The document herein was produced by the Global Harmonization Task Force, a voluntary group of representatives from medical device regulatory agencies and the regulated industry. The document is intended to provide non-binding guidance to regulatory authorities for use in the regulation of medical devices, and has been subject to consultation throughout its development.

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Foreword

“Guidelines for regulatory auditing of quality systems of medical device manufacturers: part 1; general requirements” has been endorsed by the Global Harmonisation Task Force as a Final Document. It has been prepared by Study Group 4, auditing and is a consensus.

In February 1998, the GHTF Proposed Document version (SG4(98)24) was made available to other agencies through the participating regulatory bodies and trade associations in order to solicit comments. At the same time, it was also made available, in the public domain, through the UK Medical Devices Agency home page on the Internet. Study Group 4 reviewed the comments received and as a result amendments were incorporated into this document.

Comments or suggestions for changes to this Final Document should be sent to the Convenor of Study Group 4 (for address details, see below).

Global Harmonisation Task Force documents

All documents produced through the Global Harmonisation Task Force (GHTF) for medical devices represent the informal advice of participating manufacturers, other participants, and government officials as to useful practices concerning the subject matter.

Final Documents are available for publication by any national or regional authority as appropriate. Various approaches will be followed for implementation, depending upon the responsibilities of the participating national authority, the applicable regulatory process and the contents of the document.

As with international standards, GHTF documents do not, by themselves, have official status but are intended to offer sound advice. The expectation is, however, that governments, through applicable procedures, may wish to give GHTF documents official status.

GHTF documents are freely available to interested parties at all stages of their development (Working Drafts, Proposed Documents and Final Documents) and are considered to be in the public domain.

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1. Introduction

This document has been prepared by Study Group 4: Auditing which was convened by the Global Harmonisation Task Force. The members of this group were auditing experts from, or acting on behalf of, regulatory bodies and representatives of the medical device manufacturing industries from Australia, Canada, Europe, Japan and the USA. A list of the organisations represented on the Study Group can be found in Annex A.

The incorporation of quality system requirements, based on ISO 9001/9002/9003, into regulations applicable to manufacturers of medical devices, provides the opportunity for developing mechanisms that would lead to global harmonisation.

In preparing this document, the group’s objective was to contribute to the process of global harmonisation of regulatory quality system auditing of manufacturers of medical devices. Other regulatory bodies are invited to take advantage of the experience embodied in these guidelines when considering introducing regulatory systems for medical devices in which compliance with quality system requirements is to be an element of the regulations.

This document has been written for auditing organisations. However, it may also assist the medical device manufacturer to prepare for, facilitate and respond to the applicable regulatory audits.

The beneficiaries of the regulatory audit and the deliverables are as follows:

   a) for the patient/user,
      • a high degree of assurance that only safe and effective medical devices will be available;

   b) for the regulatory body,
      • a high degree of assurance (along with technical evaluation, where required in addition) of safe and effective devices;
      • reliable, objective evaluation of compliance with regulatory requirements of the manufacturer’s quality system;

   c) for the manufacturer,
      • independent evaluation of quality system effectiveness and compliance with regulatory requirements;
      • if satisfactory, results are evidence (or part thereof) of compliance with regulatory requirements necessary to market devices.

Note 1. Terms written in italics in the main body of the document text are defined in section 4. Definitions.

Note 2. The auditing of a medical device manufacturer’s quality system may represent only one part of the conformity assessment procedure required by the applicable regulations.
2. **Scope**

This document provides guidelines for **auditing organisations** responsible for establishing, planning, carrying out and documenting **audits of quality systems** to address **regulatory requirements** for **manufacturers** of medical devices. In addition, it describes the competence criteria that the **audit** team should meet.

The document also covers related requirements on the **audit** report and follow-up on corrective actions.

Non-regulatory quality management issues, as may be part of total quality management activities, are excluded.

3. **Reference documents**

This document is based on the principles in all three parts of ISO 10011:1990 and the auditing principles in ISO 14000 series (see Annex E).

*Note 3. References to relevant regulations applicable to manufacturers of medical devices which include compliance with quality system requirements are listed in Annex B.*

4. **Definitions**

Reference should be made to the definitions given in:

- the relevant **regulatory requirements**,

All the definitions below are for the purpose of these guidelines.

*Note 4. Some terms in ISO 8402:1994 are repeated here and the source is indicated in square brackets [ ].*

4.1 **Audit**

A systematic and independent examination to determine whether quality activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve objectives [ISO 8402].

For the purpose of these guidelines, "audit" means **audit** of the **auditee’s** (see 4.2) **quality system** to determine compliance with the relevant **regulatory requirements**.

*Note 5. When addressing the regulatory requirements the term ‘inspection’ has been used to indicate the same meaning as the term ‘audit’.*

4.2 **Auditee**

Any organisation whose quality systems are to be audited for compliance with the relevant medical device **regulatory requirements**.

*Note 6. This can be the manufacturer and/or their subcontractor(s).*
4.3 Auditing organisation

A body designated, on the basis of specific regulations, to carry out audits according to assigned tasks.

Note 7. Relevant auditing organisations responsible for enforcement of the regulations listed in Annex B are given in Annex C.

4.4 Auditor

A person with relevant qualifications and competence to perform audits or specified parts of such audits and who belongs to, or is authorised by, the auditing organisation.

4.5 Lead auditor

An auditor designated to manage an audit (also known as an audit team leader).

4.6 Manufacturer

The legal entity subject by regulation to quality system requirements.

Note 8. In several international standards the term ‘supplier’ is substituted for the term ‘manufacturer’.

Note 9. Definitions of ‘manufacturer’ applicable to the regulations listed in Annex B are given in Annex D.

Note 10: In some internationally recognised Standards and Guidelines on auditing, specific responsibilities are assigned to the client (i.e. a person or the organisation requesting or commissioning the audit). These responsibilities are assigned on the basis that the client, as the financial supporter and primary customer of the audit, has the ultimate authority regarding the audit. The ultimate authority for the audit of medical device manufacturers is the auditing organisation and the term “client” is not used therefore in these guidelines.

4.7 Nonconformity

The non fulfilment of specified requirements within the planned arrangements.

Other terms may be used to mean the same as nonconformity (e.g. ‘non-compliance’, ‘deficiency’).

4.8 Objective evidence

Verifiable information or records pertaining to the quality of an item or service or to the existence and implementation of a quality system element, which is based on visual observation, measurement or test.

4.9 Quality audit observation

Statement of fact made during a quality audit and substantiated by objective evidence.
4.10 Quality system

The organisational structure, responsibilities, procedures, processes and resources for implementing quality management [ISO 8402].

For the purpose of these guidelines 'implementing quality management' is taken to include both the establishment and maintenance of the system.

4.11 Regulatory requirements

For the purpose of these Guidelines any part of a law, ordinance, decree or other regulation which applies to quality systems of medical device manufacturers.

Note 11. Guidelines, notes, draft documents, or the like should not be used as regulatory documents and are not to be construed as such unless formally promulgated.

4.12 Subcontractor

An entity, separate from the manufacturer, that provides to the manufacturer either a material, product or sub-assembly (or a component) to a proprietary specification which is incorporated into or used in the manufacture of the finished medical device or a service (e.g. testing, sterilisation) to enable the medical device to meet defined requirements. If the separate entity is owned by the manufacturer, it may or may not be considered a subcontractor, depending upon the control exercised by the manufacturer.

5. General principles for auditing organisations

5.1 Independence

The auditing organisations and their auditors shall be impartial and free from engagements and influences which could affect their objectivity, and in particular shall not be:

a) involved in the design, construction, marketing, installation, servicing or supply of the device categories within the scope of the audit;

b) involved in the design, construction, implementation or maintenance of the quality system being audited;

c) an authorised representative of the manufacturer.

Examples where independence could be compromised would include the following:

i) the auditor having a financial interest in the company being audited (e.g. holding stock in the company);

ii) the auditor being employed currently by a manufacturer producing medical devices.

iii) the auditor being a member of staff from a research or medical institute or a consultant having a commercial contract or equivalent interest with the manufacturer or the manufacturers of similar devices.

All persons and organisations involved with an audit should respect and support the independence and integrity of the auditors.

The impartiality of the auditing organisation and auditors shall be established and documented.
5.2 Audit objectives and scope

Audit objectives and scope should be clearly defined and documented by the auditing organisation and the audit team and, as permitted by the regulatory requirements, agreed to by the manufacturer in the initial planning stages of the audit. However, based on the quality audit observations, the audit scope and objectives may be modified.

5.3 Roles, responsibilities and authorities

All the organisations involved in the audit process should be identified and their respective roles, responsibilities and authorities should be clearly defined and documented to:

a) ensure a clear understanding of mutual expectations throughout the audit process;

b) provide a means of accountability with respect to relevant regulatory requirements.

5.4 Resources

Adequate resources in terms of competent staff, financial support, time to conduct effective audits and, where necessary, access to technical information and expertise from external sources should be committed to the conduct and implementation of audits and all supporting audit activities in order to ensure that audit results and conclusions are of the highest possible reliability within the limitations of the sampling aspects of auditing.

5.5 Competence of the audit team

Audits of medical device manufacturers should only be performed by audit teams possessing as a whole the education, skills and experience with respect to the relevant regulatory requirements and to the device technologies and related processes, as well as those required for auditing.

5.6 Consistency of procedures

The conduct of audits should be in accordance with defined and documented methodologies and techniques designed to provide consistency of approach and depth among audits of the same type and scope. The management of audit activities should be in accordance with documented, systematic procedures designed to provide the necessary technical and administrative support for the audits. Such procedures should be designed to comply with the applicable regulatory requirements and align with these Guidelines. See also clause 11.1.2
5.7 Adequacy of audit documentation

Documentation associated with each audit shall be maintained in accordance with applicable regulatory requirements and be sufficient to:

a) provide adequate information to the appropriate regulatory authorities to be used, if necessary, in pre-market approval or post market surveillance activities; and

b) ensure traceability and continuity between the successive audits of the same system; and

c) provide a basis for corrective action and opportunities for quality improvement to the manufacturer.

5.8 Confidentiality, due professional care and code of ethics

The confidentiality of all documents and information obtained in association with an audit should be safeguarded. There should be no disclosure of such documents and information to a third party without the express approval of the auditee, unless it is a regulatory requirement.

Due professional care, diligence and good judgement should be practised at all times in the conduct of an audit and in the management of supporting activities in accordance with an established and documented code of ethics.

5.9 Audit results and conclusions

The results and conclusions of audits should be consistent and accurate regardless of the auditors or the auditing organisation involved, to provide the beneficiaries of the audit with the necessary level of confidence in the output. Such conclusions are subject to the normal limitations of an audit as the objective evidence collected during the audit is a sample not normally based on a statistical rationale.

5.10 Quality system

Auditing organisations should implement and maintain a quality system to ensure that the audits conducted are of the highest quality in accordance with these general principles and to facilitate continuous improvement.

6. Audit objectives

Audits are designed to:

a) determine conformance of a manufacturer's quality system with regulatory requirements;

b) determine the effectiveness of the implemented quality system for the purposes of meeting specified quality objectives which include all of the appropriate medical device regulatory requirements;

c) audit the quality system as the manufacturer has defined it (c.f., note 12 below);

d) in the case of audits subsequent to the initial audit, ensure that corrective actions agreed as a result of the previous audit have been completed effectively.

Note 12. A manufacturer may have a quality system that is more extensive than that defined in the regulations.
7. Audit scope

The audit scope describes the extent and the boundaries of the audit in terms of:

a) the subject medical devices controlled by the quality system to be audited;
b) the quality system requirements against which the quality system is to be audited;
c) the type of audit required (initial, surveillance or special);
d) physical location of activities and documentation to be audited.

Audits for regulatory purposes should not impose an increase in the scope of quality system requirements over and above those necessary to meet regulatory requirements.

8. Types of audit

8.1 Initial audit

An initial audit, when applicable for confirmation of conformance with regulatory requirements, will generally be an audit of all elements of the quality system (see 6.c).

8.2 Surveillance audit

A surveillance audit for a previously audited facility can either constitute a full audit or partial audit of the quality system.

The time interval between surveillance audits will depend upon:

a) the risk associated with the intended use of the medical devices;
b) the number of the quality system elements to be examined;
c) the nature of the quality system elements to be examined;
d) the scope and results of the previous audits;
e) the post market surveillance data available on the subject devices indicating a possible deficiency in the quality system;

The time interval between surveillance audits should not be greater than 3 years but in the case of high risk devices not greater than 2 years.

If partial audits are used for surveillance, within a maximum period of 5 years all elements of the quality system should be audited.

Note 13. Auditing organisations may specify certain aspects of the quality system which are always included in a partial audit (e.g. corrective action or follow-up of quality audit observations from the last audit).
8.3 Special audit

These audits may be required when:

a) external factors apply such as:
   i) available post-market surveillance data on the subject devices indicate a possible significant deficiency in the quality system;
   ii) significant safety related information becoming known to the auditing organisation.

b) significant changes occur to a manufacturer, which have been submitted as required by the regulations or become known to the auditing organisation, and which could affect the decision on the manufacturer's state of compliance with the regulatory requirements.

The following are examples of such changes which could be significant and relevant to the auditing organisation when considering that a special audit is required, although none of these changes should automatically trigger a special audit:

i) Modifications to the manufacturer's quality system policies caused by:
   • new ownership of the manufacturer;
   • relocation of the manufacturer's activities or controls to a new site;

ii) Modifications to the defined authority of the management representative that impact:
   • quality system effectiveness or regulatory compliance;
   • the capability and authority to assure that only safe and effective medical devices are released;

iii) Addition of a new device category to the manufacturing scope within the quality system (e.g. addition of sterile single use dialysis sets to an existing scope limited to haemodialysis equipment, or the addition of magnetic resonance imaging to an existing scope limited to ultrasound equipment);

iv) Modification of the site operation involved in the manufacturing activity (e.g. relocation of the manufacturing operation to a new site or centralising the design and/or development functions for several manufacturing sites);

v) Significant modifications to special processes (e.g. change in production from sterilisation through a subcontractor to an on-site facility or a change in the method of sterilisation).

8.4 Unannounced audits

An unannounced audit may be necessary if the auditing organisation has justifiable concerns about implementation of corrective actions or compliance with regulatory requirements.
9. Roles and responsibilities

9.1 Auditing organisation

The auditing organisation has the regulatory authority or is designated by the regulatory authority to perform audits, the results of which are evidence of compliance or non-compliance with the regulatory requirements for quality systems. Associated with this authority are the responsibilities for management and performance of all audit activities.

The responsibilities of the auditing organisation for audit management include:

a) complying with relevant regulatory requirements for audit management;

b) complying with these Guidelines;

c) training, selecting and supervising auditors;

d) establishing methods to ensure consistency in the interpretation of the regulatory requirements;

e) maintaining the means of providing prompt guidance which may be required by the audit team during the audit;

f) safeguarding the confidentiality of all documents and information obtained in association with the audit;

g) establishing and complying with a code of ethics;

h) informing the appropriate authority on decisions taken when required by the regulatory requirements.

Audits do not result in a transfer of the responsibility to achieve quality objectives from the manufacturer to the auditing organisation.

In conjunction with the lead auditor, the responsibilities of the auditing organisation for audit performance include:

i. complying with relevant regulatory requirements for auditing;

ii. agreeing on the scope of the audit, including the standards or other documents to be used, with the manufacturer as necessary to comply with and as permitted by the regulatory requirements;

iii. planning, organising, evaluating and reporting on the audit;

iv. selecting the auditors;

v. agreeing to the language of the audit;

vi. decision making with regard to applicable regulatory requirements resulting from nonconformities discovered during the audit and subsequent verification of corrective actions.
9.2 Auditors

The responsibilities of *auditors* include:

a) complying with the applicable *regulatory requirements* for auditing;

b) helping the *manufacturer* understand the *regulatory requirements*;

c) planning and carrying out assigned responsibilities objectively, effectively and efficiently within the *audit* scope and in accordance with a code of ethics for *auditors* established and documented by the *auditing organisation*;

d) co-operating with and supporting the *lead auditor*;

e) collecting, analysing and, where appropriate, documenting *objective evidence* that is relevant and sufficient to permit the establishment of conclusions regarding compliance of the *quality system* with *regulatory requirements* and the effectiveness of its implementation in meeting quality objectives;

f) establishing the extent to which the procedures, documents and other information describing or supporting the required elements of the *quality system* are known, available, understood and used by the *auditee's* personnel;

g) remaining alert to any indications or evidence that can influence the *audit* results and possibly require more extensive auditing;

h) informing the *lead auditor of quality audit observations* in a timely manner;

i) assisting the *lead auditor* in preparing the report of the *audit*;

j) informing the *lead auditor* of any major obstacles encountered in performing the *audit*;

k) safeguarding the confidentiality of all documents and information obtained in association with the *audit*:

   i) when submitting such documents to the *auditing organisation* through the *lead auditor*;

   ii) treating privileged information with discretion;

l) verifying that corrective actions have been taken and have been effective:

   i) as a result of a previous *audit*;

   ii) during the *audit*, as feasible;

   iii) based on experience gained with devices on the market (e.g. post market surveillance);

   iv) based on incidents of a serious nature;

m) minimising disruption to the *auditee's* personnel and processes during the *audit* while attaining the *audit's objectives*;

n) complying with any health and safety or other applicable requirements of the manufacturer (see 9.3(a)).
9.2.1 Lead auditor

The lead auditor is ultimately responsible to the auditing organisation for all phases of the audit. The lead auditor shall have authority to make final decisions regarding the conduct of the audit and any quality audit observations.

The responsibilities of the lead auditor include, in addition to those of the auditors:

a) identifying the requirements of each audit assigned to the lead auditor by the auditing organisation;
b) assisting the auditing organisation with the selection of the other audit team members;
c) previewing the manufacturer’s quality system description (where appropriate) for adequacy in meeting applicable regulatory requirements, prior to the on-site audit;
d) preparing the audit plan and working documents and briefing the audit team;
e) representing the audit team with the auditee’s management;
f) communicating any nonconformities to the manufacturer as soon as possible after they are identified and indicating whether such nonconformities may affect compliance with the regulatory requirements;
g) reporting to the manufacturer and to the auditing organisation any major obstacles encountered in performing the audit as planned;
h) preparing and presenting the audit results clearly and conclusively to the manufacturer at the closing meeting;
i) preparing and submitting the audit report to the auditing organisation in a timely manner.

9.3 Manufacturer

The responsibilities of the manufacturer include:

a) defining the scope of the audit as permitted by the regulatory requirements;
b) determining the method of compliance with the regulatory requirements;
c) informing relevant employees about the objectives and scope of the audit;
d) appointing responsible members of staff to accompany members of the audit team and ensuring that audit team members are aware of health, safety and other applicable requirements;
e) providing all resources needed for the audit team in order to ensure an effective and efficient audit process;
f) providing access to the facilities and evidential material pursuant to the regulatory requirements as requested by the auditors;
g) co-operating with the auditors to permit the audit objectives to be achieved;
h) receiving the quality audit observations;
determining what follow-up corrective actions are to be taken to address nonconformities and other quality audit observations identified during the audit, implementing such actions in a timely and effective manner and informing the audit organisation as required;

j) informing the auditing organisation of any significant change to the quality system as required by the regulatory requirements;

k) informing any other auditees that may be affected by the audit, of its objectives, scope and any other relevant arrangements (see also clause 9.4).

9.4 Auditees

Where auditees, other than the manufacturer, are involved in the audit (i.e. subcontractors), clause 9.3, sections (c) to (g) apply. In such cases, the responsibilities for the other items remain with the manufacturer.

10. Audit team

10.1 Audit team composition

The audit team shall include a lead auditor who shall be in overall charge of the audit team. Where the audit team is comprised of one individual then this person shall be the lead auditor. The lead auditor should have the capability and experience to manage an audit.

The audit team shall include one or more persons with experience of assessing the relevant medical device technology incorporated in the manufactured products and the associated manufacturing processes. Decisions with regard to the extent of inclusion of such expertise in the audit team should be made case by case (see also clause 10.2.1).

As permitted by the regulatory system the audit team may be accompanied by:

a) audit trainees or other personnel from the auditing organisation;

b) audit trainees or other personnel from the regulatory bodies involved;

c) observers acceptable to the manufacturer, auditing organisation and auditors.

These accompanying persons are not considered to be auditors but are bound by the same obligations of confidentiality.

As permitted by the regulatory system, when the auditing organisation chooses the audit team it may take into account the manufacturer's opinion on the suitability of the auditor(s), in particular when a conflict of interest may exist (see 5.1).
10.2 Audit team competence

10.2.1 Audit team competence criteria

The competence requirements for all auditors in the team should be based on the qualification criteria for quality system auditors (ISO 10011-2:1991, Qualification criteria for quality system auditors) as well as personal attributes (e.g. tact, diplomacy, effective communication skills).

The competence of the team as a whole should be appropriate to cover the scope of the audit. In particular:

a) The team should have competence (i.e. training and knowledge/experience) in the following:

i) assessment of the quality system for medical device manufacturers and determination of the effectiveness of its implementation;

ii) understanding the regulations and applicable standards specific to quality system requirements for medical device manufacturers;

iii) intended use of and risks associated with the devices being produced;

iv) the assessment of the design, manufacturing processes and the technologies involved.

b) The competence must be present within the audit team as a whole but not necessarily by each member of it. In assessing the quality systems of manufacturers the audit team may include additional experts in processes and technology relevant to the scope of the audit and ideally these experts should meet the requirements of clause 10.2.1 (a). The experts authorised by the auditing organisation and who are not qualified as auditors should only assess the processes related to their specialised knowledge and under the supervision of an auditor.

Alternatively, the members of the audit team may be given additional training and/or specialised knowledge related to those processes and technology (e.g. the achievement of a controlled environment and validation of the sterilisation process).

c) The lead auditor shall be competent to plan and direct the team members so that in carrying out their separate tasks, the appropriate competence is applied effectively and fairly.

10.2.2 Audit team competence records

The auditing organisation shall maintain records to demonstrate the competence of its auditors.
10.2.3 Auditor qualifications, training and experience

In addition to basic auditing skills (clause 10.2.1), the competencies specifically required for auditing medical device manufacturers may be achieved through a variety of means including a combination of qualification and one or more of the training or experience elements listed below.

a) Qualification

Auditor qualification is most likely to be in one or more of the following:

i) biology or microbiology;
ii) chemistry or biochemistry;
iii) computer and software technology;
iv) electrical, mechanical or bioengineering;
v) human physiology;
vi) medicine;
vii) pharmacy;
viii) physics or biophysics.

b) Training

Special programmes may be established for training technically qualified staff in the following:

i) understanding the regulatory requirements and related laws/ordinances/statutes etc.;
ii) auditing of medical device manufacturers' quality systems;
iii) understanding the design and manufacturing processes and the technologies involved;
iv) safety aspects relating to the intended use of medical devices.

c) Experience

Auditor experience is most likely to be in the following:

i) working in closely related industries and the workplace such as research and development, manufacturing;
ii) working in the application of the device technology and its use in health care services and with patients;
iii) testing the devices concerned for compliance with the relevant national or international standards;
iv) conducting performance testing, evaluation studies or clinical trials of the devices.

These competencies are to be regarded as the tools to address the relevant safety and performance aspects of the quality system being audited arising from the way in which the devices:

- are made, and
- how they work, and
- how they are used.
11. Audit process

The audit process applies to initial, surveillance and special audits.

11.1 Preparation

11.1.1 Notification

Where permitted by the regulatory requirements, the manufacturer should be notified in advance that an audit is to be conducted.

11.1.2 Preview of quality system description

As a basis for planning the audit, the lead auditor may carry out a preliminary review of the manufacturer’s documented methods, such as the quality manual, for meeting the regulatory requirements.

This preview should be considered to be part of the execution of the audit.

If this review reveals that the system described by the manufacturer is not adequate to meet the regulatory requirements, further resources should not be expended on the audit until such concerns are resolved to the satisfaction of the auditing organisation.

11.1.3 Site visit audit plan

There shall be a site visit audit plan. If permitted by the regulatory requirements, it should be communicated to and agreed with the manufacturer, preferably in advance of the site visit.

The audit plan should be designed to be flexible in order to permit changes in emphasis based on information gathered during the audit, and to permit effective use of resources.

The audit plan shall be prepared within the audit scope and objectives based on:

a) the type of audit to be conducted;

b) information from preview of the quality system description, if available;

and in the case of surveillance or special audits:

c) information from previous quality system audits;

d) available post market surveillance information.

The audit plan should include:

i. the audit scope and purpose;

ii. identification of the manufacturer’s management team having significant direct responsibilities regarding the audit scope and purpose, if available;

iii. identification of reference documents (such as the applicable quality system standard and, if available, the manufacturer’s quality manual);

iv. identification of audit team members;

v. the language of the audit;
vi. the date and place where the site visit is to be conducted;

vii. the date and place where any additional documentation is to be reviewed;

viii. identification, where possible, of the manufacturer's organisational units and, where appropriate, other auditees to be audited;

ix. the expected time and duration for each major audit activity;

x. the schedule of meetings, including any necessary daily briefings, to be held with the manufacturer's management;

xi. the audit report distribution and the expected date of issue.

Where the manufacturer has multiple premises covered by the quality system, the audit plan should adequately address this issue.

The manufacturer should establish and maintain documented procedures to ensure that purchased product or services from their subcontractor meet the relevant regulatory requirements. In duly substantiated cases when the manufacturer is not able to give satisfactory evidence to the audit team that purchased product or services meet the specified requirements, the auditing organisation may need, where possible, to audit the control of processes on the premises of the manufacturer's subcontractors (e.g. sterilisation subcontractors).

11.1.3.1 Audit plan changes

During the audit the lead auditor may make changes to the auditor's work assignments and to the audit plan in order to ensure the optimal achievement of the audit objectives. However, the manufacturer should be aware that, based on the quality audit observations, the plan may be modified to allow flexibility in the depth of each area investigated. The manufacturer should be advised of the changes.

If the audit objectives appear to become unattainable, the lead auditor should report the fact and the reasons to the manufacturer and the auditing organisation.

11.1.4 Audit team assignments

Each audit team member should be assigned specific tasks, such as auditing specific quality system elements. These assignments should be made by the lead auditor in consultation with the audit team members and should be appropriate to each auditor's particular technical expertise.
11.1.5 Working documents

Working documents should be prepared by the *lead auditor* with the assistance of the other *audit* team members as appropriate. These documents should be designed in relation to the *audit* plan and are for the purpose of facilitating the collection of *objective evidence* and the reporting of *audit* results.

Working documents may include:

a) check-lists used for evaluating *quality system* compliance with applicable *regulatory requirements*;

b) forms for reporting *quality audit observations*;

c) forms for documenting supporting evidence for conclusions reached by the *auditors*.

Sample working documents should be made available to the *manufacturer* on request.

Working documents should be designed so that they do not restrict additional *audit* activities or investigations which may become necessary as a result of information gathered during the *audit*.

11.2 Audit execution

11.2.1 Opening meeting

The purpose of an opening meeting is to:

a) introduce the members of the *audit* team to the *manufacturer's* management;

b) review the scope and the objectives of the *audit*;

c) provide a short summary of the methods and procedures to be used to conduct the *audit*;

d) establish the official communication links between the *audit* team and the *manufacturer*;

e) confirm that the resources and facilities needed by the *audit* team are available;

f) confirm the time and date for the closing meeting and any interim meetings of the *audit* team and the *manufacturer's* management;

g) clarify any unclear details of the *audit* plan.

11.2.2 Examination

An on-site examination shall be performed by the *audit* team to:

a) determine compliance of the *manufacturer's* documented *quality system* with the *regulatory requirements* (further to the preview as described in clause 11.1.1 as appropriate);

b) confirm implementation of the *manufacturer's* procedures;

c) verify effectiveness of the *manufacturer's quality system*. 
11.2.2.1 Depth of audit

The audit team should review the elements of the quality system as contained in the audit scope with respect to the regulatory requirements, and sample documents and records at all levels in the quality system. The samples chosen should reflect the risks associated with the intended use for the device, the complexity of the manufacturing technologies, the range of devices produced and any available post market surveillance data.

The audit team should investigate all quality audit observations to establish their extent, particularly if there are concerns about product safety.

11.2.2.2 Collecting objective evidence

Objective evidence should be collected through interviews, examination of documents and visual observation of activities and conditions in the areas of concern and should be verified. Information gathered through interviews may be tested by acquiring additional information from other independent sources, such as visual observation, measurements and records. Based on this objective evidence, quality audit observations should be noted where there are indications of nonconformities.

Objective evidence may be further documented by collecting copies of documents or, on occasion, taking photographs. Collection of evidence in this manner should be accurately recorded and acknowledged by the auditor and the auditee.

The audit includes collecting evidence of procedures and their implementation to determine compliance with regulatory requirements for post production surveillance (such as complaint handling) and, where appropriate, the design process including risk analysis and clinical evaluation.

Documents or copies collected by the auditors during the audit should be noted and acknowledged.

11.2.3 Quality audit observations

All quality audit observations should be recorded. Nonconformities, and quality audit observations which may become nonconformities, should be reviewed with the manufacturer as soon as possible after they are noted.

Documentation of nonconformities should:

a) be expressed in a clear, concise manner;

b) be supported by objective evidence;

c) identify the specific requirements which have not been met.
11.2.4 Non-compliance with the regulatory requirements

One or more major nonconformities will indicate that the manufacturer is not in compliance with the regulatory requirements. Examples of quality audit observations that may be classified as such nonconformities are as follows:

a) failure to address an applicable element of the regulatory requirements for quality systems (e.g. failure to have a complaint handling or training system);

b) failure to implement an applicable element of the regulatory requirements for quality systems;

c) an excessive number of minor nonconformities against an element of the regulatory requirements for quality systems;

d) failure to implement appropriate corrective and preventative action when an investigation of post market data indicates a pattern of product defects;

e) products which are put onto the market which cause undue risk to patient and/or users when the device is used according to the manufacturer's instructions;

f) the existence of products which clearly do not comply with the manufacturer's specifications and/or the regulatory requirements due to defective elements in the quality system;

g) repeated nonconformities from previous audits.

11.2.5 Closing meeting

At the end of the audit, the audit team should hold a meeting with the manufacturer's management and those responsible for the functions concerned. The main purpose of this meeting is to present quality audit observations to the management in such a manner as to ensure that the results of the audit are understood.

The lead auditor should present the quality audit observations and identify which ones are, in the opinion of the audit team, nonconformities with an explanation including an indication of their relative severity with respect to the regulatory requirements.

The lead auditor should present the audit team's conclusions regarding the effectiveness of the quality system in meeting quality objectives.

A written list of quality audit observations, which in the opinion of the audit team are nonconformities, should be presented to the manufacturer's management.

The receipt of the above list of nonconformities should be acknowledged by the manufacturer's management.

A date should be agreed for submission to the audit organisation of corrective action plans necessary to address identified nonconformities.
11.3 Audit report

11.3.1 Report preparation

The audit report should be written to provide the auditing organisation with a permanent record of the audit conducted and the manufacturer with information on which to base corrective action and improve its quality system. It should be prepared under the direction of the lead auditor, who is responsible for its accuracy and completeness.

11.3.2 Report content

The audit report should accurately reflect the content of the audit. It should be dated and signed by the lead auditor. It should either reference previously issued information or as applicable the following items:

a) the scope and objectives of the audit, including the processes and product groups involved;

b) details of the audit plan, the identification of audit team members and manufacturer's representative(s), audit dates, and identification of the specific organisation audited;

c) identification of the audit criteria against which the audit was conducted (regulatory requirements for quality systems, manufacturer's quality manual, etc.);

d) identification of nonconformities, including:
   i) details of each nonconformity;
   ii) the audit criterion or the specific regulatory requirement to which it applies;
   iii) the relative severity with respect to regulatory requirements; and
   iv) the date for submission of any necessary corrective action plans.

e) the effectiveness of the manufacturer's quality system in meeting quality objectives;

f) details of any corrective action(s) taken during the audit;

g) recommendation to the auditing organisation for follow up action including time schedule.

Confirmation of the nonconformities and recommendations given by the audit team as referred to under d), e) and g) should be provided to the manufacturer by the auditing organisation as soon as possible but not longer than 6 weeks after conclusion of the audit. Exceptionally, the time scale may be extended when a quality audit observation is to be investigated after the audit to verify whether or not it is a nonconformity and to determine its significance with respect to the regulatory requirements. In this case the manufacturer should be informed as soon as possible of the cause for the delay and a revised issue date.
11.3.3 Report distribution

The audit report should be transmitted or made available to the manufacturer by the auditing organisation.

The audit report should be issued as soon as possible within a defined time period. If it cannot be issued within the defined time period, the reasons for the delay should be given to the manufacturer and a revised issue date should be established when permitted by the regulatory policies of the auditing organisation.

11.4 Retention of audit records

The auditing organisation shall retain auditing documents for a period of time prescribed by the applicable regulatory requirements.

11.5 Audit completion

The audit is completed upon submission of the audit report to the manufacturer.

12. Corrective action follow-up

Corrective action and related subsequent audits should be completed within a time period agreed between the manufacturer and the auditing organisation. The auditing organisation may request from the manufacturer follow up reports on the implementation and results of corrective action. Such reports should be reviewed by the auditing organisation and the review results communicated to the manufacturer.
Annex A

List of organisations represented on Study Group 4: Auditing.

<table>
<thead>
<tr>
<th>Country</th>
<th>Organisation</th>
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<td>Australia</td>
<td>Therapeutic Goods Administration</td>
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<td>Canada</td>
<td>Health Canada</td>
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<td>Europe</td>
<td>European Commission DG III</td>
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<td>Medical Devices Agency</td>
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<td>Notified Bodies</td>
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<td>(BSi, TÜV Product Service)</td>
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<td></td>
<td>Technical Research Centre of Finland (VTT) (to January 1995)</td>
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<td>Norwegian Board of Health (from June 1995)</td>
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<td></td>
<td>European Industrial Federations:</td>
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<td>(COCIR, EUCOMED, EUROM VI etc.)</td>
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<td>Japan</td>
<td>Ministry of Health and Welfare (MHW)</td>
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<td></td>
<td>Japan Federation of Medical Devices Associations (JFMDA)</td>
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<tr>
<td>USA</td>
<td>Food and Drug Administration</td>
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<td>Health Industry Manufacturers Association</td>
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Annex B

List of references to the relevant regulations applicable to manufacturers of medical devices and which include compliance with quality system requirements.

Australia

Therapeutic Goods Act, 1989. This covers both product registration and manufacturing compliance.
Therapeutic Goods (Manufacturing Principles) as currently determined.

Canada

Food and Drugs Act, R.S. c F-27, s.1
Medical Devices Regulations, Schedule 1101, effective July 1st, 1998
Paragraphs 32(2)(f), (3)(f) and (4)(p) of the Medical Devices Regulations, concerning quality system requirements, come into force on July 1st, 2001.

Europe


Japan

Quality Assurance Standard for Medical Devices
(28 December 1994: Yakuhatsu No. 1128)

Pharmaceutical Affairs Law

USA

Title 21 Code of Federal Regulations, Part 820.
Federal Food, Drug, and Cosmetic Act, Section 520 f(1) and Section 501 (h)
Annex C

Relevant auditing organisations responsible for enforcement of the regulations listed in Annex B

Australia

Therapeutic Goods Administration

Canada

The Therapeutic Products Programme of Health Canada has the final authority for enforcement of the Act and Regulations listed in Annex B. Compliance strategy for quality systems requirements, including regulatory audit strategy, is presently under development.

Europe

Regulatory audits are conducted by Notified Bodies designated by the Member States’ Competent Authorities under the Directives 90/385/EEC and 93/42/EEC. The Notified Bodies are listed in the Official Journal which is updated from time to time (e.g. OJC 172 of 15 June 1996)

Japan

The MHW takes the final responsibility for enforcement of the relevant law and regulations, and the prefectural governments implement the site audits of the medical device manufacturers.

USA

U.S. Food & Drug Administration
Annex D

Definitions of ‘manufacturer’ applicable to the regulations listed in Annex B.

Australia

“Manufacture”, in relation to therapeutic goods, means:

(a) to produce the goods; or

(b) to engage in any part of the process of producing the goods or of bringing the goods to their final state, including engaging in the processing, assembling, packaging, labelling, storage, sterilising, testing or releasing for supply of the goods or of any component or ingredient of the goods as part of that process.

“Manufacturing premises” means premises (including premises that comprise 2 or more sites):

(a) that are for use in the manufacture of a particular kind of therapeutic goods; and

(b) at which the same persons have control of the management of the production of the goods and the procedures for quality control.

Canada

'Manufacturer' of a medical device means a person who sells the medical device under their own name, or under a trade-mark, design, trade name or other name or mark owned or controlled by the person, and who is responsible for designing, manufacturing, assembling, processing, labelling, packaging, refurbishing or modifying the device, or assigning to it a purpose, whether those tasks are performed by that person or on their behalf.

Europe

Article 1: Definitions, scope: section (f)

‘Manufacturer’ means the natural or legal person with responsibility for the design, manufacture, packaging and labelling of a device before it is placed on the market under his own name, regardless of whether these operations are carried out by that person himself or on his behalf by a third party.

The obligations of this Directive to be met by manufacturers also apply to the natural or legal person who assembles, packages, processes, fully refurbishes and/or labels one or more ready-made products and/or assigns to them their intended purpose as a device with a view to their being placed on the market under his own name. This subparagraph does not apply to the person who, while not a manufacturer within the meaning of the first subparagraph, assembles or adapts devices already on the market to their intended purpose for an individual patient.
Japan

No definition of “manufacturer” exists but it can be interpreted as follows in accordance with the relevant definitions in the Pharmaceutical Affairs Law.

“Manufacturer” of medical devices means any person who industrially manufactures medical devices with a licence for manufacturing medical devices and any person who has not obtained the licence shall not industrially manufacture medical devices.

A license for manufacturing medical devices is issued by the prefectural governor under the final responsibility of the Minister of Health and Welfare and ensures that the manufacturer has the ability to manufacture the medical devices, whether the manufacturing facilities have sufficient structure or equipment, manufacturing and control procedures, and human resources to properly deal with the medical devices.

USA

Title 21 CFR Section 820.3 Definitions.

Subsection (o)

Manufacturer means any person who designs, manufactures, fabricates, assembles, or processes a finished device. Manufacturer includes but is not limited to those who perform the functions of contract sterilisation, installation, relabeling, remanufacturing, repacking, or specification development, and initial distributors of foreign entities performing these functions.
Annex E

References


LIST OF SUPPLEMENTS

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<th>Number</th>
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