

# Design Controls

## **Joseph Tartal**

Branch Chief, Postmarket and Consumer Branch  
Division of Industry and Consumer Education  
Office of Communication and Education  
Center for Devices and Radiological Health  
U.S. Food and Drug Administration

# Learning Objectives

- Understand the importance of design controls in device quality and why they are a quality system requirement.
- Know the Quality System Regulation requirements for design controls and learn how its sections interact with one another and the rest of the quality system.
- Understand the continual role design controls play in both premarket and postmarket device development.

# Design Controls – What are They?

- Set of quality practices and procedures
- Control the design process to assure that the device meets:
  - User needs
  - Intended uses
  - Specified requirements
- Can improve and prevent future issues.

# Design Controls – Why?

- 44% of voluntary recalls from October 1983 through September 1989 may have been prevented by adequate design controls.

*Source: “Device Recalls: A Study of Quality Problems” (see 55 FR 21108, May 22, 1990) and “QS Regulations (Final Rule)” (see 61 FR 52602, October 07, 1996)*

- The most frequent causes for recalls are related to Design, Software, and Non-Conforming Materials/Components.

*Source: “Medical Recall Report FY2003 to FY2012” (CDRH Office of Compliance, Division of Analysis and Program Operations)*

# Design Controls - Regulatory History

- Safe Medical Device Act of 1990 authorized FDA to add Design Controls to the current Good Manufacturing Practice (cGMP) requirements for medical devices.
- The Quality System (QS) Regulation became effective on June 1, 1997 and replaced the 1978 GMP for medical devices.
- Preamble to the QS Regulation is extremely important for understanding the intent of Design Controls.

# Design Controls 21 CFR 820.30

Design controls apply to:

- All **Class II** and **Class III** medical devices
- Only these Class I medical devices:
  1. Devices automated with computer software
  2. Tracheobronchial suction catheters
  3. Surgeon's gloves
  4. Protective restraints
  5. Manual radionuclide applicator system
  6. Radionuclide teletherapy source

# Design Controls - When to Start?

- Where research ends and design begins
- After Feasibility/“Proof of Concept”
- When you plan to bring your device to market
- Prior to start of any Investigation Device Exemption (21 CFR 812)
- Premarket
- Mechanism of change/revision

# Requirements for Design Controls



# Design Controls – Where to Start?

Design Planning: **Establish**, maintain and document

- Describe or reference design and development activities.
- Identify, describe, and define interfaces, responsibilities, and functions/activities impacting device design.
- Review, document, approve, and update as development and changes evolve.

# Design Input 21 CFR 820.30(c)

- Design inputs are the **physical and performance characteristics** of a device that are used as a basis for device design.
- Establish and maintain procedures for Design Input:
  - Ensure requirements are appropriate by addressing user needs and intended use(s) in terms that are measurable.
  - Address incomplete, ambiguous, or conflicting requirements.
  - Document, review, and approve input requirements.

# Design Input: Example

User Need Example: “**Portable**”

- Define as “End user must hand carry device”
- Consider dimensions and weight
- Identify conflicting requirements (different units of measure)
  - 5 **lbs** ± 1 **kg**
- Resolve discrepancies
  - 5 **lbs** ± 1 **lbs**

# Human Factors

Human factors are the study of the **interactions between humans and device** (i.e., interface) and the subsequent design of the device-human interface. It plays an important role in Design Control.

# Examples of Design Input

- Device functions
- Physical characteristics
- Performance
- Safety
- Reliability
- Standards
- Regulatory requirements
- Human factors
- Labeling & packaging
- Maintenance
- Sterilization
- Compatibility with other devices
- Environmental limits

# Design Output 21 CFR 820.30(d)

- Design outputs are the results of a design effort at each design phase and at the **end of the total design effort**.
- Establish and maintain procedures for Design Output:
  - Define and document design output in terms that allow an adequate evaluation of conformance to design input.
  - Reference definable/measurable acceptance criteria.
  - Identify design outputs **essential** for the proper functioning of the device.
  - Review, approve, and document design output before release.

# Design Review 21 CFR 820.30(e)

Design Review is a **documented, comprehensive, systematic** examination to:

- Appropriately review the design at appropriate stages
- Include appropriate representation
- Evaluate adequacy of the design requirements.
- Evaluate capability of the design to meet requirements.
- Identify any problems.

# Design Verification 21 CFR 820.30(f)

- Design verification is **confirmation** by **objective evidence** that design **output meets** design **input**.
- Establish and maintain procedures for Design Verification:
  - Confirm through measurable means (e.g., test reports, etc.).
  - Review, approve and document in Design History File (DHF).



# Design Validation 21 CFR 820.30(g)

- Design Validation means establishing by **objective evidence** that specifications (specified requirements) conform with **user needs** and **intended use(s)**.
- Establish and maintain procedures for Design Validation:
  - Under defined operating conditions.
  - On initial production units, lots, or batches (or their equivalents).
  - Under actual or simulated use conditions.

# Design - Verification vs. Validation

- **Design Verification**

- Output meets Input
- “I made the product **correctly**.”

- **Design Validation**

- Specifications meet user needs and intended use(s)
- “I made the **correct** product.”

# Risk Analysis

QS Regulation: Design validation shall include software validation and **risk analysis**, where appropriate

- “Where Appropriate”: required unless manufacturer can justify otherwise
- Almost always appropriate to perform risk analysis
- Perform initial risk analysis earlier during design inputs

# What is Risk Analysis?

## Intent of Risk Analysis per Preamble Comment #83:

- Identify possible hazards, including use error
- Calculate risk, under normal and fault conditions
- Determine risk acceptability
- Reduce unacceptable risks to acceptable levels
- Ensure changes made do not introduce new hazards

# Additional Resources on Risk

- Implementation of risk management principles and activities within a Quality Management System - GHTF - 2005

[www.imdrf.org/docs/ghtf/final/sg3/technical-docs/ghtf-sg3-n15r8-risk-management-principles-qms-050520.pdf](http://www.imdrf.org/docs/ghtf/final/sg3/technical-docs/ghtf-sg3-n15r8-risk-management-principles-qms-050520.pdf)

- ISO 14971:2007/(R)2010 Medical Devices – Application of risk management to medical devices

# Design Transfer 21 CFR 820.30(h)

Establish and maintain procedures to ensure correct Design Transfer into production specifications.

- Is the Design accurately transferred to Production?
- A final stage of development is frequently done to ensure all outputs are adequately transferred.

# Design Controls Continual Role in Premarket and Postmarket Device Development

# Design Changes 21 CFR 820.30(i)

Establish and maintain procedures for the identification, documentation, validation or where appropriate verification, review, and approval of design **changes before** their **implementation**.



# Design History File 21 CFR 820.30(j)

*Design History File (DHF)* means a compilation of records which describes the **design history** of a **finished device**.

- Establish and maintain a design history file for each type of device.
- Include in the DHF, or reference records information necessary to demonstrate that the design was developed in accordance with the Design Plan and Quality System requirements.

# Additional Design Controls Resources

- **Design Control Guidance For Medical Device Manufacturers**

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm070627.htm>

- **Human Factors and Medical Devices**

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HumanFactors/default.htm>

# Call to Action

- Meet your regulatory requirements for design controls per 21 CFR 820.30.
- Use cross functional teams to design your device.
- Ensure you design controls address user needs, intended use and defines appropriate specifications .
- Use design controls to build quality, safety, effectiveness and savings into your medical device.

# Industry Education Resources

## Three Resources

1. **CDRH Learn – Multi-Media Industry Education**
  - over 115 modules
  - videos, audio recordings, power point presentations, software-based “how to” modules
  - mobile-friendly: access CDRH Learn on your portable devices

<http://www.fda.gov/Training/CDRHLearn>
  
2. **Device Advice – Text-Based Education**
  - comprehensive regulatory information on premarket and postmarket topics

[www.fda.gov/DeviceAdvice](http://www.fda.gov/DeviceAdvice)
  
3. **Division of Industry and Consumer Education (DICE)**
  - Contact DICE if you have a question
  - Email: [DICE@fda.hhs.gov](mailto:DICE@fda.hhs.gov)
  - Phone: 1(800) 638-2041 or (301) 796-7100 (Hours: 9 am-12:30 pm; 1 pm-4:30pm EST)
  - Web: [www.fda.gov/DICE](http://www.fda.gov/DICE)

