

# Convergence in Medical Device QMS Regulations

MDRC Webinar

2022-06-22



# Case Study



ISO 13485 and MDSAP: an example of regulatory convergence

## Situation

Five countries used different approaches to conduct oversight of QMS leading to duplication, inefficiencies, and added costs.

## Strategy

Participating jurisdictions agreed on the use of ISO 13485 (plus some additional national requirements), a standardized approach to oversight, and a framework for recognizing 3<sup>rd</sup> party auditing organisations.

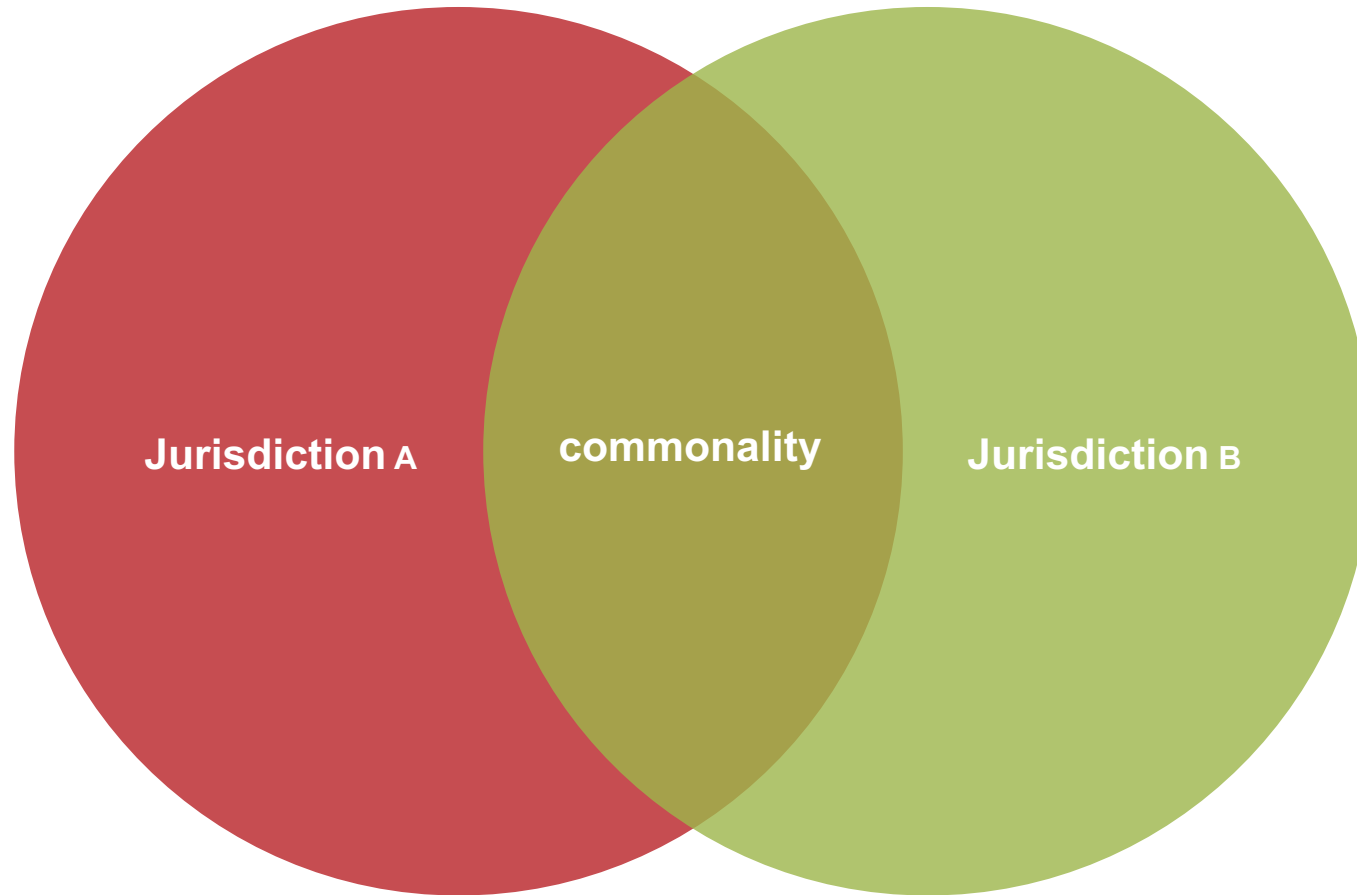
## Results

The five countries were able to develop a common program that fits into each countries regulatory system. This reduced duplication of efforts allowing for reallocation of resources.

*“It's said that a wise person learns from his mistakes. A wiser one learns from others' mistakes. But the wisest person of all learns from others' successes.”*

**— John C. Maxwell**

# Scope of convergence



# Inputs to convergence



**Who?**

Who is being regulated?



**How?**

How are entities and devices regulated



**What?**

What regulatory actions take place?



**When?**

When do regulatory actions occur?

# Pitfalls and Barriers



## Unachievable goals

Resources / Capacity  
Unreasonable expectations



## Incompatibilities

Scope issues  
Incompatible requirements



## Costs > Market

National requirements  
Duplication  
Industry characteristics



## Loopholes

Multiple pathways  
Path of least resistance



## Infrastructure

Legal framework  
Technical infrastructure.



## Confidence

Regulatory partners  
Industry  
consumers

# Success Factors

## COMMUNICATION

Communication is key to stakeholder engagement and participation

## TRANSPARENCY

Transparency is essential to establishing credibility and confidence

## ADAPTABILITY

Course corrections and adjustments are inevitable

## PATIENCE

Successful transformation is a long term endeavour

# Contact Information



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