



**4th ANNUAL FORUM ON THE COCIR
SELF-REGULATORY INITIATIVE (SRI)
18 March 2015**

List of attendees

1	Freimut Schroeder (Chair)	Siemens Healthcare
2	Hans van der Wel (Deputy Chair)	Philips Healthcare
3	James Vetro (Deputy Chair)	GEHC
4	Pierre Cogels	IBA
5	Johann Russinger	Siemens
6	Douglas Cross	Elekta
7	Sandeep rana	Samsung
8	Franz Boemmel	Siemens
9	Toki Yusuke	Toshiba
10	Davide Polverini	DG ENTERPRISE
11	Riccardo Corridori	COCIR

Agenda

14:10	Achievements 2014
	Siemens MR learnings
	Refurbishment of Medical Devices: contribution to circular economy
	Activities at EU and International Level
16.00	Question and Answers



1. WELCOME AND INTRODUCTION

Freimut Schroeder welcomed participants and thanked Davide Polverini and DG ENTERPRISE for the continued support of the European Commission to the COCIR initiative.

2. ACHIEVEMENTS 2014

Riccardo Corridori presented the achievements of the COCIR SRI in 2014 (see presentation)

- **Ultrasound:** the pilot project on Ultrasound concluded in 2013. The new methodology, developed in 2014 (to be released in 2015 with the Annual Status Report), is going to provide measurements which are not comparable with the ones used so far. In 2016, as scheduled, the SRI SC will evaluate the possibility to restart a new cycle with the U/S modality.
- **Magnetic Resonance (MRI):** the data collected for 2014 shows an important decrease in the average daily energy consumption per model. The result has been influenced in particular by the performance of a company which achieved a significant reduction. In addition COCIR developed guidelines on the energy saving of MRI devices which will be published in 2015 with the annual Status Report.
- **X-Ray:** COCIR guidelines on the energy saving of x-ray devices have been developed in 2014 and will be published in 2015 with the annual Status Report. The brochure quantifies the savings achievable with a good environmental use of the equipment.

Nuclear medicine

Nuclear Medicine was in the focus of the methodology in 2013/2014. The findings shows that both PET and SPECT have very low sales and very low energy consumption. Moreover PET is not sold anymore, as PET is always combined with imaging technologies, such as MRI-PET or CT-PET. These reasons make the modality unfit for an ecodesign target. Moreover as the energy consumption is quite the same in all modes there is no potential of saving through proper use, therefore the SC decided not to develop a COCIR Guidelines on the good environmental use.

3. SIEMENS MR LEARNINGS

Franz Boemmel presented the results of the implementation of the SRI process in Siemens and the significant reduction in energy consumption achieved in the past 4 years.

In particular Siemens focused on the control of the hardware by software so that modules can be switched off when they are not needed.

The presentation concludes:

- Hardware needs to be controlled by software – even if the system is switched off
- Software architecture needs to allow for communication between the relevant hardware components

Franz Boemmel also reported the important limitations which have to be considered when looking at efficiency:

- Image quality: system needs to be absolutely stable when scanning
- Helium consumption: no He boil off allowed
- Reliability: no compromises
- Software development cycles (quality requirements for medical products)

Other Members of the SRI SC confirmed that similar evaluations and actions have been at the very base of the improvements in their respective companies.



The Siemens case proves that the SRI is a very effective tool in introducing new perspectives into system design to achieve lower energy usage.

It also underlines the importance of a measurement methodology which is the base for assessing improvements and achievements of new designs or technical solutions. The SRI Measurement Methodologies are confirmed to play a crucial role.

Davide Polverini asked if companies have registered customers' questions on the reliability of medical devices following the reduction of energy consumption.

Participants clarified that reliability is not negotiable and therefore any change in equipment to achieve efficiency cannot affect reliability, performances or safety in any negative way. This seems to be well-understood by clients.

4. REFURBISHMENT OF MEDICAL DEVICES: CONTRIBUTION TO CIRCULAR ECONOMY

Riccardo Corridori presented the recent activities of COCIR and the COCIR SRI SC on the refurbishment of medical devices. Efforts had been spent in 2014 to:

1. Quantify the environmental/social and economic benefits of refurbishment
2. Qualifying refurbishment as a key activity for a circular economy model in the medical sector
3. Developing informative materials
4. Identifying the legal and regulatory barriers in EU that are not allowing to unlock the full potential of refurbishment

COCIR believes that, on the long run, refurbishment can represent the greatest contribution to environmental protection and sustainable healthcare. COCIR is planning to invest more resources on refurbishment in the future as a tool of the SRI.

5. ACTIVITIES AT EU AND INTERNATIONAL LEVEL

Riccardo Corridori briefly presented the COCIR activities at EU and International level to spread the awareness of the COCIR SRI and Refurbishment.

- November 2014: COCIR/DITTA presentations at AHWP Annual Meeting (Asian Harmonization Working Party)
- November 2014: COCIR presentations to "GOING GREEN – Care innovation 2014"

The presentations on refurbishment at AHWP were well received. In 2015 Malaysia published a draft Guidance on Refurbishment of Medical Devices for consultation which is close to the COCIR Good Refurbishment Practice.

6. CONCLUSION AND WRAP-UP

Freimut Schroeder thanked Davide Polverini and the European Commission for the interest in the COCIR SRI and the active and fruitful discussion.

The meeting was adjourned at 16.00.