Dear Dr Hudson,

I am writing to you regarding the attached correspondence I have received which raises concerns over the Medicines and Healthcare products Regulations Agency (MHRA) and its ‘Devices Expert Advisory Committee’, with specific reference to metal-on-metal (MoM) hip replacements.

Please could I ask for a response to the points raised in this correspondence, specifically regarding the engagement of the DEAC with non-industry funded bodies?

I would also appreciate clarification on the process by which members of the DEAC are appointed, and the level of scrutiny which is undertaken in relation to their relevant interests, whether financial or otherwise.

I would expect the Committee to wish to publish your response.

Yours sincerely,

Dr Sarah Wollaston MP
Chair of the Committee
Dear Dr Wollaston,

Re: Metal-on-Metal hip replacements

Thank you for your letter of 29th March 2018 where you asked MHRA about the process for appointing members to the Devices Expert Advisory Committee (DEAC), the level of scrutiny which is undertaken in relation to their interests; and its engagement with non-industry funded bodies.

In reply we feel there may have been a degree of misunderstanding about the various committees and groups which assist MHRA Devices in undertaking its regulatory role by providing strategic guidance and clinical advice.

We are almost certain Mr Langton, who made enquiries to you regarding MHRA, which prompted this correspondence, is referring to the independent Orthopaedic Expert Advisory Group (OEAG). We say this, because we have been in correspondence with him on a number of occasions, including exchanges after we received this letter from you. We have written to him recently to clarify some points he has raised with us, but we will not be able to comment further on this until we have his reply.

DEAC is the oversight committee which helps Devices on strategic issues, but it does not give direct clinical advice to the day to day regulatory role of the Division. The committee has no remit other than to advise MHRA, so does not specifically engage with any organisation other than MHRA, although one of its roles is to report back to and seek support from professional organisations, such as Royal Colleges and Specialist Societies. It also has clinicians from the Devolved Administrations to ensure the whole of the UK is considered in providing advice on strategic matters and there is representation from the senior management at NICE as our sister organisation.

The chairperson of DEAC is appointed following the Cabinet Office public appointments process and has final authority of over the membership of DEAC. The members of DEAC are all volunteers and only receive expenses payments for their work on DEAC from MHRA. The members are requested to serve on the committee after they are nominated by their respective organisations. The committee also includes a lay member but manufacturers or their representative organisations are not part of the committee.
All members of DEAC must declare conflicts of interest, which includes affiliations with manufacturers, both before appointment and whenever a relevant matter is discussed. We rely on their professional integrity to adhere to this. DEAC has the option to co-opt members *ad hoc* to advise them on specific areas, who also must declare any competing interests before joining the committee. This would also apply to any subcommittees for particular areas of work formed by DEAC.

DEAC also supports MHRA Devices by considering the merits and potential outputs of independent Expert Advisory Groups (EAG), who are constituted to provide independent advice on clinical matters, where MHRA does not possess such expertise. This is to assist MHRA in bridging the potential divide between regulatory matters and the clinical community, by guiding and providing credibility to messages about medical devices which need to be considered by the clinical community. This is because the Division in discharging its regulatory function may wish to guide interpretation of actions to ensure the best outcomes for patients in some extremely complex areas of medical and surgical practice.

Chairs and members of EAGs are found by engaging with a wider group of professional organisations than for DEAC, but DEAC advice and support helps MHRA to determine which specialties need to be approached for nominations of individuals with relevant expertise and who are in good standing professionally. As with DEAC, commercial and medical in confidence issues are addressed as are potential conflicts of interest.

In previous correspondence with the Health Committee, dated 21st December 2017, we highlighted the importance of post market surveillance and the importance of manufacturers continuing to monitor the performance of their devices. We explained how we monitor reported adverse incident reports through our Yellow Card reporting system.

In our letters dated 8th November 2017 and 21st December 2017, we informed you of the activity MHRA has undertaken to assess health risks from metal on metal hip replacements and we continue to monitor the situation, including receiving new scientific publications.

To further add to this information, factories manufacturing CE marked medical devices must meet quality standards as set out in the Medical Device Directives and are subject to announced and unannounced inspections. The manufacturer is responsible for ensuring these standards are met. This process is continuously audited by a Notified Body. Those Notified Bodies are, in turn, monitored by European Competent Authorities (CA). MHRA is the CA for Notified Bodies based in the UK. If factories were to be ‘cutting corners’ this could be a breach of the directives which are enshrined in EU and UK law. We would welcome any evidence Mr Langton can provide showing this has or is happening.

On matters of safety, MHRA listens to all individuals and organisations with information which may impact on the safety of medical devices. MHRA work within the regulatory environment and we therefore are obliged to consider conflicts of interest impacting on reports.

Mr Langton works at a retrieval centre which studies explanted implants. For background information retrieval centres are independent organisations often associated with an academic centre. They have no statutory role and do not have standardised governance procedures and have no obligation to report to us, except under GMC Good Practice obligations. We have been concerned because lack of reporting may be impeding our work on patient safety.

As part of the mail conversations with him we have asked Mr Langton how work at his retrieval centre may be able to help manufacturers with surveillance of orthopaedic implants. If such collaboration is to succeed there would need to be consideration of any potential conflicts of interest retrieval centres might have themselves. Mr Langton has stated his centre is, ‘independent of manufacturer funding.” We have asked for clarification on this matter to understand any potential conflicts of interest, but he has declined to share this information with us.

For information we are currently considering how we can better engage with retrieval centres in general and would like to have discussions with all UK centres. This may take the form of a workshop hosted...
by MHRA with the various stakeholders, and this may include centres, healthcare professionals, regulators, and industry, but the exact format has yet to be determined. Discussions will likely involve DEAC and the OEAG.

I hope this response addresses your questions satisfactory.

Yours sincerely,

Dr Ian Hudson,
Chief Executive Officer
Medicines and Healthcare products Regulatory Agency
Dear Dr Hudson,

Thank you for your letter of 30th April, in response to my own letter of 29th March 2018 inquiring on the MHRA’s process for appointing members to the Devices Expert Advisory Committee (DEAC), the level of scrutiny which is undertaken in relation to their interests; and its engagement with non-industry funded bodies.

Whilst your reply was duly thorough, I have received further correspondence from Mr Langton, and several other concerned parties, regarding this issue which warrants further correspondence on my behalf.

While I understand that in your letters dated 8th November 2017 and 21st December 2017, you informed me of the activity the MHRA has undertaken to assess the health risks from metal on metal hip replacements, and explained that you continue to monitor the situation, including receiving new scientific publications, you will note from the correspondence attached that Mr Langton raises two issues which I would appreciate clarification on.

The first is whether the MHRA has any plans, either currently or in the future, to launch a review of the safety and efficacy of metal on metal implants. If the MHRA does not intend to undertake a review such as this, it would be helpful to myself and colleagues, further to those individuals affected by this issue, if an explanation was afforded by the MHRA as to why this review is not to take place. Similar reviews have been announced in recent weeks by the MHRA, including a review into the use of anticoagulants, following a new study published in the BMJ which showed increased risks for chronic kidney disease patients. It would be beneficial if the MHRA was able to explain why, given the considerable level of public concern around the issue of metal on metal implants, a similar review was not regarded as prudent.

Equally, Mr Langton would like to know who, if a review is indeed to be considered, would be the individual or individuals likely to lead the review. This follows on from his previous correspondence of 29th March on the issue of the Orthopaedic Expert Advisory Group.

I would be grateful if you could respond to the points raised in this correspondence.

I would expect the Committee to wish to publish your response to this communication along with your reply to my original correspondence of 29th March.
Yours sincerely,

Dr Sarah Wollaston MP
Chair of the Committee
Dear Dr Wollaston,

Thank you for your letter of 27th June 2018 in which you ask if MHRA has plans to review safety and efficacy of metal on metal implants. The issue of safety of metal on metal implants has been under close scrutiny over many years and receives our highest level of continual monitoring already. This includes searches of new scientific literature and monitoring of yellow card reports. In addition, currently the MHRA Orthopaedic Expert Advisory Group (OEAG) is reviewing the scientific literature for potential of systemic toxicity related to metal on metal implants.

Over the years several significant studies and reviews have occurred including:

a. A scientific population study linking the National Joint Registry of England and Wales to NHS hospital episode statistics looked at the risk of developing cancer (published in 2012) and available at https://www.bmj.com/content/344/bmj.e2383
b. The European Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) assessed the safety of these devices and in 2014 published their opinion on the safety of metal on metal joint replacements with a particular focus on hip implants and available at https://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_o_042.pdf

c. A population linkage study between the UK National Joint Registry, Hospital Episodes Statistics and records of the Office for National Statistics on deaths looked at the risk of cardiac failure following metal on metal hip arthroplasty (published in 2018) and available at http://bjj.boneandjoint.org.uk/content/100-B/1/20

These have not identified an increased risk of cancer or cardiac failure. Furthermore, the risks are further mitigated by the following considerations:

d. The use of metal on metal implants has significantly declined. The latest report of the National Joint Registry of England, Northern Ireland, Wales and the Isle of Man (published in 2017) informs that use of metal on metal bearings including resurfacing has been declining and is performed in very low numbers making up less than 1% of all cases in 2016. The use of metal on metal
 stemmed implants has virtually ceased, with the proportion of metal on metal resurfacing implants decreasing from a peak of 10.8% in 2006 to account for only 0.7% of implants in 2016. The report can be obtained at: http://www.njrreports.org.uk/Portals/0/PDFdownloads/NJR%2014th%20Annual%20Report%202017.pdf

e. The majority of patients with a metal on metal hip implants will be under a monitoring protocol using the guidance MHRA have issued and last revised in June 2017 or local follow up protocols. The MHRA guidance can be found at: https://assets.publishing.service.gov.uk/media/5954ca1dedb0aa00009b/MDA-2017-018_Final.pdf

f. The new medical device regulations (published in 2017) aim to improve patient safety by introducing more stringent procedures for conformity assessment (to ensure that unsafe or non-compliant equipment does not end up on the market) and post-market surveillance. This will provide improved assurance on the safety of new devices.

I hope you find this response satisfactory.

Yours sincerely

Dr Ian Hudson,
Chief Executive Officer
Medicines and Healthcare products Regulatory Agency