Navigating FDA Compliance:

Defining Your QMSR Journey

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About Us

Established and led by experienced and reputable regulatory affairs executives, MedEnvoy is dedicated to supporting medical device companies with compliance in their international expansion.

Our Executive Management Team

Our executive management team has been assisting medical device and IVD manufacturers with compliance for over 30 years.

Edgar Kasteel
Partner & CEO

Rene van de Zande
Partner & CCO

Dr. Stefan Tuschen
Partner & COO

Our Speakers

Daryl Wisdahl
Senior Consultant

Daryl has more than thirty years of experience in the medical device industry and specializes in Quality Management System (QMS) implementation and compliance, as well as regulatory submissions for medical devices.

Jasmine Hall
Senior Consultant

Jasmine has more than twenty years of experience in the medical device industry and specializes in Quality Management System (QMS) implementation and compliance, as well as regulatory submissions for medical devices.

The Journey from QSR to QMSR

Tortoise or Hare?

Are you the tortoise or the hare? Have you been “sleeping” up until now?

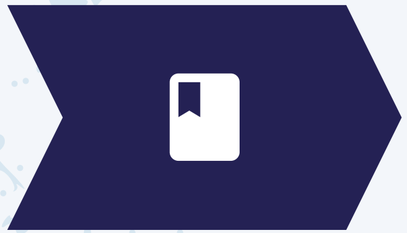
2 Feb 2024

FDA Issues Final QMSR Rule

18 Feb 2025

Today

2 Feb 2026



QMSR Effective Date

History of Good Manufacturing Practices:

(GMPs) and Quality System Regulation (QSR)

Quick History of FDA QSRs

Was it finally time?

- The original Good Manufacturing Practices (QMPs) were released as part of the “Medical Device Amendments of 1976
- These were officially released in July 1978, becoming effective December 1978 under 21 CFR Part 820

Quick History of FDA QSRs

Was it finally time?

- FDA updated Part 820 in October 1996 by releasing the “Quality System Regulation” (QSR), which become effect June 1, 1997.
- With the release of the QSR, FDA introduced “design control” as a requirement.
- Per the FDA:
  - “The quality system regulation includes requirements related to the methods used in, and the facilities and controls used for, designing, manufacturing, packaging, labeling, storing, installing, and servicing of medical devices intended for human use. This action is necessary to add preproduction design controls and to achieve consistency with quality system requirements worldwide. This regulation sets forth the framework for device manufacturers to follow and gives them greater flexibility in achieving quality requirements.”

Introducing the Quality Management System Regulation: QMSR

Introduction of QMSR

Issuance of QMSR Final Rule

- **Feb 2, 2024** FDA issued a final rule which modernizes the Quality System Regulation (QSR) and more closely aligns the regulation with ISO 13485:2016, which is used by other regulatory authorities from other jurisdictions (i.e., other countries).
  - This was done by incorporating by reference (“IBR”) the ISO 13485 quality management systems.

Introduction of QMSR

21 CFR Part 820 Updated

- 820.1: Scope
- 820.3: Definitions
- 820.7: Incorporation by reference
- 820.10: Requirements for a quality management system
- 820.35: Control of records
- 820.45: Device labeling and packaging controls
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QMSR

Part 820.1 Scope

- Any manufacturers engaged in the design, manufacture, packaging, labeling, storage, installation, or servicing of a finished device must establish and maintain a quality management system that is appropriate for its specific device(s).
- If a manufacturer engages in only someoperations subject to the requirements in this part, and not in others, that manufacturer need only comply with those requirements applicable to the operations in which it is engaged.

QMSR

Part 820.1 Scope --- Applies to all devices?

- Finished devices - the QMSR applies to any finished device intended for human use.
- HCT/Ps - The QMSR applies to manufacturers of human cells, tissues, and cellular and tissue based products (HCT/Ps)
- Components or parts - The QMSR doES not apply to manufacturers of components or parts of finished devices, but such manufacturers are encouraged to consider provisions of this regulation as appropriate.
- Blood and blood components - The QMSR doES not apply to manufacturers of blood and blood components used for transfusion or for further manufacturing.

QMSR

Part 820.3 Definitions

Federal Food, Drug, and Cosmetic Act (FD&C Act) Section 201

Quality Management System Regulation (QMSR) 21 CFR 820.3 Definitions

"The definitions in ISO 13485 apply to this part, except as specified in subsection (b)...

21 CFR 820.3(b)
Provides definitions which supercede those in ISO 13485 and Clause 3 of ISO 9000

21 CFR 820.3(a)
Defines five additional terms which are not defined in ISO 13485 and Clause 3 of ISO 9000

- Component
- Federal Food, Drug, and Cosmetic Act
- Finished device
- Human cell, tissue, or cellular or tissue-based product (HCT/P)
- Remanufacturer

ISO 13485:2016
Clause 3: Terms and Definitions

→

ISO 9000:2015
Clause 3: Terms and Definitions

QMSR

Part 820.7 Incorporation by reference

- Incorporation by reference (IBR) allows US Federal agencies to comply with the requirement to publish their regulations/rules in the Federal Register and the Code of Federal Regulations (CFR) by referring to material already published elsewhere.
- For the QMSR – ISO 13485:2016 is incorporate in its entirety; whereas only Section 3 of ISO 9000:2015 is incorporated.

QMSR

Part 820.10: Requirements for a quality management system

Specifies::

- Document a QMS that complies with ISO 13485:2016 and other elements of Part 820
- Comply with requirements included in Parts 803, 806, 821, 830
- Comply with Design and Development requirements of Clause 7.3 of ISO 13485, as applicable
- Comply with Traceability requirements of 7.5.9.2 of ISO 13485:2016 of implantable devices

QMSR

Part 820.35: Control of records

Records Include:

- Complaints: ISO 13485 §8.2.2 plus 820.35(a)
- Servicing activities: ISO 13485 §7.5.4 plus 820.35(b)
- UDI: ISO 13485 §7,5.1, §7,5.8 and §7,5.9 plus 820.35(c)
- Confidentiality requirements

QMSR

Part 820.45: Device labeling and packaging controls

In addition to §7,5.1

- Must have documented procedure(s) outlining the processes for ensuring the integrity, inspection, storage, and operations for labeling
- Must ensure that labeling and packaging is examined for accuracy prior to release or storage and records of the review maintained
- Must ensure that labeling and packagingprocesses have been established to prevent mixups

QMSR

What about “Exempted from CGMP”?

- FDA has identified approximately 155 devices that may be exempt from the CGMP (QSRs). This exemption, which is recorded in the specific FDA regulation associated with the device, may be limited to select variations of the device.
- The exemption currently does not include §820.180 and §820.198

Applicability of QMSR

What about “Exempted from CGMP”?

- **NEW** §820.1(b) Conflicts with other requirements under the Food, Drug, and Cosmetic Act
  - To the extent that any applicable requirements in this part conflict with requirements in other parts of this chapter, **the requirements specifically applicable to the device in question shall supersede the more generally applicable requirements**
- Communication with FDA (Feb 7, 2025) confirms that any previously published exemption from CGMP with continue to apply; however, as clauses §820.180 and §820.198 are not included in the QMSR, compliance with §820.35 (Control of Records) and ISO 13485 (as incorporated by reference). The example FDA provided is that for §820.35(a) “complaints”, the requirements of ISO 13485 §8.2.2 must be met.

Emphasis on Risk Management

Explicitly Stated vs Implicitly Stated

- Within the QMSR, and its link to ISO 13485:2016, there are over 40 references to “Risk”; whereas, within the current FDA QSRs, “Risk” is only referenced once, and that is in CFR 820.30(g) Design Validation.
- FDA has included “Risk” in their guidance documents, e.g., “Design Control Guidance For Medical Device Manufacturers: Guidance for Industry (March 1997)”, and presentations “Application of Risk Management Principles for Medical Devices” *
- Implicitly, FDA has considered “Risk” to be an important element of product development and quality systems.

* https://fda.yorkcast.com/mediasite/Play/2f3dce7e06d140c4a769666418af58e91d

Emphasis on Risk Management

Explicitly Stated vs Implicitly Stated

- FDA has stated in the response to the numerous comments received regarding the transition to QMSR:
  - "…the more explicit integration of risk management throughout ISO 13485 and incorporated into the QMSR will help best meet the needs of patients and users and facilitate access to quality devices along with the progress of science and technology."
  - "…the explicit integration of risk management throughout the clauses of ISO 13485 more explicitly establishes a requirement for risk management to occur throughout a QMS and should help industry develop more effective total product life-cycle risk management systems. Effective risk management systems provide the framework for sound decision making within a QMS and provide assurance that the devices will be safe and effective…"

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QSR to QMSR

What are some differences to consider

Access to Records

Current State

- CFR 820.180
  - All records required by this part shall be maintained at the manufacturing establishment or other location that is reasonably accessible to responsible officials of the manufacturer and to employees of FDA designated to perform inspections. Such records, including those not stored at the inspected establishment, shall be made readily available for review and copying by FDA employee(s).
- (c) Exceptions.
  - This section does not apply to the reports required by §820.20(c) ***Management Review***, § 820.22 ***Quality Audits***, and ***Supplier Audit Reports*** used to meet the requirements of § 820.50(a) Evaluation of suppliers, contractors, and consultants, but does apply to procedures established under these provisions.

Access to Records

QMSR - Restrictions Removed

- The exceptions from disclosing records of Management Review and Audits was not included in the new QMSRs, which is in alignment with ISO 13485:2016.
- Therefore, FDA inspectors will have authority to review records of Management Reviews, Internal Audits and Supplier Audits.

NOTE: In response to comments received from industry questioning the release of these records, FDA stated “its investigators have already had access to data used to inform management reviews, such as nonconformances and complaints, and any corrective actions resulting from internal and supplier audits”; therefore, they already reviewing this data from a different approach/angle.

Design Control

No changes to the exceptions for select Class I devices

- FDA has incorporated by reference the Design and Development requirements of ISO 13485 §7.3 and the applicable subclauses
- FDA continues to exclude the majority of Class I devices from requiring compliance to the requirements of Design and Development. As was previously included in the QSRs, only the following Class I devices are obligated to comply with ISO 13485 §7.3
  - Devices with automated software
  - Catheter, Tracheobronchial Suction (868.6810)
  - Glove, Non-powdered Surgeon's (878.4460)
  - Restraint, Protective (880.6760)
  - System, Applicator, Radionuclide, Manual (892.5650)
  - Source, Radionuclide Teletherapy (892.5740)

Design Control

Design Planning

- The QMSR (ISO 13485) includes very detailed and expanded list of elements that must be included in design and development plan. Manufacturers should consider their status of their devices to determine whether changes to their design and development plans are necessary:
  - “Legacy” device – a device that has completed design and development, including design transfer, before the effective date of the QMSR. No changes to the Design and Development Plan are anticipated
  - “QSR/QMSR” device - a device currently in design and development in accordance with the QSR, but one that will not under design transfer before the “effective date”. The Design and Development Plan must be reviewed to ensure that it complies with the explicit requirements under the QMSR
  - “QMSR” device – a device starting design and development after the “effective date”. All design and development must follow the requirements of the QMS.

Design Control

Design Inputs/Outputs

- With the QMSR (ISO 13485) the design inputs for a device must take into consideration the “applicable output(s) of risk management”, which reinforces the criticality of risk management throughout the product lifecycle, and in the case in the initial stages of design
- Whereas the current QSR indicates that design process needs to identify those design outputs that are necessary for the “proper functioning” of the device, the QMSR (ISO 13485) emphasizes that design outputs must take into consideration both the “proper” and “SAFE” use of the device

Design Control

Design Review

- “With the existing QSR, manufacturers are required to ensure that an independent reviewer, one that does not have direct responsibility for the design stage, be included in the design.This requirement doesn’t exist within the QMSR (ISO 13485).

Design Control

Design Verification

- “Verification Plans” are an explicit requirement of the QMSR (ISO 13485), and these shall include “methods, acceptance criteria and, as appropriate, statistical techniques with rationale for sample size.”
- The QMSR (ISO 13485) also specifically states that not only the results of the verification testing shall be maintained, but also the “conclusions” and “necessary actions”.
- For devices that are connected to or interacting with other medical devices, the QMSR calls the need for the verification testing to address the connection/interface.

Design Control

Design Validation

- “Validation Plans” are an explicit requirement of the QMSR (ISO 13485), and these shall include “methods, acceptance criteria and, as appropriate, statistical techniques with rationale for sample size.”
- The QMSR (ISO 13485) states: “… the organization shall perform clinical evaluations or performance evaluations of the medical device in accordance with applicable regulatory requirements.”. As it relates to the FDA, the “clinical evaluations or performance evaluations” referenced in the QMSR are in alignment with clinical investigations, which are included in Part 812. The requirements for “clinical evaluation” or “performance evaluation”, as included in the EU MDR/IVDR, are not regulatory requirements for the FDA.

Design Control

Design Changes

- Under the QMSR (ISO 13485) all design/development changes require an evaluation of the impact of the changes on:
  - constituent parts and product, whether currently in production or product that has already been delivered.
  - Risk Management File

Design Control

Design Transfer

- With the QMSR (ISO 13485), manufacturers are required to ensure that documented procedures for design transfer address:
  - The verification of design outputs as being suitable before becoming production specifications

AND

  - The production capability of the facility can meet product requirements…. “can we actually build this widget?”

FDA Inspections

FDA process changes are coming!

- The FDA currently follows their QSIT (Quality System Inspection Technique) model, which is aligned with the QSRs
- FDA has acknowledged that changes to their inspection processes are required; however, at this time no changes have been implemented.
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FDA Inspections

FDA process changes are coming!

- Manufacturers should expect that changes to the inspection process will be introduced by 2 Feb 2026; however, manufacturers should monitor FDA announcements on inspections to ensure that they are ready for a future inspection
  - ***NOTE:*** If your facility is inspected by FDA before the QMSR effective date of 2 Feb 2026, the inspectors will follow the QSIT approach and expect that your QMS complies with the QSRs and not the QMSRs.

ISO 13485 Audits

Will FDA Perform an Inspection

- ***Certification to ISO 13485:2016 cannot be used by manufacturers to argue for an exemption from an FDA inspection, as*** ISO 13485 audits do not cover country-specific regulatory requirement, e.g. CFR Parts 803 (MDR), 806 (Corrections/Removals/Recall), 821 (Medical Device Tracking), 830 (UDI).
- MDSAP (Medical Device Single Audit Program) audits, when US FDA is included in scope, does include these country-specific requirements; therefore, manufacturers can expect that their MDSAP audit will be a sufficient alternative to routine FDA inspection.

NOTE: FDA inspections will not result in the issuance of a certificate of conformity to ISO 13485

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The Transition

How to Prepare for the Transistion

QA/RA Team & Staff Training

- QA/RA Team:
  - Review the published Quality Management System Regulation (QMSR), available from FDA. Read the Preamble, including the 83 comments from the public.
  - Review ISO 13485:2016 and ISO 13485:2016 - A Practical Guide
  - Review FDA presentations on QMSR available through CDRH Learn
  - Review presentations from other groups, e.g., this webinar and similar

How to Prepare for the Transistion

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How to Prepare for the Transistion

QA/RA Team & Staff Training

- Staff Training
  - The amount of training necessary for a company's staff that are not part of the QA/RA department will depend upon the sophistication of the company, whether the company's QMS includes ISO 13485, etc. At a minimum, the training should include:
  - An overview of the differences between QSR and QMSR – consider presenting FDA's presentations on QMSR available through CDRH Learn or "borrowing" from that presentation
  - A review pf

How to Prepare for the Transistion

Gap Assessment & Gap Closure

- Complete a gap analysis of the current QMS against ISO 13485:2016 and the updated QMSR, with emphasis on Part 820.35 (Control of Records) and Part 820.45 (Device Labeling and Packaging Controls)
- Create a Quality Plan to address the gaps
- Update existing procedures and, as applicable, implement new procedures

WAIT: Your QMS must still comply with QSRs until 2 Feb 2026

How to Prepare for the Transistion

Internal Audit

- Complete an internal audit of the QMS to ensure that all gaps have been closed and the compliance to ISO 13485:2016 can be met
- Consider the use of an outside auditor to ensure objectivity and impartiality

How Much Effort is Actually Needed?

FDA's estimates

- In the Federal Register, Vol.89, No. 23, February 2, 2024, FDA has estimated that there are approximately 25,000 registered establishments impacted by the transition from the QSR to QMSR.
- The FDA estimates that there are approximately 5,300 registered establishments that do not comply with ISO 13485. These are the companies that are considered "very small" by FDA's definition (<10 employees).
- FDA has estimated that the number of hours to complete the transition and ensure compliance with ISO 13485 for these 5,300 or companies will be 64 hours (8 days).
- What about companies that already have a QMS that complies with ISO 13485 and QSR ("established" companies)?

How Much Effort is Actually Needed?

Estimates for “very small” companies

- Gap Assessment: 8 to 12 hours
- Prepare new procedures: 32 to 48 hours*
- Procedure updates: 32 to 40 hours*
- Additional time required for Internal Audit to confirm implementation of the new/updated procedures: 12 to 16 hours

- 84 to 116 hours <10.5 to 14.5 days>

How Much Effort is Actually Needed?

Estimates for “established” companies

- Gap Assessment: 4 to 8 hours
- Prepare new procedures: 4 to 8 hours*
- Procedure updates: 8 to 12 hours*
- Additional time required for Internal Audit to confirm implementation of the new/updated procedures: 4 hours

- 20 to 32 hours <2.5 to 4 days>

The Journey from QSR to QMSR

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Q&A

Special Thanks!

- Daniëlle Sleegers
- Rocio Fallas
- Michael Dun
- Jasmine Hall

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Contact Us

info@MedEnvoyGlobal.com

www.MedEnvoyGlobal.com