

# Agile software development for Medical Devices



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## Short presentation of me



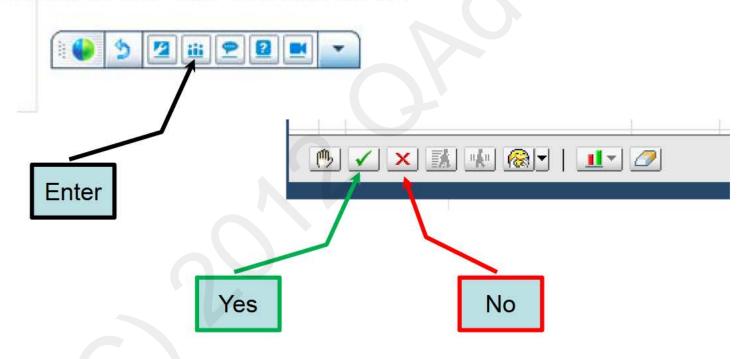
### Robert Ginsberg

- 26 years in SW
- 17 years in Medical Device SW
- Participated in approx 20 audits, FDA, MDD, etc.
- Co-author of IEC/ISO 62304
- Lean believer ©. Implemented agile software methods at two large medical companies

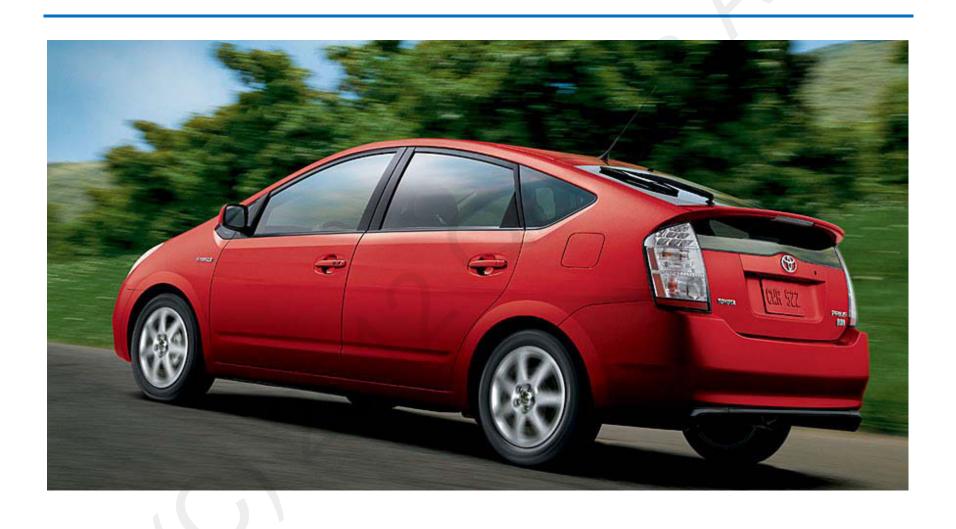


### Short survey

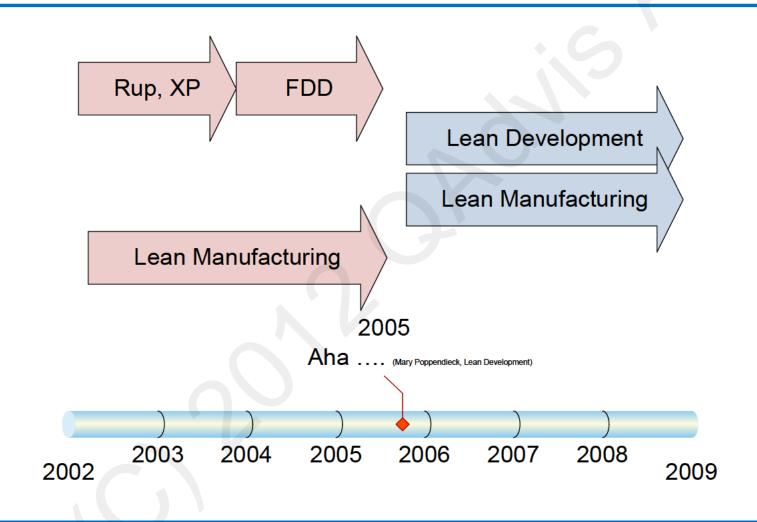
Who has worked hands on with agile methods for software?



#### Lean



#### Time line

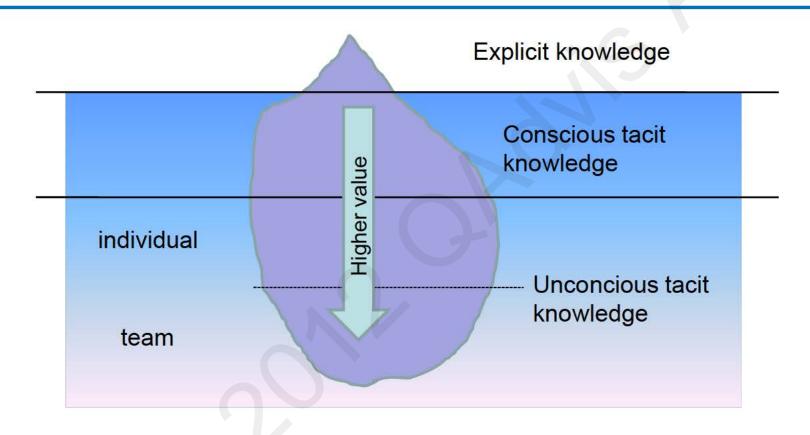


# Why Lean – challenges to conquer?

# To meet challenges such as:

- Ever increasing innovation pace
- Managing increasing complexity
- Being an attractive employer

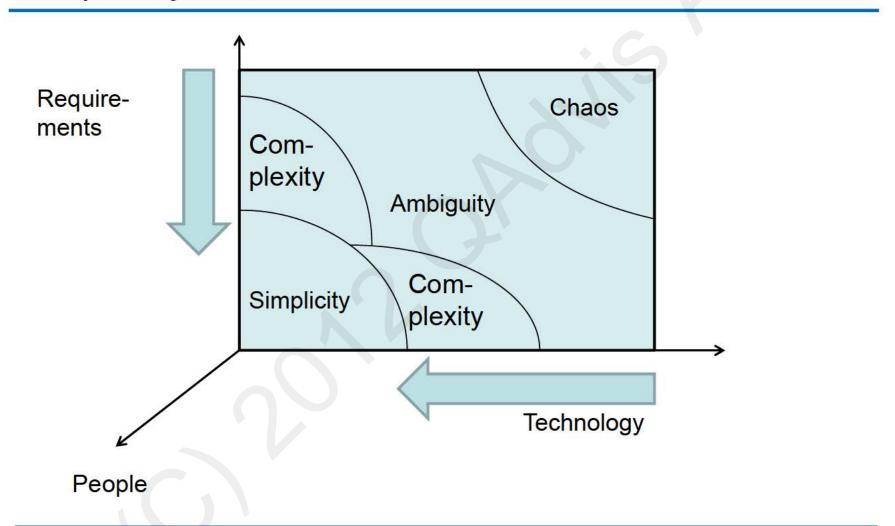
#### Innovation, are we taking care of the knowledge?



Source: Bartholomew, David. Sharing Knowledge. David

Bartholomew Associates, 2005

# "The thorniest problem we have with software is its complexity" Mays, IBM 1994



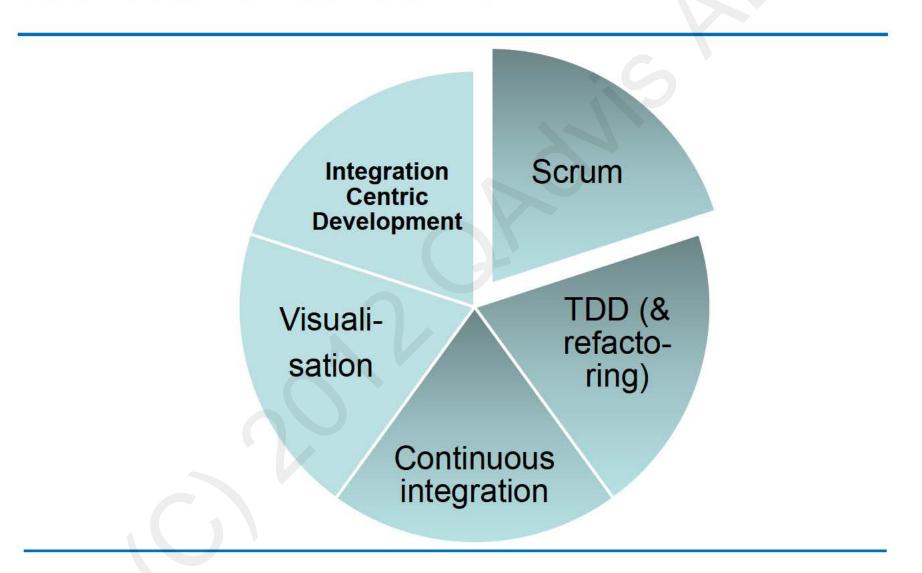
# People, how do we attract the best?



#### Why Lean – gains

- Higher quality and productivity
- Better usage of the total knowledge in your organization
- Higher level of innovation
- Higher focus on value added activities
- Feedback loops and focus on impediments

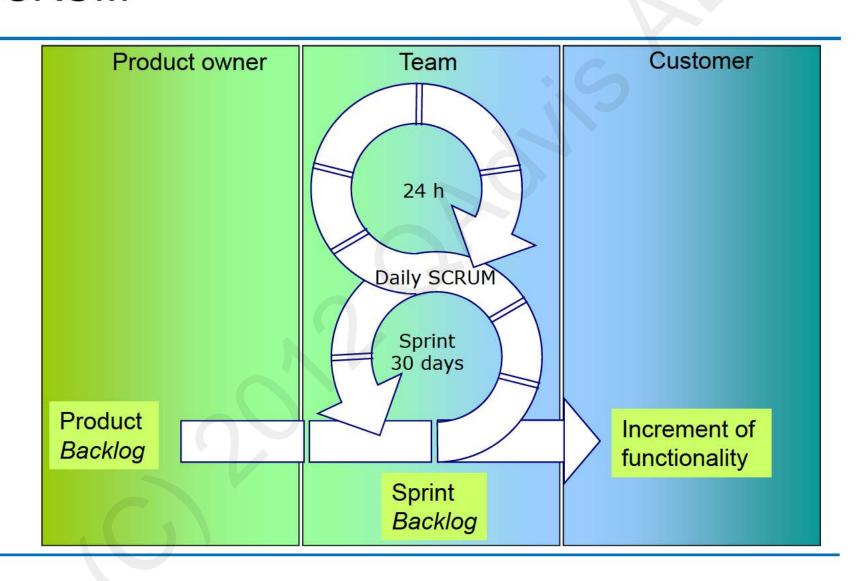
#### The Lean tool box for Sw



# Very short introduction to SCRUM



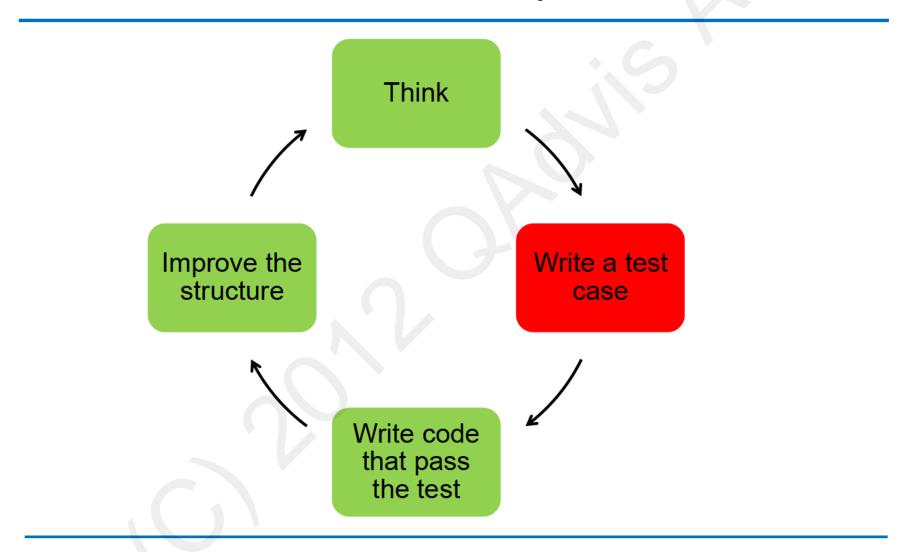
#### **SCRUM**



# Scrum (7 ± 2)



# TDD, Test Driven Development



### Continuous integration

#### Code is

- Delivered
- Built
- Tested
- Deployed over and over again, thanks to tool support



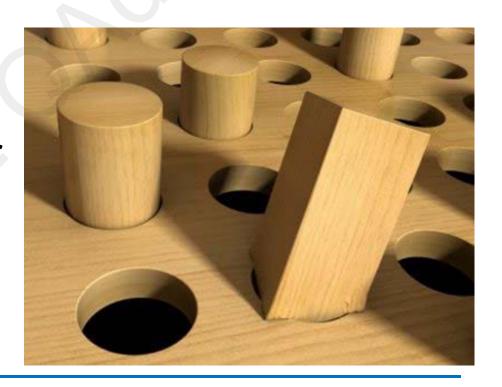
#### Visualization

Not Started	Ongoing	Done! :o)	Estimated man-hours	Remaining man-hours	Burndown
VoV Rapport		VoV Rapport	83h	57h	Burndown NBG09, sprint 12  Grant and set and s
Wopeat			18h	10h	Sprint Goal
FMG			14h	10h	Focus: 75%
Dokumentation (			34h	30h	Descope Next Item  Dokumentation  FMLS
		<u>Total</u>	149h	107h	

# Integration Centric Development

#### Focus on early integration to:

- Mitigate risks
- Keep focus on the product
- Get early customer feedback



### Going agile, impediments

- Affects many key roles in the company and may cause uncertainty and "turf war"
- There is usually an outer framework, that the agile approach has to comply with
- Difficult to establish the product owner role
- Hard to get requirements, developers and testers to go in the same pace
- Sets high expectations on people

### Authorities, what do they say?

Wants evidence that we:

Have done our best to make a safe product, "Risk management"

That we are In-the-state-of-control

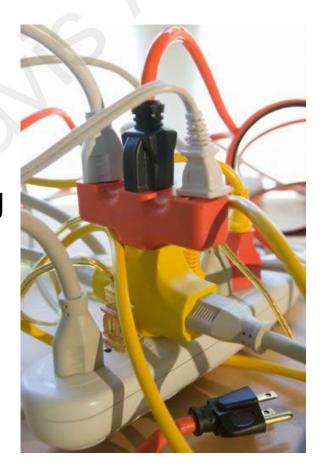
 Manufacturer decides on processes and tools used

Must be easy and efficient to audit

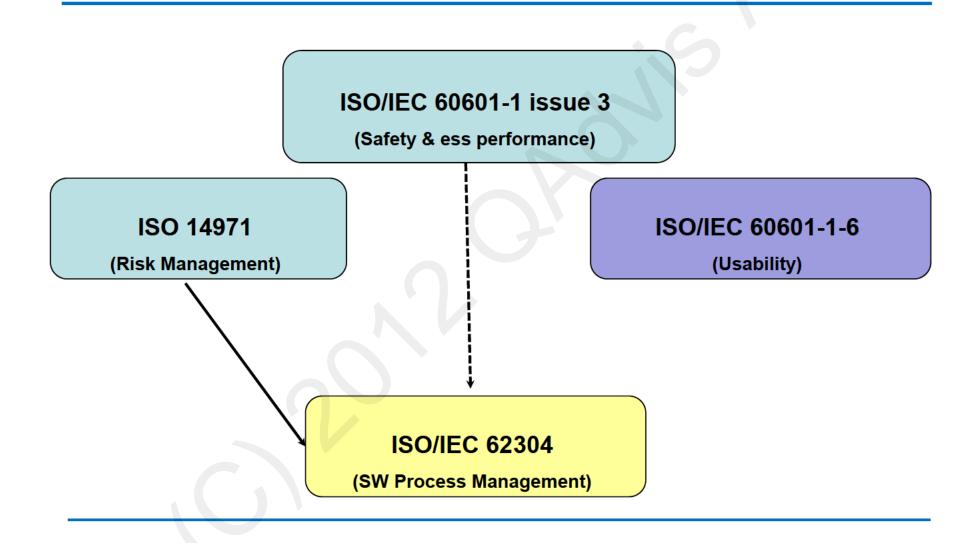


### Can standards help?

- FDA has been deeply involved in development of both 14971 and 62304
- Those will affect and in the long run replace several of the current guidelines from FDA
   No standard can override QSR!



### 62304 in relation to other standards



#### 62304 content

- Based on 60601-1-4 and AAMI 68
- Defines minimal levels for process activities
- Aligned with FDA's expectations and terminology
- Takes different approach than 61508 manufacturer best suited to choose best processes, techniques and tools

Biggest home work for many companies: Integrated SW risk management

#### Integrated risk management

- Focus of effort and money
- Traceability risk measures reqs verification is a key issue
- Enables efficient documentation
- Tool support is critical when combined with agile approach, e.g. configuration management
- Several agile techniques are recognized and encouraged by FDA, e.g. Test Driven Development, Design-by-contract, Misra, etc

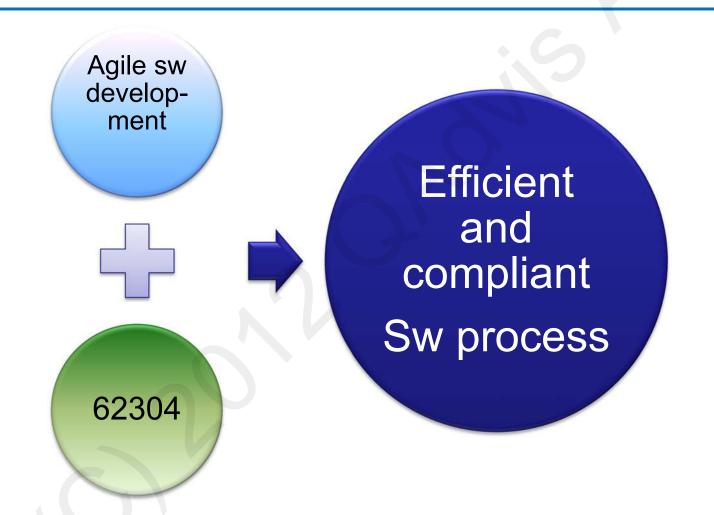
### Agile - hands on, where to start?

- Cross functional teams
- Visualization, sprints, backlog
- Pair programming
- Test Driven Development
- Continuous Integration
- Integration Centric Development

#### Going agile, recommendations

- Start in small scale -> evaluate -> adapt
- Create a good mix of Top down and Bottom up implementation
- Visualize impediments and progress !!!
- Invest in training
- Communicate, communicate, communicate ...

# Summary



#### Qadvis contact details



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