

# CONSOLIDATED VERSION

# VERSION CONSOLIDÉE



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**Medical devices – Application of usability engineering to medical devices**

**Dispositifs médicaux – Application de l'ingénierie de l'aptitude à l'utilisation aux dispositifs médicaux**





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**Medical devices – Application of usability engineering to medical devices**

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ELECTROTECHNICAL  
COMMISSION

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APPLICATION OF USABILITY ENGINEERING  
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**This Consolidated version of IEC 62366 bears the edition number 1.1. It consists of the first edition (2007-10) [documents 62A/574/FDIS and 62A/579/RVD] and its amendment 1 (2014-01) [documents 62A/889/FDIS and 62A/897/RVD]. The technical content is identical to the base edition and its amendment.**

**In this Redline version, a vertical line in the margin shows where the technical content is modified by amendment 1. Additions and deletions are displayed in red, with deletions being struck through. A separate Final version with all changes accepted is available in this publication.**

**This publication has been prepared for user convenience.**

International Standard IEC 62366 has been prepared by a joint working group of subcommittee 62A: Common aspects of electrical medical equipment used in medical practice, of IEC technical committee 62: Electrical medical equipment in medical practice and technical committee ISO/TC 210: Quality management and corresponding general aspects for medical devices.

It is published as double logo standard.

This publication has been drafted in accordance with the ISO/IEC Directives, Part 2.

In this International Standard, the following print types are used:

- Requirements and definitions: roman type.
- *Means to assess compliance: italic type.*
- Informative material appearing outside of tables, such as notes, examples and references: in smaller type. Normative text of tables is also in a smaller type
- TERMS DEFINED IN CLAUSE 3 OR AS NOTED: SMALL CAPITALS.

The requirements are followed by means to assess compliance.

Clause and subclauses for which a rationale is provided in informative Annex A are marked with an asterisk (\*).

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## INTRODUCTION

Medical practice is increasingly using MEDICAL DEVICES for observation and treatment of PATIENTS. USE ERRORS caused by inadequate MEDICAL DEVICE USABILITY have become an increasing cause for concern. Many of the MEDICAL DEVICES developed without applying a USABILITY ENGINEERING PROCESS are non-intuitive, difficult to learn and to use. As healthcare evolves, less skilled USERS including PATIENTS themselves are now using MEDICAL DEVICES and MEDICAL DEVICES are becoming more complicated. In simpler times, the USER of a MEDICAL DEVICE might be able to cope with an ambiguous, difficult-to-use USER INTERFACE. The design of a usable MEDICAL DEVICE is a challenging endeavour, yet many organizations treat it as if it were just “common sense”. The design of the USER INTERFACE to achieve adequate (safe) USABILITY requires a very different skill set than that of the technical implementation of that interface.

The USABILITY ENGINEERING PROCESS is intended to achieve reasonable USABILITY, which in turn is intended to minimise USE ERRORS and to minimise use-associated RISKS. Some, but not all, forms of incorrect use are amenable to control by the MANUFACTURER. The USABILITY ENGINEERING PROCESS is related to the RISK MANAGEMENT PROCESS as indicated in Figure A.1.

This International Standard describes a USABILITY ENGINEERING PROCESS, and provides guidance on how to implement and execute the PROCESS to provide SAFETY in MEDICAL DEVICES. It is intended to be useful not only for MANUFACTURERS of MEDICAL DEVICES, but also for technical committees responsible for the preparation of particular MEDICAL DEVICE standards.

Amendment 1 updates the standard to add urgently needed requirements to deal with legacy devices where the USER INTERFACE design is of unknown provenance.

## INTRODUCTION TO THE AMENDMENT

The first edition of IEC 62366 was published in 2007. This amendment is intended to add urgently needed requirements to deal with legacy devices for which the user interface design is of unknown provenance. Work is continuing in parallel to develop the second edition of IEC 62366.

# MEDICAL DEVICES – APPLICATION OF USABILITY ENGINEERING TO MEDICAL DEVICES

## 1 \* Scope

This International Standard specifies a PROCESS for a MANUFACTURER to analyse, specify, design, VERIFY and VALIDATE USABILITY, as it relates to SAFETY of a MEDICAL DEVICE. This USABILITY ENGINEERING PROCESS assesses and mitigates RISKS caused by USABILITY problems associated with CORRECT USE and USE ERRORS, i.e. NORMAL USE. It can be used to identify but does not assess or mitigate RISKS associated with ABNORMAL USE.

NOTE For the purposes of this standard, USABILITY (see 3.17) is limited to characteristics of the USER INTERFACE.

If the USABILITY ENGINEERING PROCESS detailed in this International Standard has been complied with and the acceptance criteria documented in the USABILITY VALIDATION plan have been met (see 5.9), then the RESIDUAL RISKS, as defined in ISO 14971, associated with USABILITY of a MEDICAL DEVICE are presumed to be acceptable, unless there is OBJECTIVE EVIDENCE to the contrary (see 4.1.2).

This International Standard does not apply to clinical decision-making relating to the use of a MEDICAL DEVICE.

## 2 Normative references

The following ~~referenced~~ documents, in whole or in part, are normatively referenced in this document and are indispensable for ~~the its application of this document~~. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

NOTE Informative references are listed in the bibliography beginning on page 96.

ISO 14971:2007, *Medical devices – Application of risk management to medical devices*

## 3 Terms and definitions

For the purpose of this document, the terms and definitions given in ISO 14971:2007 and the following apply.

NOTE An index of defined terms is found beginning on page 101.

### 3.1

#### ABNORMAL USE

intentional act or intentional omission of an act by the RESPONSIBLE ORGANIZATION or USER of a MEDICAL DEVICE as a result of conduct that is beyond any further reasonable means of RISK CONTROL by the MANUFACTURER

NOTE 1 See also 4.1.3 and Annex B. Examples are given in Annex C.

NOTE 2 It is possible for the PATIENT to be the USER, e.g. when the MEDICAL DEVICE is used in the PATIENT'S home.

### 3.2

#### ACCOMPANYING DOCUMENT

document accompanying a MEDICAL DEVICE and containing information for those accountable for the installation, use and maintenance of the MEDICAL DEVICE or the USER, particularly regarding SAFETY