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Therapeutic Products Directorate

GUIDANCE DOCUMENT

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GD210/RevDR - ISO 13485 and ISO 13488 quality system audits performed by CMDCAS recognized Registrars

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1.0 Introduction

1.1 Purpose

The purpose of this document is to provide guidance to *Canadian Medical Devices Conformity Assessment System* (CMDCAS) recognized registrars and medical device manufacturers on ISO 13485 and ISO 13488 quality system audits performed by CMDCAS recognized registrars. The successful outcome of such audits, in combination with other administrative activities, will be the initial issuance, or subsequent maintenance, of valid ISO 13485 or ISO 13488 certificates that medical device MANUFACTURERs will use as evidence of compliance to the quality system requirements of the *Medical Devices Regulations (MDR)*.

1.2 Scope

The scope of this guidance document is limited to ISO 13485 and ISO 13488 quality system audits performed by CMDCAS recognized registrars of medical device manufacturers that presently sell, or will sell, a Class II, III or IV medical device in Canada.

Guidance provided in this document is intended to inform CMDCAS recognized registrars and medical device manufacturers about Health Canada's expectation on ISO 13485 or ISO 13488 quality system audits. Much of the information provided in this document is consistent with guidance produced by the Global Harmonization Task Force, Study Group 4 on regulatory auditing (www.GHTF.org) , and the International Accreditation Forum (www.IAF.nu) on general requirements for bodies operating assessment and registration of quality systems. This document will be updated following any revision of GHTF, IAF and ISO guidance documents and standards.

1.3 Normative reference

This guidance document contains several undated references. In these cases, the following normative documents apply.

ISO 8402:1994, Quality management and quality assurance - Vocabulary
ISO 9001:1994, Quality systems - Model for quality assurance in design, development, production, installation and servicing.
ISO 9002:1994, Quality systems - Model for quality assurance in development, production, installation and servicing.
ISO 13485:1996, Quality systems - Medical devices -Particular requirements for the application of ISO 9001
ISO 13488:1996, Quality systems - Medical devices -Particular requirements for the application of ISO 9002

CAN/CSA-ISO 13485-1998, Quality systems - Medical devices - Particular requirements for the application of ISO 9001
CAN/CSA-ISO 13488-1998, Quality systems - Medical devices - Particular requirements for the application of ISO 9002

ISO 10011-1:1990, Guidelines for auditing quality systems - Part 1: Auditing
ISO 10011-2:1991, Guidelines for auditing quality systems - Part 2: Qualification criteria for quality system auditors

ISO/IEC Guide 62:1996, General requirements for bodies operating assessment and certification/registration of quality systems
IAF-PL-01-014 IAF Guidance on the Application of ISO/IEC Guide 62:1996, July 2002, Issue 2

GHTF/SG4(99)28: "Guidelines for Regulatory Auditing of Quality Systems of Medical Device Manufacturers - General Requirements : 1999 Final Document

1.4 Background

Control over Audits performed by CMDCAS recognized registrars
ISO 13485 or ISO 13488 quality system audits performed by CMDCAS recognized registrars are similar to ISO 13485 or ISO 13488 quality system audits performed by any Standards Council of Canada (SCC) accredited quality system registrar. The fundamental difference between the two types of audits is that Health Canada has specified requirements for performing ISO 13485 and ISO 13488 quality system regulatory audits, and maintains control over the auditing process by:

i) specifying quality system auditor competency requirements in the CMDCAS policy document (Q90);
ii) initially evaluating SCC accredited registrars against the CMDCAS requirements, and designating those registrars that meet the requirements as CMDCAS recognized registrars;
iii) maintaining a list of CMDCAS recognized registrars on the SCC web site (www.scc.ca);
iv) training quality system auditors on the requirements of the Canadian *Medical Devices Regulations*;
v) qualifying auditors as CMDCAS auditors;
vi) providing guidance on the ISO13485 or ISO 13488 CMDCAS audit process;
vii) specifying the minimum content of quality system certificates issued by CMDCAS recognized registrars; and
viii) verifying that CMDCAS recognized registrars perform as required by annually performing head office assessments of the registrar as well as observing CMDCAS recognized registrars as they perform CMDCAS related ISO 13485 or ISO 13488 quality system assessments.

Quality System Standards
The *MDR* require that the quality system under which Class II medical devices are manufactured satisfy the quality system standard CAN/CSA ISO 13488:1998, as amended from time to time. The MDR also require that the quality system under which Class III and IV devices are designed and manufactured satisfy the quality system standard CAN/CSA ISO 13485:1998, as amended from time to time. There are no regulatory quality system requirements for Class I medical devices.

Health Canada considers the *National Standard of Canada* standards CAN/CSA ISO 13485:1998 and CAN/CSA ISO 13488:1998 and the *International Organization for Standardization* standards ISO 13485:1996 and ISO 13488:1996 to be equivalent. Only CAN/CSA or ISO certificates issued by CMDCAS recognized registrars will be accepted by Health Canada as objective evidence of compliance to section 32(2)(*f)*, 32(3)(*j*), or 32(4)(*p*) of the *MDR.*

ISO 13488 contains all quality system requirements found in ISO 13485 except for element 4.4 Design Control. Therefore, the guidance given in this document is applicable to both standards.

Importers and Distributors
The *MDR* do **not** require importers or distributors of medical devices to have a registered quality system. However, any importer or distributor of a Class II, III or IV devices that choses to become the legal MANUFACTURER by labelling and selling the device with their own name, or under a trade-mark, design, trade name or other name or mark owned or controlled by them (see section 1.4 below for the definition of MANUFACTURER) shall comply with the applicable quality system requirement plus other applicable requirements of the *MDR.*

Registrar's Terms of Accreditation & CMDCAS recognition
CMDCAS recognized registrars are required by their terms of SCC accreditation and CMDCAS qualification to follow the requirements of ISO/IEC Guide 62, the latest version of the IAF Guidance to Guide 62, and Health Canada's requirements found in the latest version of the CMDCAS policy document, Q90.

Revision of ISO 13485 and ISO 19011
This guidance document will be reviewed and updated as needed, following the publication of the next version of ISO 13485 and ISO 19011.

1.5 Definitions

CMDCAS RECOGNIZED REGISTRAR
A body that is:
i) accredited by the Standards Council of Canada as a "Quality Management System" registrar;
ii) "qualified" by the Standards Council of Canada to the CMDCAS sector; and
iii) recognized by Health Canada as being able to issue ISO 13485 or ISO 13488 quality management certificates that meet the quality management system requirements of sections 32(2) (f), 32(3) (j) and 32(4)(p) of the *MDR*.

DISTRIBUTOR
Means any person, partnership, corporation, association, or other legal relationship which stands between the manufacturer and the retail seller in purchases, consignments, or contracts for sale of consumer goods.

MANUFACTURER
A person who sells a 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 for assigning to it a purpose, whether those tasks are performed by that person or on their behalf. (*MDR*, P.C. 1998–783 7 May, 1998).

PERSON
Includes a partnership and an association. (*MDR*, P.C. 1998–783 7 May, 1998).

QUALITY SYSTEM
Organizational structure, procedures, processes and resources needed to implement quality management. (ISO 8402).

REGISTRAR
Organization that assesses and registers the quality system of manufacturers with respect to published quality system standards. Examples of quality system standards include ISO 9001 and ISO 13485.

Note 1: Refer to the international standards ISO/IEC Guide 2, ISO/IEC Guide 62 and its Canadian equivalent CAN-P-10B, *Criteria for Accreditation of Organizations Registering Quality Systems* for further clarification of related terms like "conformity assessment body" and "certification/registration body".

Note 2: Outside of Canada, a registrar may be called certification body, registration body, assessment and registration body, or certification/registration body.

Note 3: In Europe, quality system assessment and registration can also be performed by Notified Bodies that have been found competent to do so by an accreditation body.

SIGNIFICANT CHANGE
Means a change that could reasonably be expected to affect the safety or effectiveness of a medical device. It includes a change to any of the following:
a) the manufacturing process, facility or equipment;
b) the manufacturing quality control procedures, including the methods, test or procedures used to control the

quality, purity and sterility of the device or of the materials used in its manufacture;
c) the design of the device, including its performance characteristics, principles of operation and specifications of materials, energy source, software or accessories; and
d) intended use of the device, including any new or extended use, any addition or deletion of a contra-indication for the device and any change to the period used to establish its expiry date.

VALID CERTIFICATE
Means a certificate that :

- has been issued by a CMDCAS recognized registrar, or a registrar that has achieved CMDCAS recognition by December 31, 2003; and
- contains the information described in guidance document "GD207/Rev0-MDB *Guidance on the content of ISO 13485 and ISO 13488 quality system certificates issued by CMDCAS recognized registrars*".

2.0 ISO 13485 and ISO 13488 audit process

2.1 General

ISO 13485 or ISO 13488 quality systems audits performed by CMDCAS recognized registrars shall follow the general auditing process described in ISO 10011-1 and use the guidance in this document to determine that:

- a manufacturer has documented and effectively implemented all appropriate provisions of Part 1, Canadian *MDR* into their ISO 13485 or ISO 13488 quality system;
- there are no missing applicable elements or requirements in the manufacturer's quality system;
- documented procedures are implemented;
- the quality system is effective in meeting the manufacturer's quality objectives.

The specific role of a CMDCAS auditor is to assess whether a manufacturer has documented in their quality manual and effectively implemented in their quality system all customer, product, and regulatory requirements. The CMDCAS auditor does not determine whether a manufacturer complies with the Canadian *MDR*. Determination of compliance to the regulations, and enforcement of compliance to the regulations is the sole responsibility of Health Canada.

2.2 Audit Preparation

When preparing for an ISO 13485 or ISO 13488 audit that a manufacturer will use to satisfy the Canadian *MDR* quality system requirements, CMDCAS recognized registrars shall ensure that :

- at least one member of the assigned audit team is currently qualified as a CMDCAS auditor (more than one CMDCAS qualified auditor may be required for large organizations),
- the competency of the audit team as a whole meets the competency criteria found in clauses 10.2.1 and 10.2.3 of the GHTF guidance document GHTF/SG4(99)28: "Guidelines for Regulatory Auditing of Quality Systems of Medical Device Manufacturers - General Requirements : 1999 Final Document",
- technical experts subcontracted by the CMDCAS registrar who are not qualified as auditors, assess just the processes related to their specialized knowledge and are under the supervision of an auditor,
- the Audit Plan includes the sampling and assessment of procedures, processes and locations that are used in the design and manufacture of medical devices that are presently sold, or will be sold, in Canada (see **Annex B** for possible organizational scenarios that will influence the audit planning process and the collection of objective evidence)
- the CMDCAS audit team is aware of the type and Class of devices the manufacturer sells or intends to sell in Canada (a copy of licenced medical devices can be obtained from www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/md_lic.html)
- the CMDCAS audit team has been made aware of any changes to a device or its manufacturing process or quality system that may affect the safety and effectiveness or licence status of a device;

- each member of the audit team has a copy of the Canadian *MDR* with them when performing an audit (a copy of the regulations can be obtained from www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/schedule.html#1101).

2.3 Performing the Audit

2.3.1 Opening Meeting

During the opening meeting between the audit team and the manufacturer's representatives, the lead auditor shall restate that among other audit objectives, two important objectives are to determine the organization's conformance to ISO 13485 or ISO 13488, and to determine that the appropriate requirements of Part 1, Canadian *MDR P.C. 1998–783 7 May, 1998* have been included in the organization's quality system.

2.3.2 Collecting Information

Audit time
Because of the great variability in the type, size and complexity of medical device manufacturers, Health Canada can not specify the amount of time a CMDCAS auditor shall spend performing a document review or onsite assessment. Health Canada can only recommend that any audit time estimates be based on established audit duration times given in *Annex 2 - Auditor Time, IAF Guidance on the Application of ISO/IEC Guide*. Any additional time the CMDCAS registrar considers is required must be justified on the need to collect objective evidence to demonstrate that appropriate provisions of Part 1, Canadian *MDR* have been documented and implemented in the quality system.

Sampling for objective evidence
CMDCAS registrars should use their existing sampling procedures when collecting objective evidence. Sampling should cover records, procedures and processes that are used in the designing and manufacturing of medical devices sold in Canada. If more than one site or geographic location is used in the design and manufacturing process, these sites or locations should also be visited for the purpose of collecting objective evidence.

Multi-site organizations
Manufacturers are considered to be a multi-site organization if they typically have an identified central office or location at which certain activities are planned, controlled or managed and a network of local offices or branches at which such activities are fully or partially carried out. Multi-site organizations should be audited following established guidance given in Annex 3 of the International Accreditation Forum guidance document *IAF guidance on the Application of ISO/IEC Guide 62* available at WWW.IAF.NU.

See **Annex B** for guidance on auditing multi-site organizations that have a Canadian location that has been delegated all or partial responsibility for processes like device licence application, device licence amendment, regulatory correspondence, packaging, warehousing, and distribution.

Auditing of subcontractors or outsourced processes
Medical device manufactures are responsible for their finished medical devices meeting regulatory safety, effectiveness and quality system requirements regardless of whether the manufacturer has outsourced or subcontracted the supply of parts, material, services or finished device.

CMDCAS recognized registrars determine that a medical device was manufactured or designed and manufactured under a specific quality system through the review of objective evidence collected at the legal manufacturer's facility or at the outsourced or subcontractor's facility that provides the part, material service or finished device.

In deciding whether to visit a subcontractor's facility, a CMDCAS recognized registrar would first determine :

i) Whether the subcontractor has a substantial involvement with the manufacture or design and manufacture of the device?
ii) Whether the subcontractor is undertaking the supply of a part, material or service, which may affect the conformance of the device with the safety and effective requirements of the MDR,

If the answer to both questions i) and ii) above is **NO**, then no further action is required by the registrar.

However, if the answer to i) or ii) above is **YES**, then the CMDCAS recognized registrar must evaluate whether there is sufficient objective evidence at the legal manufacturer's location that shows the competence of the subcontractor to undertake supply of the part, material or service in relation to the medical devices that are manufactured, or designed and manufactured, under the registered quality system. The evaluation will consider various activities including the control exercised by the manufacturer over the subcontractor and the quality system registration held by the subcontractor. Control of the subcontractor could include :

- specifying design and product requirements;
- specifying personnel qualifications;
- verifying that subcontracted products meet specified requirements;
- specifying a quality system under which the subcontracted products are designed and manufactured;
- performing on-site inspections; and
- validating processes.

CMDCAS recognized registrars could decide not to visit the subcontractor if the subcontractor can demonstrate they have an effective quality system that has been audited and registered by another CMDCAS recognized registrar and that the subcontractor's quality system certificate is valid and has not expired and it covers the parts, material, service or finished devices. In all other circumstances, the CMDCAS recognized registrar must be allowed to review the relevance or criticality of the subcontractor to the medical device and, if not satisfied by the evidence available from the manufacturer, undertake an audit or assessment of the subcontractor or require the manufacturer to undertake a re-evaluation of the subcontractor.

2.3.3 Nonconformities

The following types of observations made by the auditor and supported by objective evidence should be considered as a "major" nonconformity:

i) any unjustifiable exclusion of a Part 1, Canadian *MDR* requirement from the manufacturer's quality system;
ii) the failure of the manufacturer to address one or more applicable elements of the quality system standard;
iii) a number of minor nonconformities against an element of the quality system standard that indicates a trend or absence of control;
iv) failure to implement effective corrective and preventive action when an investigation of post-market data indicates a pattern of product defects;
v) 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;
vi) repeated nonconformities from previous audits.

The manufacturer addresses major nonconformities by submitting a documented corrective action plan to the registrar for approval within a time frame specified by the CMDCAS registrar and following the registrar's establish nonconformity resolution procedure. This timeframe shall not exceed 30 days of the nonconformity being issued. Only in exceptional cases and after consulting in writing with Health Canada and the CMDCAS registrar can more time can be taken to respond to a major nonconfomity.

CMDCAS recognized registrars may describe other forms of nonconformities as "minor" only if these types of nonconformities do not lead to a situation which would, on the basis of available objective evidence, raise

significant doubt as to the ability of a medical device or manufacturing process to satisfy the manufacturer's specified requirements.

Note 1: The IAF defines a nonconformity as "The absence of, or the failure to implement and maintain, one or more quality system requirements, or a situation which would, on the basis of available objective evidence, raise significant doubt as to the quality of what the organization is supplying." (*Section 1.3, IAF guidance on the Application of ISO/IEC Guide 62)*

Note 2: GHTF /SG4 defines a nonconformity as "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')." (*Section 4.7,Guidelines for regulatory auditing of quality systems of medical device manufacturers: General requirements: 1999, Final document SG4(99)28.*)

Note 3: A regulatory requirement found in Part 1 of the Canadian *MDR* is considered appropriate, or relevant, if the manufacturer needs it to comply with :

i) the pre-market requirements for device licensing, labelling, or safety and effectiveness found in sections 8 to 37; and

ii) the post-market requirement for annual confirmation of licence information, quality system certification, distribution records, complaint handling, mandatory problem reporting, recall or implant registration found in sections 43 and 52 to 68.

2.4 Requirements Table

The table in **Annex A** is a summary of all medical device specific quality system requirements found in ISO 13485 and the generic ISO 9001 requirements. For each generic or medical device specific requirement, the applicable section of the Canadian *Medical Devices Regulations* and potential audit questions are given. The table in **Annex A** can also be used for ISO 13488 audits if the requirements of element 4.4 Design Control are excluded.

Any assessment, surveillance or upgrade audit of an ISO 13485 or ISO 13488 quality system shall also include an assessment of the applicable generic ISO 9001or ISO 9002 requirements.

Note 1: Throughout the quality system requirements in **Annex A** the word "supplier" has been replaced with the word "manufacturer".

Note 2: Refer to the standards ISO 9001 and ISO 13485 or CAN/CSA ISO 13485 for the complete and official text of each generic and medical device specific requirement. Also, refer to the Canadian *Medical Devices Regulations* P.C.1998- 783, 7 May, 1998 for the official text of the regulations.

Normally a medical device manufacturer, located either in or out of Canada, who performs all activities like regulatory affairs, design, manufacture, packaging, warehousing and distribution at one or more locations then sells directly to the end user, hospital or retailer in Canada shall have all the necessary objective evidence needed to satisfy the audit questions found in the **Annex A** table.

For more complex organizations like large multi-site international manufacturers that may or may not have a Canadian subsidiary, or virtual manufacturers who delegate or outsource all or most activities like design and manufacturing to a subcontractor, please see **Annex B** for additional guidance on audit planning and collection of objective evidence.

See **Annex C** for Health Canada's guidance on potential situations that a CMDCAS recognized registrar may encounter when performing an ISO 13485 or ISO 13488 audit.

Annex A
Requirements Table and Potential Audit Questions

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
4.1	**Management responsibility**		
4.1.1	**Quality Policy** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001:1994 audit questions.
4.1.2	**Organization** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001:1994 audit questions.
4.1.3	**Management Review** Management with executive responsibility shall review the quality system at defined intervals to ensure its continuing suitability and effectiveness in satisfying the requirements of (ISO 13485/8).	No specific requirement in *MDR* for manufacturer to periodically review the quality system.	Have periodic reviews of the quality system by management with executive responsibility included an assessment that the quality system has addressed the appropriate areas of the Canadian *MDR* ? (e.g. Device Licensing, Mandatory Problem Reports, Recalls etc. See element 4.2.1)
4.2	**Quality System**		
4.2.1	Generic ISO 9001 requirements plus the following: The supplier shall establish and document the specified requirements. Note: If this International Standard is used for compliance with regulatory requirements, the relevant requirements of the regulations should be included in the specified requirements	Relevant sections of Part 1, *Canadian MDR* (P.C.1998- 783, 7 May, 1998), as amened from time to time include: Section 2-5 : Application Section 6-7 : Classification Section 8-9 Application & Manufacturer's Obligations Sections 10-20 : Safety and Effectiveness Section 21- 23: Labelling Section 24 : Contraceptive Devices	Registrar uses existing ISO 9001audit questions plus following questions. Are specified regulatory requirements of the *Canadian MDR* (P.C.1998-783, 7 May, 1998), that apply to the medical devices designed and manufactured under the control of the quality system documented in the Quality Manual? If certain regulatory activities required by the MDR have been delegated by the legal manufacturer to another area of the organization, has the delegation of responsibility been clearly defined and

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
		Advertising Sections 26-27 : Prohibition Sections 28-31 : Medical Devices Deemed Licensed Section 32 : Application for a Medical device Licence	documented? (Note : Objective evidence to satisfy this requirement will be found either at the legal manufacturers location or at another location that is part of the manufacturer's organization like a Canadian subsidiary. It is not a regulatory requirement for an overseas manufacturing location of a large multinational multi-site organization to establish and maintain all device licensing procedures overseas when that process, or others, has been delegated to the Canadian location of the multinational multi-site organization. See Annex A for auditing simple and complex multi-site organizations and location of regulatory requirements)
4.2.2	**Quality system procedures** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.2.3	**Quality planning** Generic ISO 9001 requirements plus the following: The supplier shall establish and maintain a file containing documents defining product specifications and quality system requirements (process & quality assurance) for - complete manufacturing, and - installation and servicing, if appropriate, for each type/model of medical device, or referring to the location(s) of this information.	 Section 10 to 20 : safety and effectiveness For Class II devices refer to Section 32 (1) and (2) for minimum requirements. For Class III devices refer to Section 32 (1) and (3) for minimum requirements.	Registrar uses existing ISO 9001 audit questions plus following questions. Does the medical device manufacturer have files (often called the technical file or Device Master File) that contain, or refers to the location of, the minimum information required by: Sections 32(1) and (2) for Class II devices, Sections 32(1) and (3) for Class III devices, and Sections 32(1) and (4) for

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
		For Class IV devices refer to Section 32 (1) and (4) for minimum requirements.	Class IV devices. **Note :** for information on guidance documents and standards please go to : www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/guidmd.html and, www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/policy/issued/standards_policy_letter_with_lists_e.html
4.3	**Contract review** Generic ISO 9001 requirements.		Registrar uses existing ISO 9001 audit questions.
4.4	**Design Control** (Applies only to Class III and IV devices)		
4.4.1	**General** Generic ISO 9001 requirements plus the following: Throughout the design process, the supplier shall evaluate the need for risk analysis and maintain records of any risk analysis performed.	Section 10 : risk analysis	Registrar uses existing ISO 9001 audit questions plus following questions. Has a risk analysis been performed throughout the design process for all classes of devices?
4.4.2	**Design and development planning** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.4.3	**Organizational and technical interface** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.4.4	**Design input** Generic ISO 9001 requirement for identifying and documenting regulatory requirements.	Applicable sections of *MDR* found in Sections 10 to 20 relating to Safety and Effectiveness	Registrar uses existing ISO 9001 audit questions plus following question. Has the manufacturer identified Canadian *MDR* relating to the safety and effectiveness of the device as a design input requirement?
4.4.5	**Design output** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions
4.4.6	**Design review** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
4.4.7	**Design verification** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions
4.4.8	**Design validation** Generic ISO 9001 requirements plus the following: As part of design validation, the supplier shall perform and maintain records of clinical evaluation.	Section 12 : device shall perform as intended Section 20 : validation of software used in a device Section 32(3)(f) and 32 (4)(i) : studies on Class III and IV devices to ensure safety and effectiveness	Registrar uses existing ISO 9001 audit questions plus the following questions: Has design validation been carried out and does device perform as intended ? Has design validation been performed on initial production devices or their equivalents? Has the performance of any software used in the medical device been validated?
4.4.9	**Design changes** All design changes and modifications shall be identified, documented, reviewed and approved by authorized personnel before their implementation.	Section 34 (a) - Application for a Medical Device Licence Amendment following a significant change (see Interpretation section of *MDR* and Definitions section above for official definition of significant change)	Registrar uses existing ISO 9001 audit questions plus the following questions: Do documented procedures exist that require all changes and modifications to be identified, documented, reviewed and approved by authorized personnel before their implementation? Are the procedures followed? Do documented procedures or work instructions exist that address the regulatory requirement to apply for a medical device licence amendment following a significant change to a Class III or IV device? Are the procedures or work instructions followed? (**Note :** see "Guidance for the Interpretation of Significant Change

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
			V.2 if the design change" located at: www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/guides/meddev/signchn2_e.html)
4.5	**Document and data control**		
4.5.1	**General** Generic ISO 9001 requirements.		Registrar uses existing ISO 9001 audit questions
4.5.2	**Document and data approval and issue** Generic ISO 9001 requirements plus the following: The manufacturer shall define the period for which at least one copy of obsolete controlled documents shall be retained. This period shall ensure that specifications to which medical devices have been manufactured are available for at lease the lifetime of the medical device as defined by the supplier.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions plus following question. Has the manufacturer defined the lifetime of the device? Has the manufacturer defined the period of time for which at least one copy of obsolete controlled documents are retained and is this retention time equal to or greater than the defined lifetime of the device?
4.5.3	**Document and data changes** Generic ISO 9001 requirements.		Registrar uses existing ISO 9001 audit questions.
4.6	**Purchasing**		
4.6.1	**General** The manufacturer shall establish and maintain documented procedures to ensure that purchased product (see 3.1) conforms to specified requirements.	Section 9 (1) and (2) - Manufacturer's obligation	Does the manufacturer have documented procedures to ensure that purchased product or services from their subcontractor(s) meet specified requirements so that the medical device meets the safety and effectiveness requirements? **Note 1**: See auditing of subcontractors in section 2.3.2 above. **Note 2** : Following guidance taken from document GHTF SG4(99)28

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
			Regulatory Auditing. 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) .
4.6.2	**Evaluation of subcontractors** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.6.3	**Purchasing data** Generic ISO 9001 requirements plus the following: To the extent required by the particular requirements for traceability in 4.8, the manufacturer shall retain copies (see 4.16) of relevant purchasing documents.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.6.4	**Verification of purchased product** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.7	**Control of customer-supplied product** Generic ISO 9001 requirements.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.8	**Product identification and traceability** Generic ISO 9001 requirements plus the following:	Section 21 to 23 : Labelling	Registrar uses existing ISO 9001 audit questions plus following questions. Does the manufacturer have procedures for identifying devices so that they meet the Canadian labelling requirements required by Sections 21 to 23?

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
			Note : see (1) Guidance for the Labelling of Medical Devices, Section 21 to 23 of the Medical Devices Regulations, Appendices for Labelling: Prolonged Wear Contact Lenses, Menstrual Tampons,Contraceptive Devices, and Medical Gloves(Draft); and (2) Guidance for the Labelling of In Vitro Diagnostic Devices - DRAFT www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/guides/meddev
	a) Identification The manufacturer shall establish and maintain procedures to ensure that medical devices returned to the supplier for reprocessing to specified requirements are identified and distinguished at all times from normal production (see 4.15.1)	***a) Identification*** No specific requirements in *MDR*	***a) Identification*** Does the manufacturer have procedures to ensure that medical devices returned for reprocessing are identified and distinguished at all times from normal production?
	b) Traceability The manufacturer shall establish, document and maintain procedures for traceability. The procedures shall define the extent of traceability and facilitate corrective and preventive action (see 4.14).	***b) Traceability*** Section. 52 to 56 Distribution Records	***b) Traceability*** Does the manufacturer have documented procedures for traceability for all Class II, III an IV devices? Do distribution records contain sufficient information to permit a complete and rapid withdrawal of a Class II, III or IV medical device from the market?
	Additional requirements for active implantable medical devices and implantable medical devices When defining the extent of traceability, the manufacturer shall include all components and material used and records of the environmental conditions [see	Section 66 - 68 Implant	Does the manufacturer have documented procedures for traceability for all Class III and IV devices that meet the ISO definition of *impantable medical device* or *active implantable medical device*? If applicable, does the

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
	4.9b) 4], when these could cause the medical device not to satisfy its specified requirements.	Registration (**note** : these sections 66 to 68 are only applicable to devices listed in Schedule 2 of the MDR)	manufacturer have traceability procedures that address the Implant Registration requirements for medical devices that meet the Canadian *MDR* definition for Implant and is listed in Schedule 2 of the Regulations? Has the manufacturer identified its Canadian distributors and required them to maintain distribution records that meet Sections 52 to 56? When defining the extent of traceability, does the manufacturer include all components and materials used and records of the environmental conditions when these could cause the medical device not to satisfy its specified requirements?
	Agents and distributors The manufacturer shall require that all its agents or distributors maintain records of distribution of medical devices with regard to traceability and that such records are available for inspection.	***Agents and distributors*** Section 52 to 56 Distribution Records	***Agents and distributors*** Does the manufacturer's distributors have records of distribution of devices and are these records kept for the longer of, the projected useful life of the device as defined by the manufacturer, or two years after the device was shipped?
4.9	**Process control** Generic ISO 9001 requirements plus the following:	Section: 32(4)(*i)* (ii) : process validation studies required for Class IV licence application)	Registrar uses existing ISO 9001 audit questions.
4.9 a)	**Personnel**	No specific requirements	Registrar uses existing ISO

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
	ISO 13485 requirements apply.	in *MDR*	13485 audit questions.
4.9 b)	**Environmental control in manufacturer** ISO 13485 requirements apply.	No specific requirements in *MDR*	Registrar uses existing ISO 13485 audit questions.
4.9 c)	**Cleanliness of product** ISO 13485 requirements apply.	No specific requirements in *MDR*	Registrar uses existing ISO 13485 audit questions.
4.9 d)	**Maintenance** ISO 13485 requirements apply.	No specific requirements in *MDR*	Registrar uses existing ISO 13485 audit questions.
4.9 e)	**Installation** ISO 13485 requirements apply.	No specific requirements in *MDR*	Registrar uses existing ISO 13485 audit questions.
4.9 f)	**Computer software used in process control** ISO 13485 requirements apply.	No specific requirements in *MDR*	Registrar uses existing ISO 13485 audit questions.
Additional	**Additional requirement for sterile medical device** Manufacturer shall subject the medical device to a validated sterilization process and record (4.16) all the control parameters of the sterilization process.	Section 17 : validate sterilization process.	Does the manufacturer have objective evidence demonstrating that sterilization processes have been validated? **Note:** all requirements in element 4.9 are common to other regional or national regulatory requirements
4.10	**Inspection & testing**		
4.10.1	**General** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.10.2	**Receiving inspection and testing** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.10.3	**In-process inspection and testing** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.10.4	**Final inspection and testing** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.10.5	**Inspection and test records** Generic ISO 9001 requirements plus... The manufacturer shall record the identity of personnel performing any inspection or testing.	No specific requirements in *MDR*	Registrar uses existing ISO 9001 and ISO 13485:1996 audit questions.

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
4.11	**Control of inspection, measuring and test equipment**		
4.11.1	**General** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.11.2	**Control procedure** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.12	**Inspection and test status** Generic ISO 9001 requirements		Registrar uses existing ISO 9001 audit questions.
4.13	**Control of non-conforming product**		
4.13.1	**General** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.13.2	**Review and disposition of nonconforming product** Generic ISO 9001 requirements plus ISO 13485:1996 requirements.	 No specific requirements in *MDR*	Registrar uses existing ISO 9001 and ISO 13485:1996 audit questions.
4.14	**Corrective and preventive action**		
4.14.1	**General** Generic ISO 9001 requirements plus the following: The manufacturer shall maintain a documented complaints and feedback system regarding quality problems and use as input into corrective and/or preventive action. The manufacture shall review experience gained during the post-production phase shall use as part of the feedback system.	 Section 57 (a) : Maintain record of all reported device performance and safety problems and customer complaints	Registrar uses existing ISO 9001 and ISO 13485:1996 audit questions plus following questions. Does the manufacturer and its Canadian importer and distributors maintain records of reported problems or consumer complaints relating to the performance characteristics or safety of the device? Are these problem reports or consumer complaints used as input into the corrective and/or preventive action system? **Note 1 :** see www.hc-sc.gc.ca/hpfb-dgpsa/inspectorate/medical_devices_e.html for guidance on complaint handling

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
			and recall
	The manufacturer shall maintain records of all customer complaint investigations. When the investigations determine that the activities at remote premises contributed to the customer complaint, relevant information shall be communicated between the manufacturer and the remote premises. If any customer complaint is not followed by corrective and/or preventive action, the reason shall be recorded.	Section 57(b) : Maintain records of actions taken following reported problems and customer complaint	Have the manufacturer and his Canadian importer and distributor established, implemented and documented procedures that will enable them to carry out an effective and timely investigation of consumer complaints and reported problems related to device performance or safety?
	The manufacturer shall establish document and maintain procedures to notifying the regulatory authority of incidents that meet the reporting criteria.	Section 59 to 62 : Mandatory Problem Reporting	Does the manufacturer and his Canadian importer have documented procedures to inform Health Canada of incidents that meet the mandatory reporting criteria found in Sections 59to 62. **Note 2** : see www.hc-sc.gc.ca/hpfb-dgpsa/inspectorate/medical_devices_e.html for guidance on mandatory problem reporting
	The manufacturer shall establish, document and maintain procedures for the issue of advisory notices for medical devices. These procedures shall be capable of being implemented at any time.	Section 63 to 65 : Recall	Does the manufacturer and his Canadian importer have documented procedures for them to : 1) carry out an effective and timely recall of the device following a consumer complaint or reported problem related to device performance or safety? 2) recall or correct a device, or to notify its owners and users in Canada of its defectiveness or potential defectiveness

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
			after becoming aware that the device : (a) may be hazardous to health; (b) may fail to conform to any claim made by the manufacturer or importer relating to its effectiveness, benefits, performance characteristics or safety; or (c) may not meet the requirements of the Food and Drugs Act (R.S., c. F-27, s.1) or the MDR (SOR/DORS/98-282) **Note 3 :** see www.hc-sc.gc.ca/hpfb-dgpsa/inspectorate/medical_devices_e.html for guidance on Product recall procedures. 3) provide the Minister with the information required in Sections 64 (a) to (k) and Section 65 of the *MDR.*
4.14.2	**Corrective action** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.14.3	**Preventive action** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.15	**Handling, storage, packaging, preservation and delivery**		
4.15.1	**General** Generic ISO 9001 requirements plus ISO 13485 requirements apply.	No specific requirements in *MDR* No specific requirements in *MDR*	Registrar uses existing ISO 9001 and ISO 13485 audit questions.
4.15.2	**Handling** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.15.3	**Storage** Generic ISO 9001 requirements	Section 14 : Characteristics and performance of medical device not affected by transport or storage.	Registrar uses existing ISO 9001 audit questions plus. Does manufacturer verify that characteristics and performance of a medical

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
			device is not affected by conditions of storage?
4.15.4	**Packaging** Generic ISO 9001 requirements plus. For active implantable and implantable and devices the manufacturer shall record the identify of persons who perform the final labelling operation	No specific requirements in *MDR*	Registrar uses existing ISO 9001 and ISO 13485 audit questions.
4.15.5	**Preservation** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.15.6	**Delivery** Generic ISO 9001 requirements plus. For active implantable and implantable and devices the manufacturer shall ensure that the name and address of the shipping package consignee is included in the quality records.	Section 14 : Characteristics and performance of medical device not affected by transport or storage.	Registrar uses existing ISO 9001 and ISO 13485 audit questions plus. Does manufacturer verify that characteristics and performance of a medical device is not affected by transport?
4.16	**Control of quality record** Generic ISO 9001 requirements plus. The manufacturer shall retain the quality records for a period of time at least equivalent to the lifetime of the medical device defined by the supplier, but not less than 2 years from the date of dispatch from the manufacturer. **Note 1**- National or regional regulations may require a longer period than 2 years The supplier shall establish and maintain a record for each batch of medical devices that provides traceability to the extent required	No specific requirements in *MDR* Section 55 : distribution records	Registrar uses existing ISO 9001 and ISO 13485 audit questions plus following questions. Has the manufacturer identified the lifetime of the device? Has the manufacturer defined the record retention period for distribution records in respect of a medical device for the longer of (a) the projected useful life of the device, or (b) two years after the date the device is shipped?

Element of ISO 13485:1996	QS requirement ISO 13485:1996 and ISO 9001:1994	MDR requirement P.C. 1998–783 7 May, 1998	Potential audit questions
	by 4.8 and identifies the quality manufactured and quantity approved for distribution. The batch shall be verified and authorized, **Note 2** - A batch may be a single medical device		
4.17	**Internal quality records** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.18	**Training** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.19	**Servicing** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.
4.20	**Statistical techniques** Generic ISO 9001 requirements	No specific requirements in *MDR*	Registrar uses existing ISO 9001 audit questions.

Annex B
Multi-site medical device manufacturers

Multi-site structure 1 (simple case - no subcontracting activities)
Description : Manufacturer located in, or out of, Canada who perform some activities like design, manufacture and associated activities but use another part of the organization based in Canada to perform regulatory activities and possibly packaging, warehousing, distribution, service and installation. All locations inside and outside Canada are under the control of a single quality system.

In this case the quality system auditor would visit all sites covered by the scope of the quality system and would expect to find at a location designated by the manufacturer objective evidence that the applicable sections of the Canadian Medical Devices Regulations have been addressed.

Multi-site structure 2 (limited subcontracting activities)
Description : Manufacturer located in, or out of, Canada who performs regulatory activity and subcontracts some or all other activities like design, manufacture, packaging, warehousing, distribution, service and installation to entities that may or may not be part of the manufacturer's organization. All activities that are not subcontracted are under the control of the manufacturer's quality system. Control over the subcontracted products or processes are controlled through a formal, documented process that could use contracts, purchasing agreements, specification verification or second party audits.

In this case the CMDCAS quality system auditor would visit all sites covered by the scope of the quality system and would expect to find at the Canadian location, or any other location that has been delegated the responsibility by the manufacturer, objective evidence that the applicable sections of the Canadian Medical Devices Regulations have been addressed.

The CMDCAS recognized registrar uses the guidance given in section "**2.3.2 Collecting Information**" above to evaluate the need to visit a subcontractor that provides a product or service that become part of, or could affect the quality of, the medical device.

Multi-site structure 3 (complex case- extensive subcontracting)
Description : Manufacturer located in, or out of, Canada puts its own name, trade mark, trade name or logo on the label of a device but subcontracts all design and manufacturing and possibly packaging, warehousing, service and installation activities to component manufacturers, original equipment manufacturers or contract service providers that may or may not be part of the manufacturer's organization. The manufacturer also maintains a quality system that controls all subcontracted activities and services through a formal, documented process that could use contracts, purchasing agreements, specification verification or second party audits.

In this case the quality system auditor would visit all sites covered by the scope of the quality system and would expect to find at the location that has been delegated the responsibility by the manufacturer, objective evidence that the applicable sections of the Canadian Medical Devices Regulations have been addressed.

The CMDCAS recognized registrar uses the guidance given in section "**2.3.2 Collecting Information**" above to evaluate the need to visit a subcontractor.

Annex C
Guidance on potential audit situations

Should a CMDCAS registrar issue certificate to "new" quality system?

It is recognized that a CMDCAS registrar may be reluctant to issue a certificate to a legal manufacturer because their quality system could be considered "brand new" thereby making an objective assessment of its effectiveness difficult. However, the regulatory requirement is for the legal manufacturer to have a valid certificate in order for them to get a medical device licence.

In a situation such as this, Health Canada would expect the CMDCAS registrar to issue the certificate based on their assessment of the implemented quality system and an understanding that the registrar has with the legal manufacturer that a second audit will be performed within 12 months that will focus on a review of the effectiveness of the quality system.

What should an auditor do if there is no design file or design history file?

If a device has been on the market for many years it is possible that the manufacturer may not have the original design file or design history file. In a situation such as this, Health Canada does not expect the manufacturer to recreate the design file. Instead, the manufacturer will be expected to have documented procedures in place for the "design control process" that could be implemented. The intent of these procedures would be for the manufacturer to use them if they were to introduce any new product or if they were to make a change to an existing device.

Where should records be stored?

To minimize travel time and expense of an auditor, all necessary records needed to demonstrate that the manufacturer conforms to the quality system requirements should be kept at the legal manufacturer's location. However, in more complex multi-site or virtual manufacturer organizations, the manufacturer could refer to the location delegated by the manufacturer where the records are kept and are easily accessed. Of course, if the auditor needs to review these documents, then they must be made available by bringing the records to the auditor or having the auditor go to the location where the records are kept.

Section 9 (2) of the *Medical Devices Regulations* requires all manufacturers to keep objective evidence to establish that the medical device meets the safety and effectiveness requirements of section 10 to 20. The regulations also require the manufacturer to maintain complaint handling records or procedures, mandatory problem reporting procedures, recall procedures, and distribution records.

How should virtual manufacturers be audited?

Virtual manufacturers have the same legal responsibility for meeting the safety, effectiveness and quality system requirements as a "real" manufacturer. See section 2.3.2 above relating to **Auditing of subcontractors** for the auditing of subcontractors used by virtual manufacturers.

Annex D
Explanation of abbreviations

CMDCAS	Canadian Medical Devices Conformity Assessment System
MDR	Medical Devices Regulations
MDB	Medical Devices Bureau
GHTF	Global Harmonization Task Force (www.ghtf.org)
IAF	International Accreditation Forum (www.iaf.nu)
ISO	International Organization for Standardization (www.iso.org)
SCC	Strandards Council of Canada (www.scc.ca)
TPD	Therapeutic Products Directorate