

# Beyond Approval: What are the Post-Market Surveillance Requirements for AI in Digital Health?

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## Abstract

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The integration of Artificial Intelligence (AI) and Machine Learning (ML) into digital health has ushered in a new era of diagnostic and therapeutic tools, often classified as Software as a Medical Device (SaMD). While initial regulatory approval ensures a device is safe and effective at a specific time, the dynamic nature of AI models profoundly challenges traditional, static medical device regulation. Unlike hardware, AI algorithms learn and adapt, meaning their performance can change as they encounter new, real-world data. This inherent dynamism makes **Post-Market Surveillance (PMS)** a critical, continuous necessity for ensuring patient safety and maintaining clinical utility [1].

### ***The Unique Challenge of AI in Continuous Monitoring***

The core difficulty in monitoring AI-enabled medical devices lies in phenomena such as **concept drift** and **covariate shift**. Concept drift occurs when the underlying relationship between the input data and the target output changes over time, causing the model's predictions to degrade. Covariate shift, on the other hand, happens when the distribution of the input data changes (e.g., a shift in patient demographics or imaging protocols), leading to performance degradation even if the underlying concept remains the same. Traditional adverse event reporting systems, designed for hardware failures, are often insufficient to capture these subtle, systemic changes in algorithmic performance [1].

To address this, regulatory bodies and academic researchers are advocating for a shift toward a dynamic, system-based governance approach. This new paradigm requires manufacturers to move beyond passive reporting and establish **proactive monitoring systems** that can detect these shifts in real-time.

### ***Regulatory Frameworks: A Global Convergence on Continuous Compliance***

Global regulatory bodies are rapidly adapting their frameworks to manage the unique risks posed by AI/ML SaMD.

### **United States: The FDA's Dynamic Approach**

The U.S. Food and Drug Administration (FDA) has been a key driver in this area, particularly through its "Artificial Intelligence and Machine Learning Software as a Medical Device Action Plan." The FDA emphasizes a **Total Product Lifecycle (TPLC)** approach, which requires manufacturers to submit a **Pre-Specified Change Control Plan (PCCP)** detailing how the AI model will be monitored and modified post-market [2].

The FDA's research focuses on developing practical tools for: 1. **Detection of Out-of-distribution Inputs:** Identifying data that the model has not encountered during development. 2. **Proactive Monitoring of Data Drift:** Systematically tracking changes in input data and model performance over time [3].

### **European Union: High-Risk AI and Continuous Evaluation**

In the European Union, the **EU AI Act** and the **Medical Device Regulation (MDR)** impose stringent PMS requirements. For high-risk AI systems, which include many medical devices, the AI Act mandates that providers must establish a post-market monitoring system proportionate to the nature and risks of the AI [4].

Specifically, Article 72 of the EU AI Act requires the system to: *Actively and systematically collect, document, and analyze relevant data on performance throughout the AI system's lifetime.* Evaluate the continuous compliance of the AI system with regulatory requirements. *Be based on a formal Post-Market Monitoring Plan that is part of the technical documentation [4].*

### **Key Components of an Effective AI Post-Market Surveillance Plan**

*An effective PMS plan for AI must incorporate several critical elements that go beyond traditional safety reporting. These components ensure continuous algorithmic stability and address potential societal impacts:*

*/ Component / Description / Regulatory Focus / / :--- / :--- / :--- / / **Performance Auditing** / Continuous or periodic assessment of key performance metrics (e.g., sensitivity, specificity) against pre-defined thresholds. / FDA, EU MDR / / **Drift Detection** / Implementation of statistical process control tools to detect concept drift and covariate shift in real-time. / FDA Research / / **Bias Monitoring** / Assessment and reporting of performance across different subgroups (e.g., race, gender, age) to identify and mitigate algorithmic bias. / Academic, FDA / / **Transparency & Labeling** / Providing "nutrition label-style" disclosures on training data, known limitations, and vulnerabilities to users. / Academic / / **Adaptive Change Reporting** / A mechanism for flagging and reporting significant updates in training data, deployment conditions, and model recalibrations. / Academic, FDA /*

*The shift to continuous compliance necessitates a deep understanding of both*

*the technical intricacies of AI and the evolving global regulatory landscape. For more in-depth analysis on this topic, including the ethical and practical implications of AI governance in healthcare, the resources at [www.rasitdinc.com](https://www.rasitdinc.com) provide expert commentary.*

### **Conclusion**

*The future of AI in digital health is inextricably linked to the success of its post-market surveillance. By moving from a static, reactive model to a dynamic, proactive one, manufacturers and regulators can ensure that AI-enabled medical devices remain safe, effective, and equitable throughout their entire lifecycle. The convergence of regulatory requirements from the FDA and the EU, coupled with academic insights on drift and bias, is defining a new standard for responsible AI innovation in healthcare.*

### **References**

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