



Conflict of interest: nothing to disclose

Health and Consumers



Q & A

A: Does Vigilance means the control of Manufacturers activities done by Competences Authorities and Notified Bodies?

B: Does Vigilance cover all types of incidents?

C: Is reporting by health professionals voluntary?





Place of Vigilance within Medical Device Surveillance System

► Market Surveillance

- · Competent Authorities responsibility
- Managed at national / regional level

► Post Market Clinical Follow Up

- Manufacturer's responsibility
- Quality, performance and safety aspects

► Vigilance

- Manufacturers and national CAs responsibility
- Reporting of serious incidents and corrective actions





Main aspects of current EU Vigilance System

- Mandatory reporting by Manufacturer (MFR) to the Competent Authorities (CAs) when a serious incident(s) occurs
- Responsibility of CAs for assessment of all notified incidents and for the validation of Field Safety Corrective Actions
- National Competent Authorities Reports (NCARs) to inform other CAs and the Commission of incidents when corrective actions have been taken or are contemplated
- Reporting by Health Professionals according to national rules





Is reporting by health professionals mandatory or voluntary?

MANDATORY	VOLUNTARY
Italy, Norway	Luxembourg
Belgium, Portugal	Cyprus
Lithuania, Denmark	Ireland
Sweden, Poland	
Finland, Latvia	
United Kingdom	
Germany	





Main aspects of current EU Vigilance System

- Development of European guidelines (MEDDEV) by the EU Vigilance WG (National Competent Authorities, industry and health professionals' organisations)
- To harmonize the scope for reporting, definitions related to Vigilance and implementation by MFRs and CAs
- To standardize reporting forms (available on DG GROW Europa Website)
 http://ec.europa.eu/growth/sectors/medical-devices/documents/guidelines/index en.htm





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Challenges for the Vigilance System

- Disparity of MFRs reporting practices with significant under-reporting
- Need of higher reporting by health professionals to CAs
- Huge increase of total number of MFR incident reports but not optimised usability of collected data for CAs:
 - Mix of reportable (serious incidents) and non reportable events
 - Little data aggregability due to lack of use of international nomenclatures for device identification, device types, event types and root causes, patient harm
 - Difficulty to develop tools for signal detection and trending
- Need of better use of health professional registries for Vigilance purposes





Main improvements for Vigilance Commission Legislative Proposals

- Direct reporting of all serious incidents and FSCA by MFRs to the EU Portal
- Member States to encourage Health professionals and patients to report serious incidents at national level through harmonised forms
- Increased transparency through differentiated access to vigilance information
- Extended use of standardised nomenclatures enabling aggregation of data and development of statistical tools for signals' detection and trend analysis

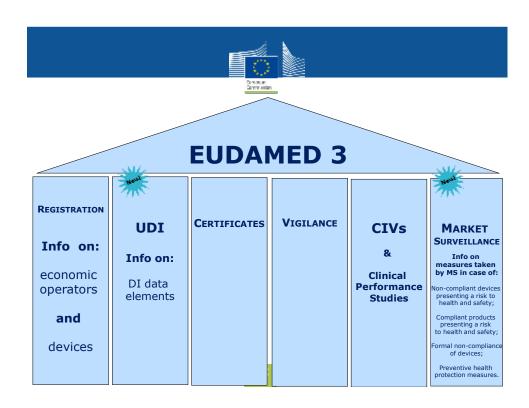




New EU Database for Medical Devices (EUDAMED III)

- An Electronic System with different modules (scheme)
- Modules for:
 - Unique Device Identifiers (UDI)
 - Registration of economic operators and devices on the EU market
 - Certificates
 - Clinical Investigations
 - Vigilance
 - Market Surveillance
- Different access levels for CAs, Manufacturers, Health professionals, Notified Bodies and the public







Q & A

A: Does Vigilance means the control of Manufacturers activities done by Competences Authorities and Notified Bodies?

NO





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B: Does Vigilance cover all types of incidents?

NO





Q & A

C: Is reporting by health professionals voluntary?

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Q & A

- A: NO
- B: NO
- C: Both

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