

Technical Information Report

AAMI TIR45: 2023

Guidance on the use of
AGILE practices in the
development of medical
device software

Currently in preview, click buy full version

Guidance on the use of AGILE practices in the development of medical device software

Approved 15 March 2023 by
AAMI

Abstract: Over the past several years, AGILE software development has become an accepted method for developing software products. There have been questions from both manufacturers and regulators as to whether (or which) AGILE practices are appropriate for developing medical device software. Enough medical device manufacturers have implemented AGILE practices in their software development so that answers to these questions can be documented. Having clear guidance of which practices have been found to be appropriate will be very useful for all developers of medical device software. This TIR will provide recommendations for complying with international standards and U.S. Food and Drug Administration (FDA) guidance documents when using AGILE practices to develop medical device software.

Keywords: AGILE, software

AAMI Technical Information Report

A technical information report (TIR) is a publication of the Association for the Advancement of Medical Instrumentation (AAMI) Standards Board that addresses a particular aspect of medical technology.

Although the material presented in a TIR may need further evaluation by experts, releasing the information is valuable because the industry and the professions have an immediate need for it.

A TIR differs markedly from a standard or recommended practice, and readers should understand the differences between these documents.

Standards and recommended practices are subject to a formal process of committee approval, public review, and resolution of all comments. This process of consensus is supervised by the AAMI Standards Board and, in the case of American National Standards, by the American National Standards Institute.

A TIR is not subject to the same formal approval process as a standard. However, a TIR is approved for distribution by a technical committee and the AAMI Standards Board.

Another difference is that, although both standards and TIRs are periodically reviewed, a standard must be acted on—reaffirmed, revised, or withdrawn—and the action formally approved usually every five years but at least every 10 years. For a TIR, AAMI consults with a technical committee about five years after the publication date (and periodically thereafter) for guidance on whether the document is still useful—that is, to check that the information is relevant or of historical value. If the information is not useful, the TIR is removed from circulation.

A TIR may be developed because it is more responsive to underlying safety or performance issues than a standard or recommended practice, or because achieving consensus is extremely difficult or unlikely. Unlike a standard, a TIR permits the inclusion of differing viewpoints on technical issues.

CAUTION NOTICE: This AAMI TIR may be revised or withdrawn at any time. Because it addresses a rapidly evolving field or technology, readers are cautioned to ensure that they have also considered information that may be more recent than this document.

All standards, recommended practices, technical information reports, and other types of technical documents developed by AAMI are *voluntary*, and their application is solely within the discretion and professional judgment of the user of the document. Occasionally, voluntary technical documents are adopted by government regulatory agencies or procurement authorities, in which case the adopting agency is responsible for enforcement of its rules and regulations.

Comments on this technical information report are invited and should be sent to AAMI, Attn: Standards Department, 901 N. Glebe Road, Suite 300, Arlington, VA 22203.

Published by

AAMI
901 N Glebe Rd, Suite 300
Arlington, VA 22203
www.aami.org

© 2023 by the Association for the Advancement of Medical Instrumentation

All Rights Reserved

Publication, reproduction, photocopying, storage, or transmission, electronically or otherwise, of all or any part of this document without the prior written permission of the Association for the Advancement of Medical Instrumentation is strictly prohibited by law. It is illegal under federal law (17 U.S.C. § 101, *et seq.*) to make copies of all or any part of this document (whether internally or externally) without the prior written permission of the Association for the Advancement of Medical Instrumentation. Violators risk legal action, including civil and criminal penalties, and damages of \$100,000 per offense. For permission regarding the use of all or any part of this document, contact the Copyright Clearance Center.

Printed in the United States of America

ISBN 978-1-57020-868-3

Contents

Page

Committee representation	v
Foreword	viii
Introduction	ix
1 Scope	1
2 Normative references	3
3 Terms and definitions	4
4 Setting the stage	11
5 Aligning on concepts	18
6 Aligning on practices	46
Appendix A (informative) Analysis of the value statements from the manifesto for AGILE software development.....	81
Appendix B (informative) Applying AGILE development to IEC 62304 – Quick Guide.....	84
Appendix C (informative) Quick reference guide.....	92

Figures

Figure 1—EVOLUTIONARY lifecycle.....	6
Figure 2—INCREMENTAL lifecycle: “Staged delivery”	7
Figure 3—INCREMENTAL lifecycle: “Design to schedule”	8
Figure 4—Design Controls from 21 CFR 820.30.....	14
Figure 5—Mapping IEC 62304’s activities into AGILE’S INCREMENTAL/EVOLUTIONARY lifecycle.....	20
Figure 6—DESIGN INPUT/OUTPUT relationship: Highest level of abstraction	29
Figure 7—DESIGN INPUT/OUTPUT relationship: MAINTAINING development	30
Figure 8—DESIGN INPUT/OUTPUT relationship: INCREMENTAL/EVOLUTIONARY	31
Figure 9—DESIGN INPUT/OUTPUT relationship: STORY level	31
Figure 10—DESIGN INPUT/OUTPUT relationship: STORY level showing activities.....	32
Figure 11—DESIGN INPUT/OUTPUT relationship: STORY level showing detail and sequencing	32
Figure 12—Synchronizing DESIGN INPUT/OUTPUT at INCREMENT and RELEASE boundaries	34
Figure 13—A linear flow of process activities	37
Figure 14—A parallel flow of process activities	38
Figure 15—A sum-of-the-parts documentation	40
Figure 16—Design validation activities in an AGILE model	71
Figure 17—Risk management activities in an AGILE model	74
Figure 18—Cybersecurity activities in an AGILE model.....	76
Figure 19—Usability activities in an AGILE model.....	78
Figure B.1 - Overview of software development processes and activities.....	85

Figure B.2 – Medical Device Standards and 62304 processes 86

Figure B.3 – 62304 Planning activities 87

Tables

Table 1—Examples of objective evidence 60

Table C.2—Index of activities of interest..... 92

Currently in preview, click buy full versi

Committee representation

Association for the Advancement of Medical Instrumentation

Medical Device Software Committee

This AAMI Technical Information Report was developed by the AAMI Agile Software Task Group under the auspices of the AAMI Medical Device Software Committee. Approval of the Technical Information Report does not necessarily mean that all members voted for its approval.

At the time this document was published, the **AAMI Medical Device Software Working Group** had the following members:

Cochairs: Michelle Jump
Lisa Simone

Members: Pat Baird, Philips
Kimberly Colasanti, Baxter Healthcare Corporation
Sandra Robyn Curtis, ResMed Inc.
William K. Day, Near Future Corp
Richard W. De La Cruz, Silver Lake Group Inc
Sherman Eagles, SoftwareCPR
Christine M. Flahive, Chris Flahive Associates
Kenneth J. Fuchs, Draeger Medical Systems Inc.
Regis George, Eli Lilly & Company
Kerry A. Griffin, Stryker
Jessica Hagg, Smiths Medical
Jeffrey A. Hallett, (Independent Expert)
James Hamlyn, Skin Analytics Ltd.
Rickey L. Hampton, Mass General Brigham
David Hendrickson, Spacelabs Healthcare
Lezlie L. Hynes, NAMSA
Jeremy J. Jensen, Boston Scientific Corporation
Michelle Jump, MedSec
Patricia Krantz-Zuppan, Medtronic Inc
Robert Kruth, Johnson & Johnson
Sucheth Koppa, Roche Sequencing Solutions, Inc
Bo (Tyler) Li, Teesair Inc
Yimin Li, AstraZeneca
Mulugeta Mideasa (Independent Expert)
Curtis Morgan, 3M Health Care
D. Scott Mueller, AbbVie
Vijaya Murthy, MedCrypt
Masahito Nozawa, Siemens Healthineers
Hubert Pichler, Fresenius Medical Care
Melissa Purpura, STERIS Corporation
Hugo Felix Rodriguez, Pfizer
Ann Rossi, Vicarious Surgical, Inc.
Daniel Rubery, Fresenius Medical Care
Ron Seese, Arthrex Inc
Ray P. Silkaitis, Amgen Inc
Lisa Simone, FDA/CDRH
Jason R. Smith, UL LLC
Ivo Toptchev, ICU Medical Inc
Swati Totawat, Sanofi
Gary Turner, SunTech Medical Inc

Loren Walkington, Cordis US Corp
Mark Walker, Walker Validation and Compliance

Alternates: Felix Alejandro, Cordis US Corp
Ron Baerg, SoftwareCPR
Wei Bao, Personal Genome Diagnostics
Christopher J. Brown, FDA/CDRH
Uma Chandrashekhar, Alcon Laboratories Inc
Brian Conn, Medtronic Inc Campus
Divya Enika-Patel, Johnson & Johnson
Edwin Heierman III, Abbott Laboratories
Magnus Miller-Wilson, Boston Scientific Corporation
Ian Mitchell, Spacelabs Healthcare
Mark Rohlwing, ICU Medical Inc
Diane Sheffer, STERIS Corporation
Monica R. Singireddy, ResMed Inc.
Fei Wang, Fresenius Medical Care
Nicola Zaccheddu, Philips
Nicole Zuk, Siemens Healthineers

Liasons: Keith Anderson, Smiths Medical
Igor Bendersky, AbbVie
Greg Bevan, Abbott Laboratories
Ying Chen, DexCom Inc
Shradha Chopra, DexCom Inc
Katie Chowdhury, AbbVie
Tatiana Correia, 3M Health Care
Martin Joseph Crnkovich, Fresenius Medical Care
Jean R. Desire, ICU Medical Inc
Brian J. Fitzgerald, FDA/CDRH
Anthony Hardcastle, DexCom Inc
James P. Hempel, Medtronic Inc
Kartik Iyer, Siemens Healthineers
Michael B. Jaffe, Philips
Ujjwal Jain, Illumina Inc
Joshua Kim, Baxter Healthcare Corporation
Jyh-Shyan Lin, DexCom Inc
Don McAndrews, Philips
David D. Nelson, Boston Scientific Corporation
David G. Osborn, Philips
Mike Owen, Fresenius Medical Care
Xenophon Papademetris
Milind Patel, AbbVie
Robert Z. Phillips, Siemens Healthineers
Shirley Ramerman, DexCom Inc
Peter Rech, SoftwareCPR
William Roeca, Becton Dickinson & Company
Xianyu Shea, Stryker
Scott Thiel, Hologic Inc
Kelly Weyrauch, Agile Quality Systems LLC
Vivian Wu, DexCom Inc
Charles Zinsmeyer, 3M Health Care
Ling Zou, Becton Dickinson & Company

NOTE Participation by federal agency representatives in the development of this technical information report does not constitute endorsement by the federal government or any of its agencies.

At the time this document was published, the **AAMI Revision Team Members** were the following.

Project Leads: Pat Baird
Patricia Krantz-Zuppan

Members: Richard W. De La Cruz, Silver Lake Group Inc
Lezlie L. Hynes, NAMSA
Michael Iglesia, Roche
Jeremy J. Jensen, Boston Scientific Corporation
Scott Mueller, Abbvie
Sandra Robyn Curtis, ResMed Inc.
William Sammons, Hillrom
Lisa Simone, FDA/CDRH
Kelly Weyrauch, Agile Quality Systems LLC
Nicola Zaccheddu, Philips

NOTE Participation by federal agency representatives in the development of this technical information report does not constitute endorsement by the federal government or any of its agencies.

NOTE Participation by federal agency representatives in the development of this technical information report does not constitute endorsement by the federal government or any of its agencies.

Foreword

Over the past several years, **AGILE** software development has become an accepted method for developing software products. There have been questions from both manufacturers and regulators as to whether (or which) **AGILE** practices are appropriate for developing medical device software. Enough medical device manufacturers have implemented **AGILE** practices in their software development so that answers to these questions can be documented. Having clear guidance of which practices have been found to be appropriate will be very useful for all developers of medical device software.

This TIR will provide recommendations for complying with international standards and U.S. Food and Drug Administration (FDA) regulations and guidance documents when using **AGILE** practices to develop medical device software.

The concepts incorporated herein are not inflexible or static. They are reviewed periodically to assimilate new data and advances in technology.

The following verbal forms are used within AAMI documents to distinguish requirements from other types of provisions in the document:

- “shall” and “shall not” are used to express requirements;
- “should” and “should not” are used to express recommendations;
- “may” and “may not” are used to express permission;
- “can” and “cannot” are used as statements of possibility or capability;
- “might” and “might not” are used to express possibility;
- “must” is used for external constraints or obligations defined outside the document; “must” is not an alternative for “shall.”

Suggestions for improving this recommended practice are invited. Comments and suggested revisions should be sent to Standards, AAMI, 901 N Glebe Road, Suite 300, Arlington, VA 22203 or standards@aami.org.

NOTE This foreword does not contain provisions of the AAMI TIR45, *Guidance on the use of AGILE practices in the development of medical device software* (AAMI TIR45:2023), but it does provide important information about the development and intended use of the document.

Introduction

AGILE software development (hereafter referred to simply as “**AGILE**”) has been evolving for many years. **AGILE** began as a niche concept being used in small pockets of the software industry and has since grown to be well established in many different software development contexts. As it has grown, it has been adapted to fit the unique needs of a specific context. For **AGILE** to be established in the medical device software industry, guidance is needed to adapt it to fit that unique context. This TIR fulfills that need.

Why read this TIR?

AGILE was developed in response to quality and efficiency concerns posed by existing methods of software development. It can bring benefits that are valuable to the medical device software world, including the following:

- Continuous focus on safety, risk management, and delivering customer value through **BACKLOG** prioritization, planning practices, and customer feedback;
- Continuous assessment of quality through continuous integration and testing;
- Continuous improvement of the software development process through **RETROSPECTIVES** and team accountability;
- Continuous focus on “getting to **DONE**” and satisfying quality management stakeholders through the regular completion of activities and deliverables.

AGILE can bring value to medical device software.

There are concerns about **AGILE**'s compatibility with the regulated world of medical device software development. For example, the **AGILE** Manifesto has value statements that seem contrary to the values of a quality management system; and because **AGILE** initially grew from the information-technology space where human safety and risk management may not of primary importance, there is concern that **AGILE** lacks the proper controls for producing safety-critical software.

Fortunately, **AGILE**'s fundamental nature is to be adaptable to the context in which it is applied, allowing for **AGILE** principles and practices to be applied in ways that are compatible with the needs of the safety-critical, medical device software world.

***AGILE** can be adapted to the unique needs of medical device software.*

This TIR will examine **AGILE**'s goals, values, principles, and practices, and provide guidance on how to apply **AGILE** to medical device software development. It will

- provide motivation for the use of **AGILE**;
- clarify misconceptions about the suitability of **AGILE**; and
- provide direction on the application of **AGILE** to meet quality system requirements.

Following the guidance provided by this TIR can help medical device software manufacturers obtain the benefits provided by **AGILE** and satisfy regulatory requirements and expectations.

Initial recommendations

This TIR provides recommendations for ways to effectively apply **AGILE** to medical device software. Here are some of the initial recommendations that are explained further later.

AGILE is driven by the value statements written in the *Manifesto for AGILE Software Development*. These value statements can seem to be contradictory to the values of the regulated world of medical device software, but they need not be interpreted that way. Instead, they can be aligned to enhance the effectiveness of the quality management system.

Apply the values of AGILE in a way that enhances a robust quality management system.

AGILE emphasizes the need for the team to own its practices, inspect them, adapt them, and optimize them to their context. Regulatory requirements emphasize the need to establish a robust quality management system. Within the context of an established quality management system, **AGILE** practices can be applied without disrupting the quality system and without raising undue concern among regulators.

Apply the practices of AGILE within the context of an established quality management system.

AGILE embraces a highly **INCREMENTAL/EVOLUTIONARY** life cycle for software development. Although regulations and standards do not mandate a particular life cycle model, if stakeholders have expectations for linear life cycle models, an **INCREMENTAL/EVOLUTIONARY** life cycle might bring challenges.

Set the correct expectations by defining the SOFTWARE DEVELOPMENT LIFE CYCLE MODEL. Demonstrate how an INCREMENTAL/EVOLUTIONARY life cycle satisfies regulatory requirements.

As part of its **INCREMENTAL/EVOLUTIONARY** life cycle, **AGILE** emphasizes the ability to respond quickly to change. Because rapid change can increase risks to product quality, effective change management systems are essential to align the desire to change quickly and the need to manage risk.

Establish robust change management systems to manage changes and mitigate risks associated with rapid change.

Guidance on the use of AGILE practices in the development of medical device software

1 Scope

1.1 Inclusions

This Technical Information Report (TIR) provides perspectives on the application of **AGILE** during medical device software development. It relates them to the following existing standards, regulations, and guidance:

- ISO 13485:2016, *Quality management systems—Requirements for regulatory purposes*;
- IEC 62304:2006+AMD1:2015, *Medical device software—Software life cycle processes*;
- ISO 14971:2019, *Medical devices—Application of risk management to medical devices*;
- FDA *Code of Federal Regulations* (CFR), Title 21, Part 820.30, Quality System Regulation: Design Controls;
- FDA *Guidance for the content of premarket submissions for software contained in medical devices*;
- FDA *General principles of software validation; Final guidance for industry and FDA staff*.

Although this TIR does not provide a particular perspective for IEC TR 80002-1 (*Guidance on the application of ISO 14971 for medical device software*), the pertinent aspects of software risk management for medical devices were integrated throughout this TIR.

The following groups are the intended audience for this TIR:

- Medical device manufacturers who are planning to use **AGILE** techniques;
- Manufacturers who are currently practicing **AGILE** and are entering the regulated medical device space;
- Software development teams, including software test and quality groups;
- Software definers, including marketing, sales, and other representatives of the customer;
- Senior management, project managers, quality managers;
- Quality systems and regulatory affairs personnel;
- Internal and external auditors;
- Regulating bodies, agencies, and organizations responsible for overseeing the safety and effectiveness of medical devices.

1.2 Exclusions

This TIR is not intended to be used as an educational tool or tutorial for the following:

- **AGILE** development practice;