Inspection by Accredited Persons Program Under the Medical Device User Fee and Modernization Act of 2002 0910-0510 SUPPORTING STATEMENT

Terms of Clearance: None.

A. Justification

1. Circumstances Making the Collection of Information Necessary

Abstract

Section 201 of the Medical Device User Fee and Modernization Act of 2002 (MDUFMA) amended section 704 of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) by adding subsection (g) (21 U.S.C. 374(g))

(http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapVII-partA-sec374.pdf). This amendment authorizes FDA to establish a voluntary third party inspection program applicable to manufacturers of class II or class III medical devices who meet certain eligibility criteria. Under the Inspection by Accredited Persons Program, eligible manufacturers may elect to have third parties that have been accredited by FDA (Accredited Persons) conduct some of their inspections instead of FDA. This is a voluntary program.

The guidance document "Guidance for Industry, FDA Staff, and Third Parties – Inspection by Accredited Persons under the Medical Device User Fee and Modernization Act of 2002 and the FDA Amendments Act of 2007: Accreditation Criteria" describes, among other things, the information an applicant should include in their request for accreditation to demonstrate that they meet the qualifications necessary to become an Accredited Person.

(http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm089702.htm)

2. Purpose and Use of the Information Collection

Information from this collection will be used by FDA to implement the Inspection by Accredited Persons Program. Specifically, FDA will use the information to determine whether an applicant meets the criteria to become accredited to conduct inspections.

The respondents for this information collection are businesses or other for profit.

3. Use of Improved Information Technology and Burden Reduction

Accredited Persons must have the capability to interface with FDA's electronic data systems, including the FDA Internet websites. At a minimum, this would require a computer system with a modem. FDA will rely extensively on the use of our electronic systems for timely dissemination of guidance documents to Accredited Persons and other interested parties. FDA

will accept alternative technology if the technology is compatible with FDA's technology. FDA will accept electronic submissions from any applicant that wishes to submit in this format. FDA estimates that 100% of the respondents will use electronic means to submit the information.

4. Efforts to Identify Duplication and Use of Similar Information

FDA is the only Federal Agency responsible for the collection of this information. Therefore, duplication with other data sources is nonexistent.

5. Impact on Small Businesses or Other Small Entities

All of the respondents are businesses. The information being collected has been held to the absolute minimum required for the intended use of the data. Participation in the Inspection by Accredited Persons Program is voluntary. FDA will provide information on its procedures and criteria, through guidance documents and training programs.

6. Consequences of Collecting the Information Less Frequently

Respondents to this information collection respond occasionally, when they are requesting accreditation. Participation in the Inspection by Accredited Persons Program is voluntary. FDA uses the request for accreditation to determine whether applicants meet the criteria to become Accredited Persons. Without collecting the information, FDA would have no means by which to determine whether applicants meet the criteria to become Accredited Persons.

There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances for this collection of information.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

In accordance with 5 CFR 1320.8(d), FDA published a 60-day notice for public comment in the Federal Register of May 9, 2012 (77 FR 27234). No comments were received.

9. Explanation of Any Payment or Gift to Respondents

No payments or gifts will be provided to respondents to this information collection.

10. Assurance of Confidentiality Provided to Respondents

Information submitted by an Accredited Person to obtain approval for participation in the program will be available for disclosure by FDA except to the extent it constitutes trade secret, confidential commercial or personal privacy, or information that is otherwise exempt from public disclosure by law. FDA will post on its Internet site, a list of persons who are accredited

(http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/PostmarketRequirements/ThirdPartyInspection/ucm125410.htm).

11. Justification for Sensitive Questions

This information collection does not contain questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, or other matters considered private.

12. Estimates of Annualized Burden Hours and Costs

12a. Annualized Hour Burden Estimate

FDA estimates the burden of this information collection as follows:

Table 1.--Estimated Annual Reporting Burden¹

Tuble 1: Estimated Finitian Reporting Burden							
Section of the	Activity	No. of	No. of	Total	Average	Total	
FD&C Act		Respondents	Responses per	Annual	Burden per	Hours	
			Respondent	Responses	Response		
704(g)	Request for	1	1	1	80	80	
	accreditation						
Total							

FDA based these estimates on the number of applications received in the last 3 years. Once an organization is accredited, it will not be required to reapply.

12b. Annualized Cost Burden Estimate

The annualized cost burden estimate includes the salaries for personnel who prepare requests for accreditation. We expect that approximately half of the hour burden will be work performed by a Quality System Professional and approximately half by a Regulatory Affairs Professional. The annualized cost burden estimate is based on the mean hourly wage rate for a Quality System Professional, \$37.65,* and the estimated hourly wage rate for a Regulatory Affairs Professional, \$45.46.** The cost burden estimate was calculated using these updated wage rates and the adjusted annual burden hour estimate. These adjustments resulted in a decrease of the annualized cost burden estimate (current, \$3,324; previous, \$6,000).

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Quality System Professional	40	\$37.65	\$1,506
Regulatory Affairs	40	\$45.46	\$1,818
Total annualized cost burden est	\$3,324		

^{*}The estimated wage rate for a Quality System Professional was derived from an average of the annual wage rates listed in several sources including eHow.com, Glassdoor.com, Jobs-Salary.com, Indeed.com, and Payscale.com. The hourly wage rate assumes a 40-hour work week.

^{**}The estimated wage rate for a Regulatory Affairs Professional was derived from an average of the annual wage rates listed in several sources including Salary.com, eHow.com, MDDIonline.com, and Recruiter.com. The hourly wage rate assumes a 40-hour work week.

13. Estimate of Other Total Annual Cost to Respondents and/or Recordkeepers/Capital Costs

There are no capital, start-up, or operating or maintenance costs associated with this information collection.

14. Annualized Cost to the Federal Government

FDA believes it will have to expend approximately 120 hours of effort on reviewing these applications and training of the applicants. We doubled the hourly rate for a GS-14 employee (\$65.53)* to account for overhead (\$131 per hour, rounded). With 3 annual submissions to review, FDA estimates that the total annual cost to the Federal government will be \$47,160.

*U.S. Office of Personnel Management, Salary Table 2012-DCB, GS-14, step 10 (http://www.opm.gov/oca/12tables/html/dcb_h.asp)

15. Explanation for Program Changes or Adjustments

The estimated annual reporting burden has been adjusted to 80 hours (previously 240) to account for a decrease in the number of applicants for accredited person status. This is a decrease of 160 hours from the previously approved IC. The annualized cost burden has also been adjusted to reflect the change.

16. Plans for Tabulation and Publication and Project Time Schedule

No publication of information for statistical use is planned.

17. Reason(s) Display of OMB Expiration Date Is Inappropriate

The OMB number will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.