

White Paper

Dynamic Data Feeding Flexible Workflows: The Future of QARA in Medical Device Regulation

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Introduction

The medical device industry stands at a critical inflection point. Traditional Quality Assurance and Regulatory Affairs (QARA) processes — built on static datasets — no longer suffice in an environment characterized by accelerating innovation, evolving regulations and real-time data requirements. This white paper examines the imperative shift toward dynamic data systems that enable agile decision-making, predictive compliance and continuous alignment with global regulatory standards.

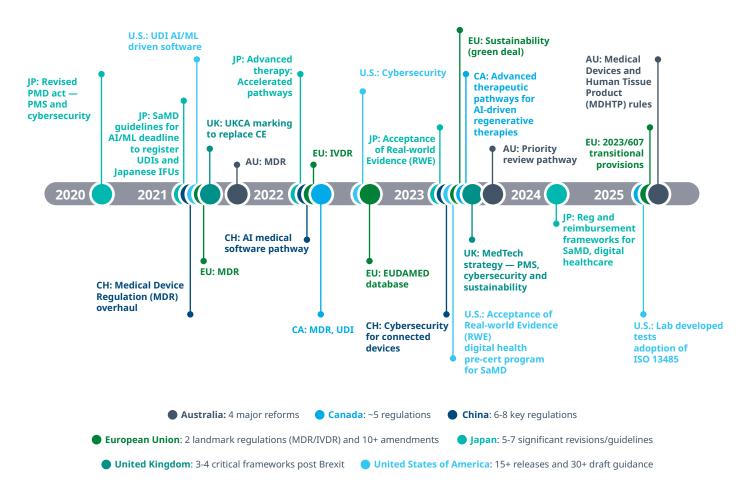
The regulatory explosion in MedTech

The past five years (2020-2024) have witnessed an unprecedented surge in medical device regulations globally. This regulatory proliferation includes 15+ landmark regulations, 60+ major guidelines, 100+ technical amendments, and 20+ global and regional harmonization alignments emerging in rapid succession.

Primary markets have undergone significant overhauls, with patient safety concerns triggering cascading effects across regulations affecting both new product launches and existing market approvals. Meanwhile, emerging markets like India and Brazil are revamping their regulatory frameworks to align with global standards.

The burden of conforming to these rapidly changing requirements falls squarely on quality and regulatory processes, ultimately affecting commercialization timelines and costs. Organizations' ability to manage these changes across various countries, technology types and risk classifications has become a critical differentiator in the marketplace.

Figure 1: 15+ Landmark regulations | 60+ Major guidelines | 100+ Technical amendments | 20+ Global and regional harmonization alignments



Note that India and Brazil (not included in the graph) are in the process of revamping complete systems and frameworks to match the global regulations and governance, adding to the global numbers.

Quality implications

As figure 2 shows below, quality assurance requirements — mandated by most regulatory agencies as part of technical documentation — have similarly expanded. ISO 13485, the most common quality management standard, has undergone significant updates driven by key regulatory releases worldwide.

These updates introduce complexities throughout the product lifecycle and necessitate substantial changes to standard operating procedures and planning processes. The continuous release of new requirements demands an intelligent framework capable of recognizing, filtering, classifying, assessing impact and translating changes into actionable workflows.

Figure 2: Quality assurance requirement have expanded

	—● Quality management systems: ISO 13485:2016 amendment 1 — 2023 (Major change)
	Enhanced focus on cybersecurity and software validation for connected devices. Requires documented risk controls for networked mec devices and stricter validation of AI/ML algorithms.
	Risk management — ISO 14971:2019 Updated application guidance — 2023 (Major change)
	Alignment with EU MDR and FDA requirements for risk-benefit analysis. Manufacturers must now explicitly address risks related to sustainability (e.g., environmental impact of device disposal).
<u> </u>	Cybersecurity — IEC 81001-5-1:2023 (New standard)
	Focuses on health software lifecycle processes, requiring threat modeling and patch-ability for SaMD (Software as a Medical Device). Referenced in FDA's 2023 draft guidance on cybersecurity, AAMI TIR57:2023.
	• Software development: IEC 62304:2023 amendment (Major update)
	Stricter requirements for AI/ML-based software validation, including dataset bias assessments. Mandates traceability of training data as algorithm updates for SaMD.
	Biocompatibility: ISO 10993-18:2023 (New standard)
	Focuses on chemical characterization of materials replacing outdated toxicology testing methods. Required under EU MDR for legacy device recertification.
<u> </u>	• Clinical investigations: ISO 14155:2023 (Major update)
	Aligns with EU MDR and FDA's RWE guidance, emphasizing decentralized clinical trials (DCTs) and real-world data collection.
	──● Post-market surveillance: ISO/TR 20416:2023 (New update)
	Framework for automated post-market data collection (e.g., IoT-enabled devices). Supports compliance with EU MDR's PMS Plan require
5	• Sustainability: ISO 14001:2023 integration (New update)
	Environmental management systems now linked to EU Green Deal and CSRD (Corporate Sustainability Reporting Directive). Manufactur must report carbon footprints and recyclability metrics in technical documentation.
	AI/ML governance: ISO/TR 5469:2023 (New update)
	Guidelines for ethical AI development, including bias mitigation and transparency. Referenced in FDA's Predetermined Change Control F for AI/ML devices.
<u> </u>	• Regional updates affecting QMS (Major updates) (2024)
	EU MDR Harmonized Standards (2024) EN ISO 15223-1:2023 (Symbols for labeling) EN 60601-1-2:2023 (EMC requirements
	for IoT devices). UK (MHRA) BSI Flex Standards: New UK-specific standards for cybersecurity and interoperability post-Brexit. China (NMPA): GB/T 42062:2023 : Aligns with ISO 14971 but adds stricter cybersecurity clauses.

THE LIMITATIONS OF STATIC REGULATORY DATA

Traditional approaches to regulatory data management are inadequate to today's standards. Key shortcomings include:

- **Outdated information** results from manual updates that significantly lag behind real-world regulatory changes, affecting compliance, costs and time-to-market.
- **Siloed systems** further compound this problem as data trapped in disconnected spreadsheets, QMS platforms or regional submission systems inhibits global coordination.
- **Reactive compliance** where teams scramble to address audits, recalls or policy shifts instead of anticipating them.
- Finally, the **data maintenance burden** cannot be overlooked, as frequent updates require resource-intensive curation and verification, increasing infrastructure and storage costs.

The maintenance of static datasets compounds complexity, costs and relevance issues that ultimately magnify errors and expensive delays.



THE POWER OF DYNAMIC REGULATORY DATA

Dynamic data refers to real-time, interconnected information that evolves with regulatory, clinical and market conditions. Unlike static data, dynamic systems prioritize actionability over archiving. Key applications include:

- **Global dashboards for regulatory launches** provide unified views of submissions, approvals and compliance status across global markets, driven by regional strategic recommendations and timelines.
- Automated alert screening continuously monitors policy, standards or regulation changes to drive impact assessments across processes, products registrations, and documentation.
- **Post-market surveillance streams** aggregate adverse event reports, patient feedback and performance metrics to drive complaint handling with complete traceability.
- **Predictive analytics** offers AI-driven risk assessments to forecast supply chain disruptions, audit outcomes or competitor recalls, enabling preemptive action.

FROM STATIC COMPLIANCE TO PROACTIVE GOVERNANCE

The imperative to shift from static to dynamic data systems is driven by several factors:

- Accelerating innovation: Products advance faster than regulators can publish guidelines and companies can adapt to them.
- **Global complexity:** Navigating regional variations and emerging standards requires strategic, nimble workflows fed by current data.
- **Predictive requirements:** Advanced impact assessments and preemptive risk mitigation strategies must be built into the complete product lifecycle.

The industry must move away from the traditional "this is how it has always been done" mentality toward a "what needs to be done" approach that ensures patient safety while enhancing technological efficacy.

Building a dynamic data strategy: The QARA AI agent

Modern generative AI capabilities extend beyond data extraction to presenting information in actionable formats that support downstream processes. The QARA AI agent provides country-specific information with comparative summaries and strategic recommendations, which can evolve into interactive frameworks that incorporate user input and validation to create dynamic, data-driven workflows.

Implementing a dynamic data approach requires breaking down silos in QARA processes and creating a "single source of truth." This transformation shifts solutions from data monitoring to developing strategic frameworks supporting dynamic data and configurable workflows.

1. Live data harvesting and intelligent curation: The QARA AI agent processes user requests for regulatory guidance, such as plans for launching class 2 devices in specific markets. This chatbot searches current regulatory updates from trusted agencies like FDA, EMA and PMDA to gather relevant data. The system enhances search accuracy through feedback loops incorporating parameters including industry-specific regulations, regulatory activities, product attributes and target markets. To demonstrate this, figure 3 provides examples of QARA chatbot outputs.

Figure 3: Suggestive QARA AI agent (Chatbot) output

#### "1. United States (FDA)" **Pathway": 50(k) Premarket Notification (if substantially equivalent to a predicate device) . **Timeline*: **Preparation*: 6–12 months (documentation, testing, QMS setup). **FDA Review**: ~177 days (average) for 510(k)	#### **2. European Union (EU)** **Pathway*: CE Marking under **Medical Device Regulation (MDB)* *via a Notified Body. **Timeline**: **Timeline**: **Timeline**: **Preparation**: 12-18 months (technical documentation, clinical evaluation). **Notified Body Review**: 12-18 months (varies by	#### **3, Japan (PMDA/HHLW)** **Pathways*: - **Nainabo (PMC)**, For devices with existing Japanese predicates (3 months, ~\$30,000), - **Shonin (PMA)** For new devices without predicates (12–16 months, up to \$120,000), **Timeline **:
submission. **Fees*: - 510(k) submission fee: ~\$21,030 (20: - Additional costs for clinical studies (if required): \$50,000- **Key Requirements*: - Demonstrate **substantial equivalence** to a predicate device. - Compliance with **Quality System Regulation (QSR)** [21 GFR Park 20]. - Unique Device Identifier (UDI) implementation. - Appoint a **US Agent** if the manufacturer is non-US. ### **Comparative Summary**	complexity and Notified Body workload). Contry-wise Breakdown - EU Authorized Representative (EAR) fees: ~65,000~615,000 annually. **Key Requirements**: **Tachical Documentation** (incl. clinical evaluation, risk management, labeling). **TS0 11485** certification for Quality Management System (QMS). - **Post-Market Surveillance (PMS)** plan. - Appeint an **EU Authorized Representative** . Li*Key Requirements**	- **PMC**:3 months /via Begistered Certification Body). IDA review) . **PMC**:53.378-510.000 - **PMA**: \$20,000-5120,000 (depending on clinical data requirements) . **Key Requirements**: ***Upan Medical Device Nomenclature (MDN)** code classification . - **Cuality Management System** compliant with MHLW Ordinance No. 169. - Appoint a **Marketing Authorization Holder (MAH)** or Designated MAH (DMAH), - All documentation in **Japanese** .
2. **Clinical Data Sharing**: Leverage clinical studies conduc 3. **Local Partnerships*: Engage regulatory consultants or lo 4. **Documentation**: Prepare core technical documents [e, ### **Critical Timelines* -**Parallel Submission**: Start FDA 510(k) and EU MDR proc	redicate equivalence, QSR, UDI 5.000+ Technical docs, ISO 13485, EAR JMDN code, MAH, Japangsak-enstititions JMDN code, MAH, Japangsak-enstititions and **MHLW OrdjgaercE No. 169** (Japan) to reduce duplication . ted for FDQLEPU support PMDA submissions (if applicable) . cgat-efforesentatives (e.g., MAH in Japan, EAR in EU) early to navigate e.g. risk analysis, labeling) in English and translate for Japan/EU as nee	

2. Intelligent extraction framework: Convert live search data into structured information that powers downstream automated processes. This extraction, guided by user requests and ChatGPT-curated data, requires cleansing, translation and human expert verification to ensure accuracy. For the discussed use case, the framework produces a draft Global Plan containing requested countries, regulatory requirements, risk assessments, pathways and launch timelines with associated fees. This critical process enables seamless workflow integration across the QARA landscape.

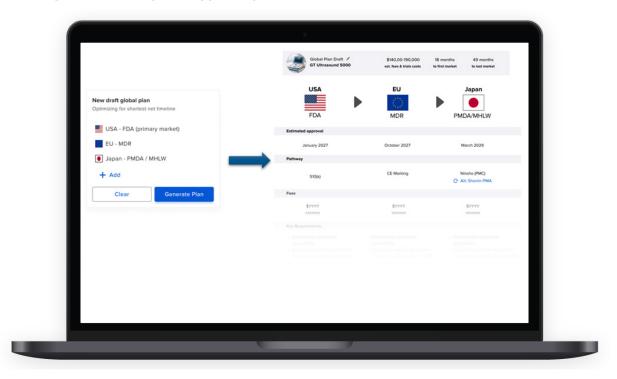


Figure 4: Process generation for global approval plan

- **3.** Adopt predictive compliance models: Train algorithms on historical submission data to recommend optimal market entry strategies, identify process redundancies and monitor regional requirements proactively. Use established knowledge bases to simulate regulatory scenarios and predict authority responses while forecasting compliance risks from regulatory updates. QARA intelligence can be enhanced by integrating reference data structures with existing frameworks, combining static regulatory databases with real-time agency information to generate data-driven recommendations for workflow design:
 - Harmonize QMS across standards (ISO 13485/MHLW Ordinance 169).
 - Leverage existing clinical studies across jurisdictions.
 - Engage local regulatory partners early.
 - Develop core technical documentation with strategic translation planning.
- **4. Flexible workflow design:** Combine foundational impact assessment with QARA AI agent using validation loops and user inputs to create adaptable workflows. Enhance with regional requirements and scenario buffers that evolve with strategy changes. Allow reference data modification for company-specific variations while monitoring actual performance. For global product launches, the system should incorporate regional translation needs and country-specific clinical requirements (like Japan or India), while remaining flexible enough to accommodate strategic decisions such as delaying regional launches when necessary.

Figure 5: QARA agent workflow design

CE Marking	
MDR	
Minsho (PMC)	1
MHLW	

Current challenges to using a QARA AI agent

The integration of QARA AI into regulatory compliance faces several key challenges:

- **1. Regulatory complexity:** Regulations vary by jurisdiction and change frequently. AI systems must adapt in realtime while navigating multinational compliance frameworks. Retrieval Augmented Generation (RAG) models with live website navigation capabilities could help address this complexity.
- **2. Data concerns:** Published agency data can boost confidence levels, but insufficient security measures risk breaches and penalties. AI trained on biased data may perpetuate unfair practices. Enterprise vector databases coupled with RAG models can reduce exposure while maintaining effectiveness.
- **3. Transparency issues:** Advanced AI's "black box" nature complicates regulatory audits. Interpretable models and human oversight at key touchpoints are essential for meeting transparency requirements.
- **4. Reliability risks:** Accountability for AI errors remains ambiguous, while over-reliance can produce costly false positives or dangerous false negatives. Regular validation and human supervision maintain trust.
- **5. Adoption barriers:** Organizational resistance stems from skepticism and limited AI literacy. Implementation requires training, phased rollouts and ongoing model maintenance as regulations evolve.
- **6. AI regulatory burden:** Emerging AI-specific regulations create additional compliance layers, complicating in-house agent development compared to specialized providers.

These challenges necessitate strengthened AI models with human oversight at multiple touchpoints and innovative regulatory data extraction techniques. Initially, QARA AI could focus on Global Launch Planning for regulatory launches to minimize audit and validation exposure.

COMPETITIVE ADVANTAGES OF REGULATORY AGILITY

Despite these challenges, organizations that embrace dynamic data approaches can gain significant advantages: Organizations can achieve enhanced patient safety and device efficacy while simultaneously reducing time-to-market through anticipation of regulatory hurdles. They can minimize recall risks through predictive maintenance and expand global market access via harmonized, real-time submissions.

Conclusion

The medical device regulatory landscape has reached a tipping point. Customers are demanding intelligent planning, tracking and management systems that provide strategic insights while maintaining sufficient flexibility to adapt to changes.

Regulatory agencies are already emphasizing "real-world data" ecosystems and adaptability. QARA systems must follow suit by prioritizing current data, navigating complexities with flexible structures, and implementing intelligent workflows.

The question is not whether to adopt dynamic data strategies, but how quickly organizations can implement them. The medical device landscape will reward those who treat regulatory data not as a static artifact but as a living asset driving innovation and trust.

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