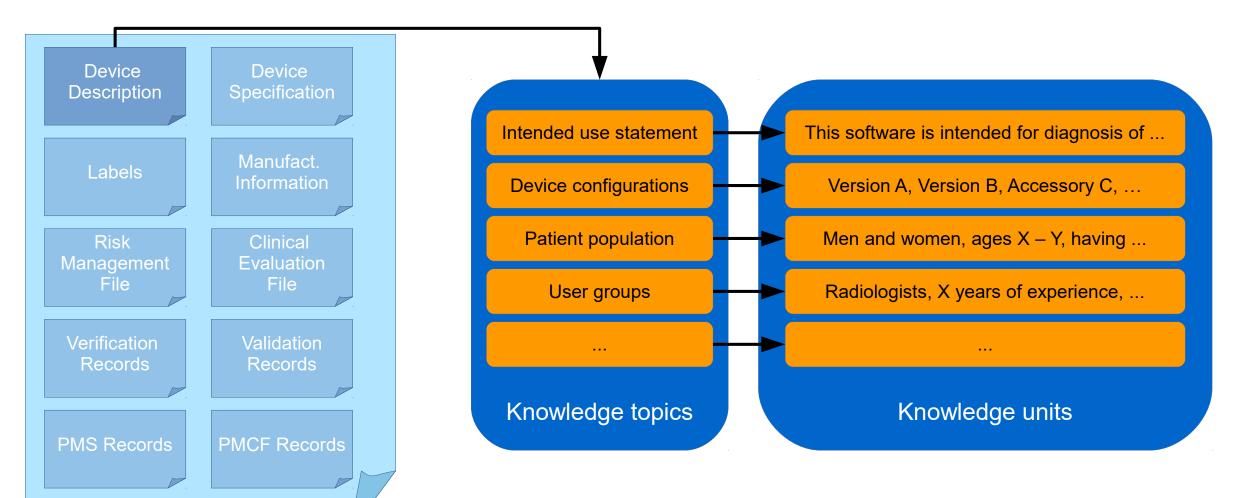
Template, required in the TD

Knowledge UNIT (KU)

Topic related unit of information

Record / completed template





Interrelations between challenges



		Challenges of MDR Compliance					
		Lack of Clarity	Distribution of Accountability	Increase in Certification Costs			
Flaws of Technical Documentation	Incompleteness of Content	- Incorrect classification - Required procedures were not followed - crucial documents were not obtained - content of existing documents does not provide enough information.	- Splitting tasks between team members	- Inaccuracies, contradictions or inconsistencies lead to additional invested time			
	Inconsistency of Information	- new information does not contradict previous information	- Coordination between teams - Changes to business partners relations are costly	 Often flaws are discovered after the first audit (Re-)Submission fees Clinical examinations fees Corrections to documentation steal from productive development time. Certification activities do not generate revenue for the company. 			
	- A new document can trigger a chain reaction requiring the replacement of previously valid papers. - Inability to effectively track changes		- Difficulty to replace or renew already processed files The amount of paper work increases and additional working hours are needed	Note: Notified Bodies charge variable fees depending on the product to be assessed.			

Based on own depiction

Dependency Network Diagram



Role R: "the encapsulation of a set of activities and goals [...]" represented by "individuals work groups, organizations [...] sharing common activities and goals

Activity An: "the means or procedure for the provisioning of material or informational resources necessary to achieve a goal"

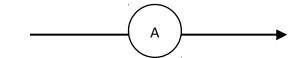
Goal Gn: "a desirable or a suitable objective"

Dependency: "the need of one role to achieve a goal through the action of another role" Independent role R2 Activity A1 Activity A2 Goal G1 Goal G1

"The power of the dependency can be predominately **symmetric** (denoted as S) when "there are alternative sources available from which a needed activity or resource can be obtained.""



"The power of the dependency can be predominately **asymmetric** (denoted as A) when "it is difficult for the [dependent] role to find an easy replacement for the resource providing role, but not vice versa.""



Sources:

Ulbrich, F., and Borman, M., "Revisiting Dependency Network Diagrams: A Conceptual Extension", AMCIS 2013 Proceedings, 2013, pp. 1-11.

D. Balta, V. Greger, P. Wolf, and H. Krcmar. "E-government Stakeholder Analysis and Management Based on Stakeholder Interactions and Resource Dependencies." en. In: 2015 48th Hawaii International Conference on System Sciences.

Stakeholder Analysis **Patient** A1: Use medical product Competent Authority A1: Accredit NB A2: Monitor NB G1: Receive high-quality A3: Provide training for NB and safe treatment (9) Clinical G1: Facilitate the implementation (8) Usage of (5) Accreditation follow-ups and enforcement of MDR medical device (6) Training Medical Personnel A1: Conduct clinical evaluation (7) Surveillance Start-up A2: Perform post-market clinical A1: Inquire about regulatory follow-ups obligations Auditor (2) Clinical A2: Develop QMS Α reports A1: Stage 1 audit: Assess and A3: Prepare Technical G1: Ensure safety and clinical (3) Audit review QMS Documentation benefit of product A2: Stage 2 audit: Verification reports A4: Place product on market and validation of technical A5: Surveil product on the market documentation (1) Certification G1: Market approval (4) On premise (A)A3: Audit critical suppliers plan audit G1: Ensure quality and safety standards are met Consulting Firm A1: Prepare a plan for certification of the Critical Supplier start-up's product A1: Supply materials / manufacture A2: Inspect documents and reports for units possible issues G1: Meet start-up's requirements G1: Help start-up achieve compliance G2: Successfully supply the start-up under MDR Based on own depiction with materials / units

Framework to Approach MDR Certification



The framework should streamline the certification process by:

- linking challenges and roles in the certification process to enable solutions
- describing risk ownership
- mapping different procedures towards regulatory compliance

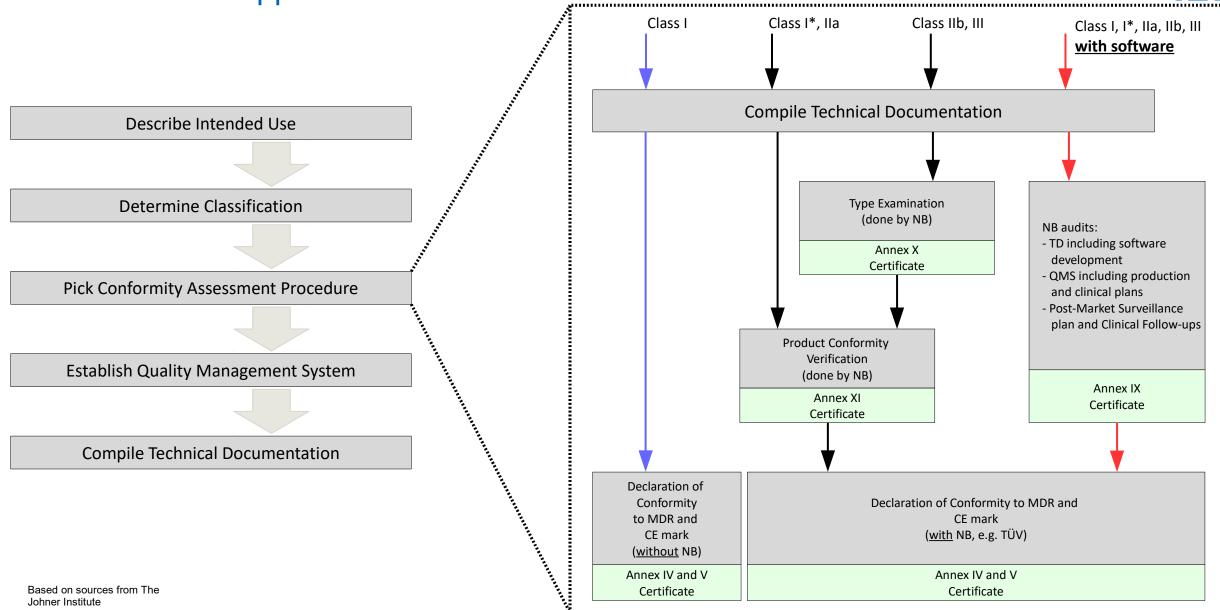
Interrelations between roles



	Stakeholders in the certification process					
Challenges of MDR Compliance	Start-up	Critical Supplier	Consulting Firm	Medical Personnel	Notified Body	
Lack of Clarity	✓	✓	√			
Distribution of Accountability	✓	✓	✓			
Increase in Certification Costs	✓					
Challenges of Compiling Technical Documentation						
Completeness of Content	✓		✓	✓	✓	
Consistency of Documentation	✓		✓	✓	✓	
Traceability across Documents	✓		✓	✓	✓	

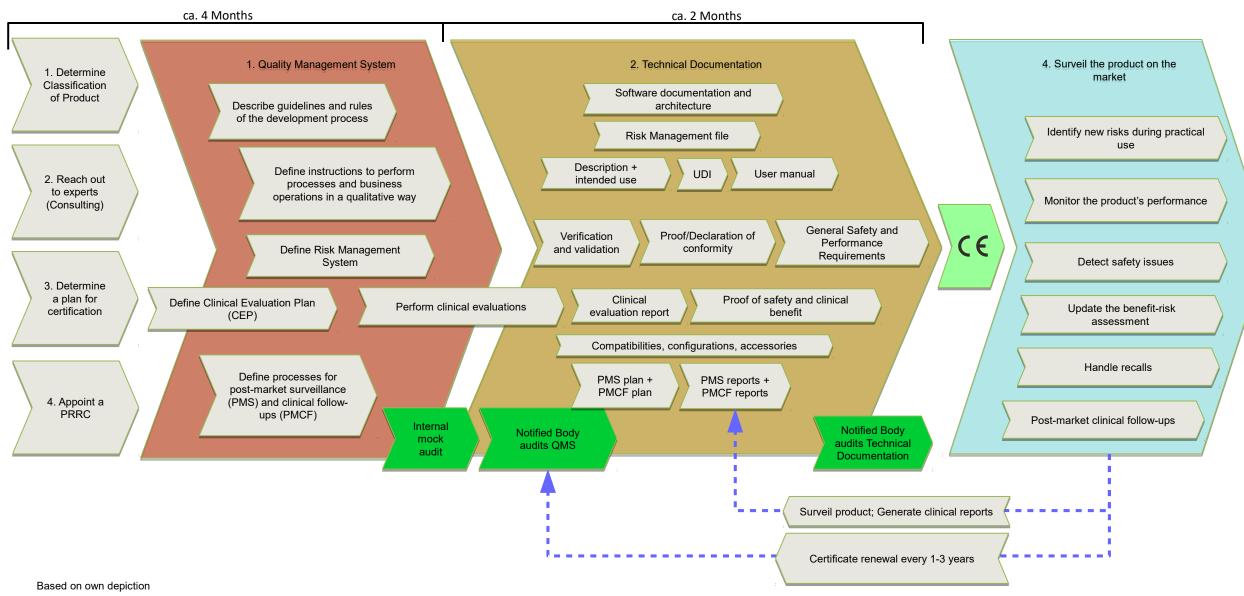
Framework to Approach MDR Certification





Timeline of MDR Certification





Conclusion



Limitations

- Scope limited to start-ups
- MDR has been effective for ca. 1 year
- Some of the available literature is only estimating predictions based on a draft version of the regulatory requirements

Future Work

- Financial development of SMEs
- Comparison of the challenges between large and small companies, as access to resources is different
- Long-term decline in innovation