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WIPO
WORLD
INTELLECTUAL PROPERTY
ORGANIZATION

PATENT COOPERATION TREATY (PCT)

Common Quality Framework for International Search and Preliminary Examination

INITIAL REPORT ON QUALITY MANAGEMENT SYSTEMS

prepared by AUSTRIAN PATENT OFFICE

> *The Authority should provide general background information relevant to the quality management system (QMS) as set forth in this template.*
>
> *The descriptions below each main heading of this template should be considered examples of the type and arrangement of information that should be included under each heading. Each Authority may provide additional information beyond that set forth in this template as desired.*

CHANGES / MODIFICATIONS   2011 - 2012

+ 21.01-21.03	Start of process for ISO certification
+ 21.04 a)	Update version # of Quality Manual to 7.3
+ 21.15 a)	Improved control mechanisms regarding timely issue
+ 21.17	UIP - transmitting search reports according EPC Rule 141
+ 21.26–21.28	External review/audit between IGE (Swiss Patent Office) and APO

INTRODUCTION (PARAGRAPHS 21.01 - 21.03)

> *If applicable, the Authority may at this point indicate any recognized normative reference or basis for their quality management system besides Chapter 21, such as ISO 9001, under the heading "Normative Reference for QMS"*
>
> *For example: "Normative reference for QMS: ISO 9001, EQS (European Quality System)"*
>
> *Each authority should then provide at least the information indicated in the descriptive boxes, under the following headings*

Quality of search and examination of patent applications has always been a main emphasis of the APO's work concerning the processing of inventions. Great efforts have been made to build up and maintain a complete search documentation (including electronic tools) and a top level instruction level for the examiners.

Since the planning phase of the QMS in 2002 visits to other patent offices have been made. This continuous experts experience exchange and evaluation of the different methods and strategies helped to choose the optimum system for the APO and to constantly improve the implemented system.

~~The management of the APO decided to select the best fitting tools and processes from the considered schemes (ISO 9000, EFQM, TQM). Therefore a survey of examiners and customers opinion of the APO's state of quality was carried out.~~

In 2013 it is planned to start the process of implementing a quality policy according the ISO 9001 standard.

The results of this survey helped to design an effective and appropriate QMS with clear instructions, cross-checks, spot-checks and feedback mechanisms, which entered a test phase on September 1, 2003.

The Austrian Patent Office APO as International Searching and Preliminary Examining Authority has installed a quality management system (QMS) as demanded in Chapter 21 of the Guidelines for the Processing by International Searching and Preliminary Examining Authorities of International Applications under the Patent Cooperation Treaty (PCT-Guidelines) came into force on January 1, 2004.

The APO participated together with DE, DK and UK in the UPP-project (Utilization Pilot Project), part of the European Patent Network Project. The feedback received from this project also has an impact on our QMS-system (see PCT Quality Report 2009).

Currently the APO is participating in the UIP (Utilization Implementation Pilot) project. This is the UPP follow up project. See more information at point 21.17

~~For 2012, cooperation between the Swiss Federal Institute of Intellectual Property and the Austrian Patent Office is planned. A pilot project starts in the first half of 2012.~~

An external review/audit for the search process took place in 2012 between the APO and the Swiss IGE.

1. LEADERSHIP AND POLICY

21.04 Confirm that the following are clearly documented, and that this documentation is available internally:

> *(a)   The quality policy established by top management.*
>
> *(b)   The roles and names of those bodies and individuals responsible for the QMS, as delegated by top management.*
>
> *(c)   An organisational chart showing all those bodies and individuals responsible for the QMS.*

a) The quality policy established by the top management

The quality policy is established under the leadership of the Technical Vice-President. The Austrian Patent Office uses the same QMS policy for the national granting procedure as well as for all PCT cases, especially for PCT-ISA and PCT-IPEA issues.

The Quality policy is documented in the
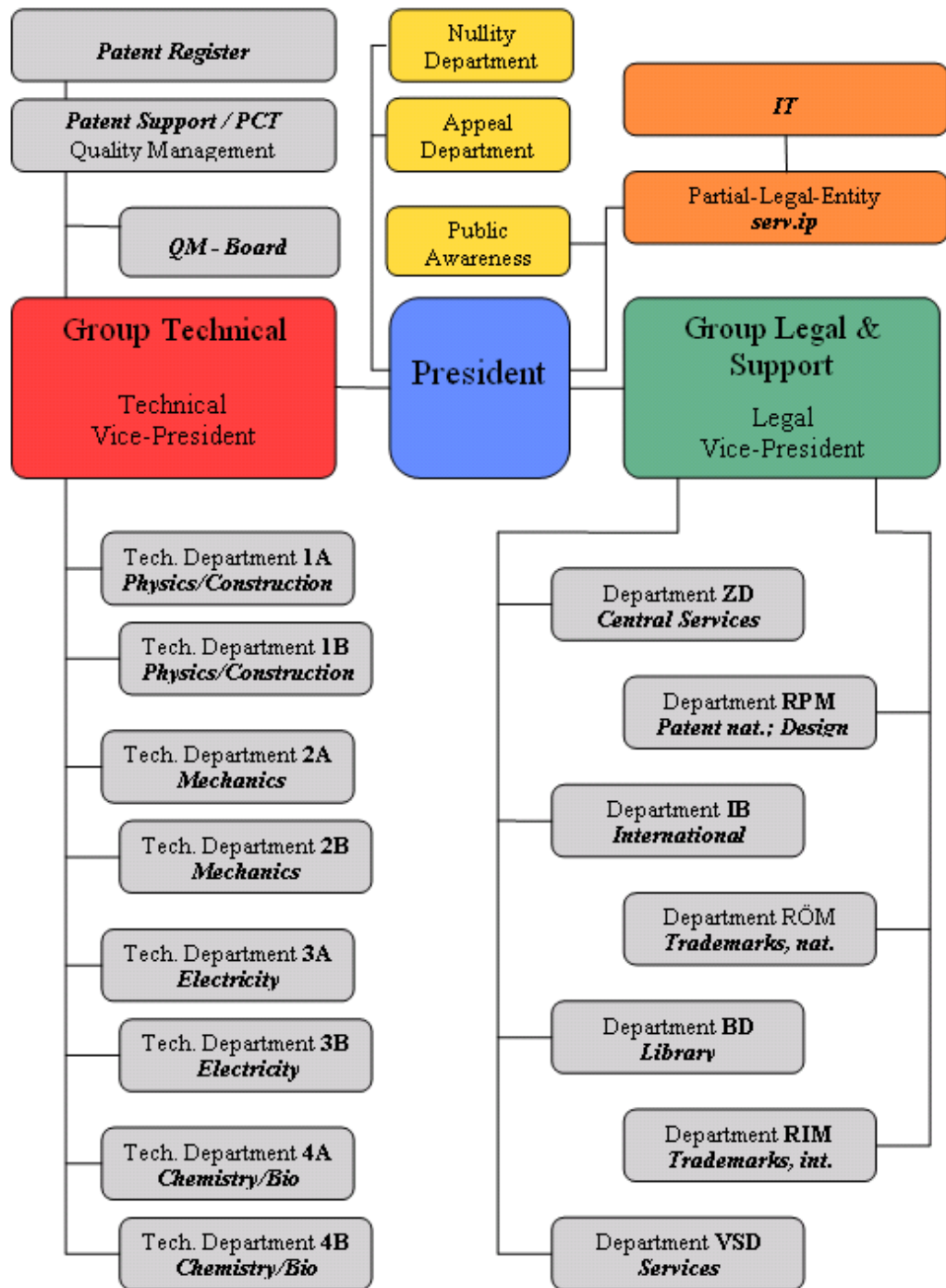
> **"Quality Manual for the Group Technic"**

The current version is ~~7.1~~ *7.3* from ~~29. November 2011~~ *20 February 2012*.

b) The roles and names of those bodies and individuals responsible for the QMS; as delegated by the top management

The Quality Management is organized under the leadership of the Technical Vice President by the Patent Support / PCT Department. This department is responsible for the relation to WIPO concerning any PCT matters / receiving office / cooperation with WIPO and EPO; basic quality check of all ISRs, written opinions and IPERs. The same department is responsible for administration/controlling of technical search and examination processes and also for the implementation of the QMS.

The QM – Board is formed by the Technical Vice-President, the heads of the four main section departments (1A, 2A, 3A and 4A) and the head of Patent Support / PCT Department

c) An organizational chart showing all those bodies and individuals responsible for the QMS

[Sample table, to be amended as necessary]

Chapter 21 requirement			Extent of compliance		
			full	part	no
21.04	(a)	Quality policy available	✓		
	(b)	Identified roles and names for QMS responsibility	✓		
	(c)	Organisational chart available	✓		
21.05		Established compatibility of QMS with Chapter 21	✓		
21.06	(a)	Mechanisms to ensure effectiveness of the QMS	✓		
	(b)	Control of the continual improvement process	✓		
21.07	(a)	Communication of management about this standard to staff	✓		
	(b)	The PCT Guidelines are in line with the Authority's QMS	✓		
21.08	(a)	Management reviews take place	✓		
	(b)	Quality objectives are reviewed	✓		
	(c)	Communication of quality objectives throughout the Authority	✓		
21.09	(a)	Performance of a yearly internal review of the QMS in/to	✓		
	(b)	(i) determine the extent to which the QMS in based on Chapter 21	✓		
		(ii) determine the extent to which S&E complies with PCT Guidelines	✓		
	(c)	an objective and transparent way	✓		
	(d)	using input incl. information according paragraph 21.17	✓		
	(e)	recording the results	✓		
21.10		Assurance to monitor and adapt to actual workload	✓		
21.11	(a)	Infrastructure in place to ensure that a quantity of staff	✓		
		(i) sufficient to deal with the inflow of work	✓		
		(ii) which maintains tech. qualifications to S&E in all technical fields	✓		
		(iii) which maintains the language facilities to understand languages according to Rule 34	✓		
	(b)	Infrastructure to provide a quantity of skilled administrative staff	✓		

Chapter 21 requirement			Extent of compliance		
			full	part	no
		(i) at a level to support the technically qualified staff	✓		
		(ii) for the documentation records	✓		
21.12	(a)	(i) Ensuring appropriate equipment to carry out S&E	✓		
		(ii) Ensuring documentation accord. to Rule 34	✓		
	(b)	(i) Instructions to help staff understand and act accord. the quality criteria and standards	✓		
		(ii) Instructions to follow work procedures accurately and they are kept up-to-date.	✓		
21.13		(i) L&D program to ensure and maintain necessary skills in S&E	✓		
		(ii) L&D program to ensure awareness of staff to comply with the quality criteria and standards.	✓		
21.14	(a)	System in place for monitoring resources required to deal with demand	✓		
	(b)	System in place for monitoring resources required to comply with the quality standards in S&E	✓		
21.15	(a)	Control mechanisms to ensure timely issue of S&E reports	✓		
	(b)	Control mech. regarding fluctuations in demand and backlog	✓		
21.16	(a)	Internal quality assurance system for self assessment	✓		
		(i) for compliance with S&E Guidelines	✓		
		(ii) for channelling feedback to staff	✓		
	(b)	A system for measurement of data and reporting for continuous improvement	✓		
	(c)	System for verifying the effectiveness of actions taken to correct deficient S&E work	✓		
21.17	(a)	Contact person helping identify best practice between Authorities	✓		
	(b)	Contact person fostering continual improvement	✓		
	(c)	Contact person providing for effective comm. with other Authorities for feedback and evaluation	✓		
21.18	(a)	(i) Appropriate system for handling complaints	✓		
		(ii) Appropriate system for taking preventive/corrective actions	✓		
		(i) Appropriate system for offering feedback to users	✓		

Chapter 21 requirement			Extent of compliance		
			full	part	no
	(b)	(i) A procedure for monitoring user satisfaction & perception	✓		
		(ii) A procedure for ensuring their legitimate needs and expectations are met		✓	
	(c)	Clear and concise guidance on the S&E process for the user	✓		
	(d)	Indication where and how the Authority makes its quality objectives publicly available		✓	
21.19		Established comm. with WIPO and desig. + elected offices	✓		
21.20		QMS of Authority clearly described (e.g. Quality Manual)	✓		
21.21	(a)	Documents making up the Quality Manual have been prepared and distributed	✓		
	(b)	Media available to support the Quality Manual	✓		
	(c)	Document control measures are taken	✓		
21.22	(a)	Quality policy of the Authority and commitment to QMS	✓		
	(b)	Scope of QMS	✓		
	(c)	Organizational structure and responsibilities	✓		
	(d)	the documented processes are carried out in the Authority	✓		
	(e)	Resources available to carry out processes	✓		
	(f)	a description of the interaction between the processes and the procedures of the QMS.	✓		
21.23	(a)	Records which documents are kept and where they are kept	✓		
	(b)	Records of results of management review	✓		
	(c)	Records about training, skills and experience of staff	✓		
	(d)	Evidence of conformity of processes	✓		
	(e)	Results of reviews of requirements relating to products	✓		
	(f)	Records of the S&E process carried out on each application	✓		
	(g)	Record of data allowing individual work to be tracked	✓		
	(h)	Record of QMS audits	✓		
	(i)	Records on actions taken re. non-conforming products	✓		
	(j)	Records on actions taken re. corrective actions	✓		
	(k)	Records on actions taken re. preventive actions	✓		
	(l)	Records referring to search process documentation	✓		

Chapter 21 requirement			Extent of compliance		
			full	part	no
21.24	(a)	(i) Recording of the databases consulted during search	✓		
		(ii) Recording of keywords, combination of words and truncations during search	✓		
		(iii) Recording of the languages used during search	✓		
		(iv) Recording of classes and combinations thereof consulted during search	✓		
	(b)	Records about other information relevant to the search	✓		
	(c)	(i) Records about limitation of search and its justification	✓		
		(ii) Records about lack of clarity of the claims	✓		
		(iii) Records about lack of unity	✓		
21.25		Report on its own internal review processes	✓		
21.26-21.28		Additional information on further inputs to its internal reviews	✓		
21.29		Initial report called for by paragraph 21.19	✓		

21.06 Indicate with reference to the organizational chart those bodies and mechanisms management uses to ensure:

(a) the effectiveness of the QMS; and

(b) that the process of continual improvement progresses.

a) the effectiveness of the QMS

The Quality System at the Austrian Patent Office is designed as a four step process

First step: Quality assurance during the Search/Examination

    + Management of the Authority for
            - quantity of staff (inflow of work)
            - support the technically qualified staff (equipment)

    + Group Technic for
            - training of the technical qualified staff
            - workload

    + Technical department for
            - workload

+ Patent Support / PCT for
- *"Quality Manual for the Group Technic"*
- Creating the "Self Check List"

Second step: Quality assurance in the technical department

+ Technical department for
- check by a colleague
- check by the head of the department

Third step (only PCT cases): additional formalities check

+ Patent Support / PCT
- formal checks

Forth step: Review/audit system for checking the Search/Examination

+ Technical Vice President
+ QM-Board
+ Patent Support / PCT

b) That the process of continual improvement progresses

As shown in the following diagram, the continual improvement progress results from a permanent cooperation of the

- Technical Vice President

- Patent Support / PCT

- QM – Board

- IT Department

- Technical Departments
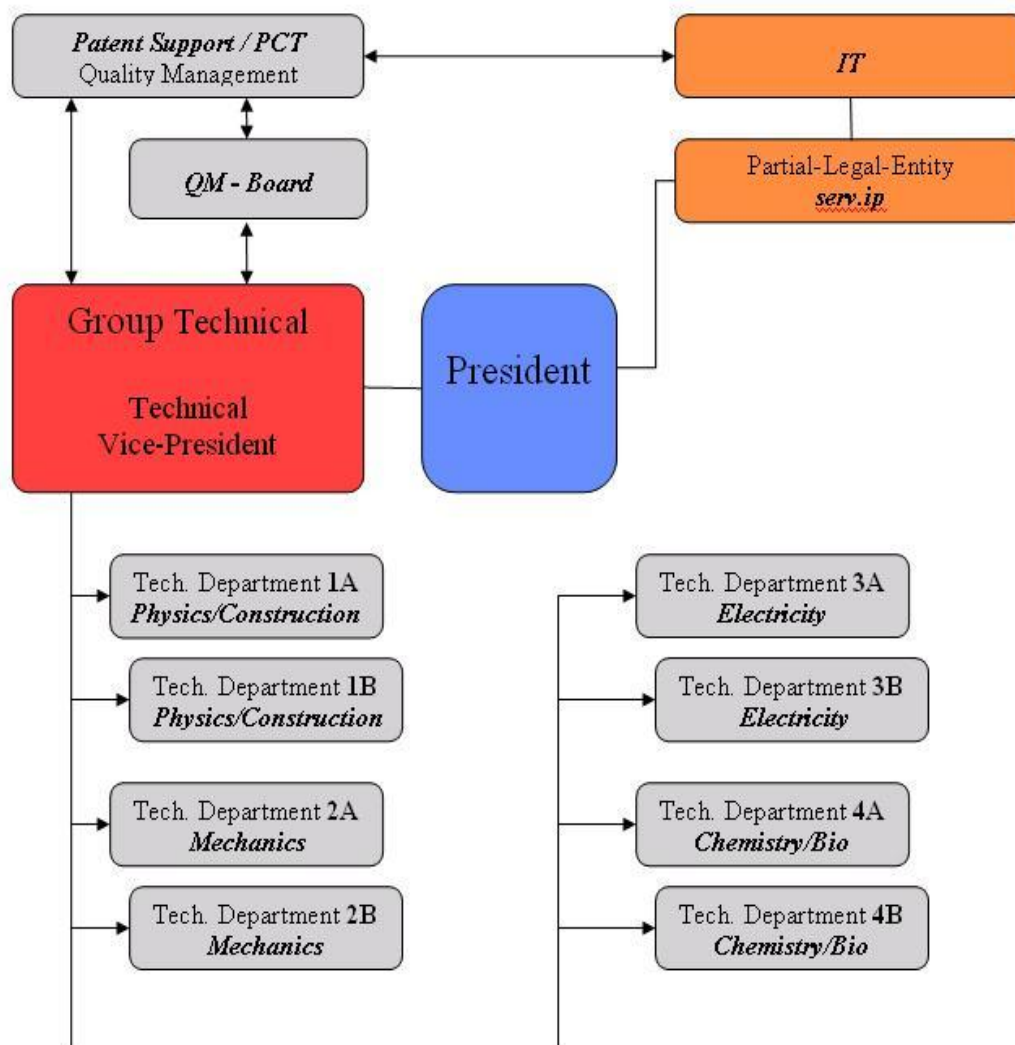
a) Those of this standard

& b) complying with the Authority's QMS

The QMS in PCT cases and national procedure cases are equal (except additional check for PCT cases).

There are several ways for communication

-   Meetings of the Head of the Group Technique and the Heads of the Technical Departments
-   Meetings in the Technical Departments
-   Intranet
-   Modification of the guidelines and information about that
-   Report of the QM - Board

21.08   *Indicate how and when top management of the Authority or delegated officers:*

(a)   *conducts management reviews and ensures the availability of appropriate resources;*

(b)   *reviews quality objectives; and*

(c)   *ensures that the quality objectives are communicated and understood throughout the respective Authority.*

a) Conducts management reviews and ensures the availability of appropriate resources

Each month is a meeting between the Techn. Vice President and the heads of the Techn. Departments. During this meeting availability of appropriate resources is discussed and the necessarily steps are taken.

b) Reviews quality objectives

After each QM-Board meeting an individual feedback is given from the respective member of the QM-Board member to the examiner.

All activities of the QM-Board are communicated to the staff of the APO via intranet. The general feedback is provided without reference to the cases, where they have arisen.

The trial evaluation resulted in a circular asking the examiners to observe particularly

• lack of unity of invention

• „omnibus claims"

• obligatory documentation of (online) search strategy

• sharp differentiation between "X" or "Y" – categories in search reports

• clear argumentation if the criteria of novelty / inventive step are not met

• correct first classification

• correct references in dependent claims

The effective communication with WIPO and designated and elected Offices is guaranteed by the PCT serving as interface for all in- and outgoing information.

c)   Ensures that the quality objectives are communicated and understood throughout the respective Authority

Four times a year the QM-Board makes a report to the head of the office and this report is also published in the intranet.

21.09 Indicate whether top management or delegated officers of the Authority perform an internal review of the QMS in accordance with paragraphs 21.25-21.28:

(a)   at least once per year (cf. paragraph 21.25);

(b)   in accordance with the minimum scope of such reviews as set out in Section 8, namely:

(i)   to determine the extent to which the QMS is based on Chapter 21 (cf. paragraphs 21.25, 21.27(a));

(ii)   to determine the extent to which Search and Examination work complies with PCT Guidelines (cf. paragraphs 21.25, 21.27(a));

(c)   in an objective and transparent way (cf. paragraph 21.25);

(d)   using input including information according to paragraphs 21.27 (b)-(f);

(e)   recording the results (cf. paragraph 21.28).

See point 21.08

2. Resources

21.10 Explanatory note: The granting of ISEA status means that the Authority has demonstrated it has the infrastructure and resources to support the search and examination process. Chapter 21 calls for assurance that the Authority can continually support this process while accommodating changes in workload and meeting QMS requirements. The responses to Sections 21.11 to 21.14, below, should provide this assurance.

21.11 Human resources:

(a)   Provide information about the infrastructure in place to ensure that a quantity of staff:

(i)   sufficient to deal with the inflow of work;

(ii)   which maintains the technical qualifications to search and examine in the required technical fields; and

(iii)   which maintains the language facilities to understand at least those languages in which the minimum documentation referred to in Rule 34 is written or is translated

is maintained and adapted to changes in workload.

(b)   Describe the infrastructure in place to ensure that a quantity of appropriately trained/skilled administrative staff is maintained and adapted to changes in workload:

(i)   at a level to support the technically qualified staff and facilitate the search and examination process;

(ii)   for the documentation of records.

a) Provide information about the infrastructure in place to ensure that a quantity of staff

i) *sufficient to deal with the inflow of work*
The Austrian Patent Office has established the department "Patent Support" ("Abteilung Stabsstelle / PCT") for the administration of all search and expert opinion activities in the field of PCT of the APO with sufficient staff and resources at a level to support the technically qualified staff and facilitate the search and examination process. This department is also responsible for administration and controlling of the technical search- and examination processes, as well as for the implementation of QMS, including guidelines, standard clauses and classification matters.

ii) *which maintains the technical qualifications to search and examine in the required technical fields*
The APO has a staff of about 100 full time employees with sufficient technical qualification to carry out searches, which is sufficient to deal with the inflow of work. The employment requirements (University degree; at least equivalent to master degree) guarantee the technical qualifications to search and examination in all technical fields. Via Internet and SEA the examiners have access to translation arrangements.
Examiners are expected to do search and examination under PCT and also under national law. The training program spans 2-4 years of training-on-the job with close supervision, together with a training program ending with a written and an oral examination. After this training phase and this examination the examiner becomes fully proficient and works with minimal supervision.

iii) *which maintains the language facilities to understand at least those languages in which the minimum documentation referred to in Rule 34 is written or is translated*
English and basic French skills is one of the conditions for recruitment of new staff.
Language training for English and French is offered to the examiners to constantly improve their skills in these languages.

b) Describe the infrastructure in place to ensure that a quantity of appropriately trained/skilled administrative staff is maintained and adapted to changes in workload:

i) *at a level to support the technically qualified staff and facilitate the search and examination process*

& ii) *for the documentation of records*
See point 21.12 (a) (i).
Further support to the technically qualified staff is given by the IT-department. This department supplies the staff with the necessary hard- and software.

> *21.12 Material resources:*
>
> *(a)   Describe the infrastructure in place to ensure that*
>
> *(i)   appropriate equipment and facilities such as IT hardware and software to support the search and examination process are provided and maintained;*
>
> *(ii)   at least the minimum documentation referred to in Rule 34 is available, accessible, properly arranged and maintained for search and examination purposes. State whether it is on paper, in microform or stored on electronic media, and where.*
>
> *(b)   Describe how instructions*
>
> *(i)   to help staff understand and adhere to the quality criteria and standards, and*
>
> *(ii)   to follow work procedures accurately and consistently*
>
> *are documented, provided to staff, kept up-to-date and adapted when necessary.*

a) Describe the infrastructure in place to ensure that

i) appropriate equipment and facilities such as IT hardware and software to support the search and examination process are provided and maintained
Support to the technically qualified staff is given by the IT-department. This department supplies the staff with the necessary hard- and software. Each examiner uses a state of the art personal computer which is connected via office-network to the necessary databases. The staff is also provided with software organizing records. This software allows the technically qualified staff to make reports for records, which are stored in office-databases for further use. The text processing is automated, allowing generating the final reports and letters to the applicants (or the WIPO) directly from the electronic system after running through the quality assurance system. A comfortable text elements management system was introduced, to ensure homogeneous formulations in the reports.

ii) at least the minimum documentation referred to in Rule 34 is available, accessible, properly arranged and maintained for search and examination purposes. State whether it is on paper, in microform or stored on electronic media, and where.
A computer aided search and examination process has been established. Each examiner has access to the Internet and to the SEA (Epoque-system of the European Patent Office) from her/his desktop, providing at least the minimum documentation. There is also access to Non-Patent-Literature databases.
In completion to a still existing comprehensive documentation on paper, microfiche and CD-ROMs of many countries are available, managed by the BD department.

b) Describe how instructions

i) to help staff understand and adhere to the quality criteria and standards
The Quality manual is provided to the examiners by intranet and give structured access to the quality criteria and standards.
"Quality Manual for the Group Technic"
The current version is ~~7.1~~ *7.3* from ~~29. November 2011~~ *20 February 2012*.

The main topics in the guidelines are:

    1) Quality System
    2) Principles of the "Quality Management System"

3) Quality in praxis

ii) to follow work procedures accurately and consistently
    The work procedures are described in the "Quality manual"

Describe the training and development infrastructure and program which ensures that all staff involved in the search and examination process

i) acquire and maintain the necessary experience and skills
    A new Examiner starts his work at the office with a 2-4 years training program (see point (21.11 a) ii).
    There are permanent training and development activities for all staff involved in the search and examination process:
    - examiners with special know how are presenting workshops
    - helpdesk provides quick assistance; collects problems and solutions
    - in-house journal with articles containing tips for efficient use of online-DBs etc.
    - EPOQUE-training at the EPO for advanced users
    - examiner exchange with other offices
    - in-house seminars for ECLA, FT, ...
    - special seminars for chemists
    - discussion forum with representatives / agents
    - management training.
    - Visits to companies in the relevant industries

ii) are fully aware of the importance of complying with the quality criteria and standards
    During the permanent training and development activities the staff gets an awareness of the importance of complying the quality criteria and standards.

a) to deal with demand

There are two departments responsible for dealing with the demand
- Patent Support / PCT for compliance the work flow and time limits
- Technical Departments for Search / Examination and time limits

b) comply with the quality standards for search and examination

Multiple parts of the APO are involved (see for detailed information point 21.06 a) and 21.16)
- Management of the Authority
- Technical Vice President
- Patent Support / PCT
- Technical departments
- QM-Board

3. Management of administrative workload

21.15 Indicate how the following practices and procedures for handling search and examination requests and performing related functions such as data-entry and classification are implemented:

(a)   Effective control mechanisms regarding timely issue of search and examination reports to a quality standard as set by the respective Authority; and

(b)   Appropriate control mechanisms regarding fluctuations in demand and backlog management.

a) Effective control mechanisms regarding timely issue of search and examination reports to a quality standard as set by the respective Authority

Timely issue of search and examination reports is supported by an ~~automatic reminding system sending messages (e-mail) to the responsible examiner and her/his superior when the time limit for the report is coming close~~ *systematic system to inform the examiners and her / his head. Every month, a list, prepared by the "Patent Support / PCT" department, of outstanding files containing time limits is forwarded to them. This seems to be more effective, because the personal contact and responsibility of the head of the department and the examiner, regarding keeping the time limits has more influence as a simple e-mail, which we used before. The improvement of keeping the time limits is discussed monthly during the meeting of the heads of the departments (see 21.07 a) and if necessary actions are made to split the work load between the examiners.* ~~This system was installed by the IT-department under the instructions of the Patent Support Department.~~
The management of the APO and all examiners have access to statistical tools calculating the workload of each examiner, the departments and the different IPC-classes, monitoring fluctuations in demand and backlog, in a very transparent way.

b) Appropriate control mechanisms regarding fluctuations in demand and backlog management

A control mechanisms regarding fluctuations is installed by the IT department (see 21.15 a). The Patent Support department is in charge of the backlog management. For this reason, the management and the directors of the technical departments get every month a list of outstanding files.

4. Quality assurance

> 21.16 *The following are required quality assurance measures for timely issue of search and examination reports of a quality standard in accordance with the Guidelines. Indicate how the following are implemented:*
>
> (a) *An internal quality assurance system for self assessment, involving verification, validation and monitoring of searches and examination work:*
>
> (i) *for compliance with these Search and Examination Guidelines;*
>
> (ii) *for channelling feedback to staff.*
>
> (b) *A system of measurement and collection of data and reporting. Show how the Authority uses the system to ensure the continuous improvement of the established processes.*
>
> (c) *A system for verifying the effectiveness of actions taken to correct deficient S&E work, eliminate the causes, and to prevent issues from recurring.*

a) An internal quality assurance system for self assessment, involving verification, validation and monitoring of searches and examination work

i) For compliance with these Search and Examination Guidelines,
& ii) for channeling feedback to staff

The APO has installed an internal quality assurance system for self assessment, involving the evaluation of search and examination work for compliance with the internal instructions and the PCT Search and Examination Guidelines and channelling feedback to staff, including a system for measuring, recording, monitoring and analysing the performance of the QMS to allow assessment of conformity with the requirements.

This standard quality assurance system (applied to all searches performed by the APO provides 4 steps:

1. Self-check of the examiner using a checklist, where the most important criteria of quality (defined under consideration of the employees-survey, known deficits and common errors) are listed

2. Check by the superior. A sample of about 5% to 10% of the reports will be given from the superior to a colleague of the examiner (cross check). The colleague checks the quality of the search strategy and/or the clearness of the report. *This improves the internal communication and the mutual know how transfer.* The result of the check can be discussed between the two involved colleagues alone, or together with the superior.

3. In PCT-cases there is an additional check (100% of the reports) by the PCT department.

4. Periodic audit of a random sample of cases by the QM-board.

The self-check under consideration of the checklist guarantees a permanent reminding of the key-criteria. The occasional adapted checklist permits to give clear and adjusted reference to important items.
There is special focus on

- lack of unity of invention
- clarity and scope of claims - transparent analysis of subject matter
- obligatory documentation of (online) search strategy

- taking ECLA into consideration for search and classification is obligatory
- observation of time limits

The cross-check serves as basis for vital professional discussions between examiners. For maximising the mutual effect by networking, it is preferred to change the second examiner from case to case

The superior level-check gives the head of the department the possibility to inspect the reports and to ensure the quality level in the department. If the cross checks results in two different opinions, the head of the department will give advice and may settle how to process a special case. If he is in doubt, he has to consult PCT, ST or a member of the QM-Board.

The QM-Board meets at least four times a year to discuss the results of the random sample. It is guaranteed that the spot checks are spread over the departments equally and every examiner will be selected at least once in two years.

The evaluations are carried out by the members of the QM-Board in their technical section; they may call in an expert. In the evaluation meeting the QM-Board tries to find out general errors or shortcomings and is drafting instructions to avoid these discovered defects.

The verification of the effectiveness of actions taken to address deficiencies and to prevent issues from recurring and the ensuring of the continuous improvement of the established processes is coordinated by the QM-Board and Patent Support / PCT.

Further information concerning the QM-Board, the internal review system of the APO is given at point 21.25.

Diagram showing the Quality Assurance Procedures
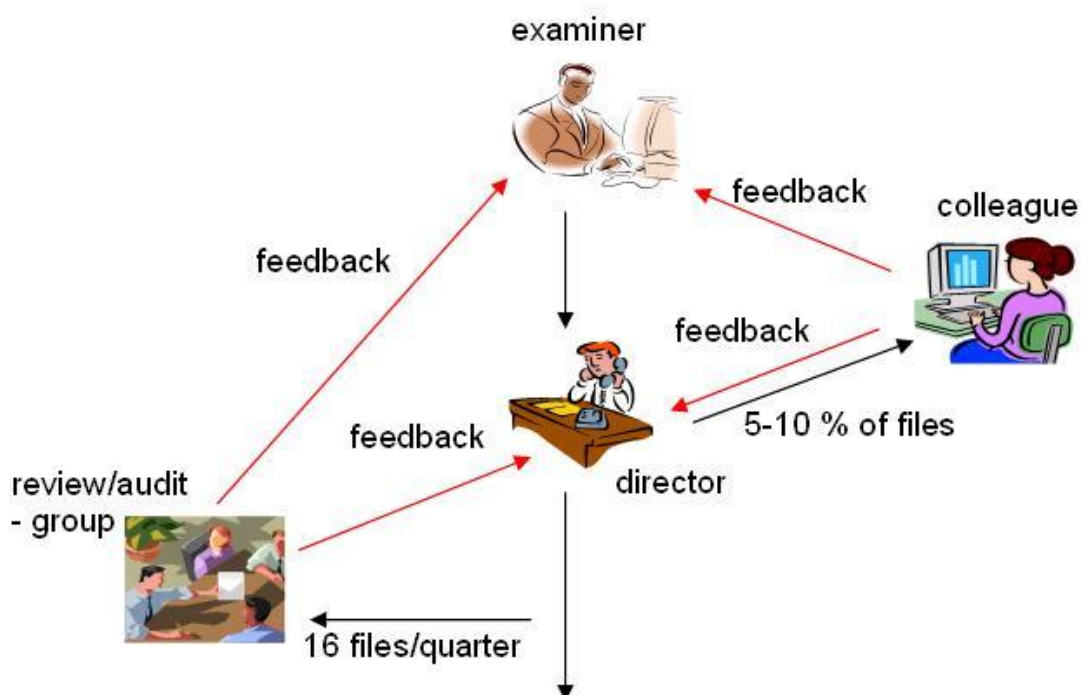
b) A system of measurement and collection of data and reporting. Show how the Authority uses the system to ensure the continuous improvement of the established processes.

Timely issue of search and examination reports is supported by ~~an automatic reminding system sending messages (e-mail) to the responsible examiner and her/his superior when the time limit for the report is coming close~~ *a systematic system to inform the examiners and her / his head (see point 21.15 a).* The quality standard of the reports consistent with the PCT Search and Examination Guidelines is guaranteed by the standard quality assurance system (explained above).
If there is a check done by the colleague, this is indicated in the database. Therefore it can be easy controlled by the management, if these checks are done in the intended amount.

c) A system for verifying the effectiveness of actions taken to correct deficient S&E work, eliminate the causes, and to prevent issues from recurring

The QM-Board (review/audit – group) issues a report to the head of the Authority. This report contains the result of the quarterly meeting of this group. As a result of this report can be, if necessary, an amendment of the Quality Manual. Also effectiveness of the former amendments can be recognized during the QM-Board meeting and if it is necessary, take further actions.

5. Communication

21.17 Inter-Authority communication:

Provide the name, job title and contact details of the Authorities designated quality contact person who will take responsibility for:

(a)   helping identify and disseminate best practice among Authorities;

(b)   fostering continual improvement; and

(c)   providing for effective communication with other Authorities to allow for prompt feedback from them so that potential systemic issues can be evaluated and addressed.

a) – c)

Ms. DI Katharina Fastenbauer (head of Patent Support / PCT & deputy Technical Vice President)

Mr. DI Gerhard Losenicky (Deputy Head of Patent Support / PCT)

Currently the APO is participating in the UIP project. The goal of this project is on one hand the use of national search results by the EPO, but also a feedback from a second examiner (EPO) to our national examiner. In future the APO examiner as well as the EPO examiner will benefit from the experience of the colleague of the other office. Therefore we expect further improvement of the work quality.

As a result of this project is that since 1. October 2012 the APO transmit the search reports of national APO first filing applications to the EPO

21.18 Communication and guidance to users:

Describe the system in place for monitoring and using customer feedback including at least the following elements:

(a)   An appropriate system for

(i)   handling complaints and making corrections;

(ii)   taking corrective and/or preventative action where appropriate; and

(iii)   offering feedback to users.

(b)   A procedure for:

(i)   monitoring user satisfaction and perception; and

(ii)   for ensuring their legitimate needs and expectations are met.

(c)   Clear, concise and comprehensive guidance and information to users (particularly unrepresented applicants) on the search and examination process, giving details of where it is to be found e.g. link to Authority's web site, guidance literature.

(d)   An indication of where and how the Authority makes its quality objectives publicly available for the users.

a) – d)

The communication between the users (applicants) and examiners is assured by easily contacting the examiner by telephone or/and e-mail.
There is a clear, concise and comprehensive guidance and information on the search and examination process (Search and Examination Guidelines in German language) on the APO's web site, as well as guidance literature is laid out in the library and customer service centre.

Additionally there is installed a permanent inquiry service (provided by experienced officials) at the APO, where applicants can ask examiners for technical, a legally trained colleague for legal, advice.
Preventive actions in case of non-conforming applications are part of the "guidance to user" process.

21.19 Communication with WIPO and designated and elected Offices:

Describe how the Authority provides for effective communication with WIPO and designated and elected offices. In particular describe how the Authority ensures that WIPO feedback is promptly evaluated and addressed

Communication between WIPO and the "designated and elected office" APO is done by the "Patent Support / PCT" department. This department addresses all feedback given by WIPO or designated and elected offices to the management of the office and/or to the head of the involved technical department and the involved examiner.

6. Documentation

21.20 *Explanatory note: The QMS of the Authority needs to be clearly described and implemented so that all processes in the Authority and the resulting products and services can be monitored, controlled, and checked for conformity. This is done in the documents that make up the Quality Manual of the Authority (see paragraph 21.21).*

(Note: This point is informative. No response is required by the template to paragraph 21.20)

21.21 *The documents that make up the Quality Manual serve to document the procedures and processes affecting the quality of work, such as classification, search, examination and related administrative work. In particular, the Quality Manual indicates where to find instructions on the procedures to be followed.*

For the purposes of this report indicate:

(a)   the documents making up a Quality Manual that have been prepared and distributed;

(b)   the media on which it is supported (e.g. Internal Publication, Internet, Intranet); and

(c)   document control measures taken e.g. version numbering, access to latest version.

a) the documents making up a Quality Manual that have been prepared and distributed

- The manual "Quality Manual for the Group Techniques" 7.3 is described in 21.12 b) i)

- Guidelines for applicants (available soon with the English Website of the APO - Homepage)

b) the media on which it is supported (e.g. Internal Publication, Internet, Intranet)

The "Quality manual" is available as a PDF file for the whole staff via Intranet. So they can be easily downloaded and printed.

The "Guidelines for Applicants" will be soon available on the English Website of the APO.

c) document control measures taken e.g. version numbering, access to latest version

The newest versions of the documents are linked via Intranet or Internet.

21.22 *Indicate whether the documents making up the Quality Manual include the following:*

(a)   the quality policy of the Authority including a clear statement of commitment to the QMS from top management;

(b)   the scope of the QMS, including details of and justification for any exclusions;

(c)   the organizational structure of the Authority and the responsibilities of each of its departments;

(d)   the documented processes carried out in the Authority such as receipt of incoming applications, classification, distribution, search, examination, publication and support processes, and procedures established for the QMS, or references to them;

(e)   the resources available for carrying out the processes and implementing the procedures; and

(f)   a description of the interaction between the processes and the procedures of the QMS.

The Quality Manual contains the Authorities quality policy, the scope of QMS, the documented process in the case of quality assurance and the procedures established for the QMS. The organization structure and the responsibility of each department of the APO are available via Intranet. The search, examination, publication and support process are the same as for the national granting procedure, so they are also described in the "Quality Manual".

f) Patent Support / PCT department organizes all cases of the Quality management. For that reason it is sure, that interaction between the process and the procedures of the QMS will work together.

21.23 Indicate which types of records the Authority maintains, such as:

> *(a)   a definition of which documents are kept and where they are kept;*
>
> *(b)   results of management review;*
>
> *(c)   training, skills and experience of personnel;*
>
> *(d)   evidence of conformity of processes, resulting products and services in terms of quality standards;*
>
> *(e)   results of reviews of requirements relating to products;*
>
> *(f)   the search and examination processes carried out on each application;*
>
> *(g)   data allowing individual work to be tracked and traced;*
>
> *(h)   records of QMS audits;*
>
> *(i)   actions taken re. non-conforming products, e.g. examples of corrections;*
>
> *(j)   actions taken re. corrective action;*
>
> *(k)   actions taken re. preventative action; and*
>
> *(l)   search process documentation as set out in Section 7.*

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a) a definition of which documents are kept and where they are kept

Quality manual which is available for each staff member via intranet

b) results of management review

The report of the QM-Board is published four times per year via intranet. (see point 21.08 b), c))

c) training, skills and experience of personnel

This information is maintained in the "Central Services" which is under the head of the Legal Vice –President.

d) evidence of conformity of processes, resulting products and services in terms of quality standards

- Quality manual which is available for each staff member via intranet

e) results of reviews of requirements relating to products

via intranet (see point 21.23 a)

f) the search and examination processes carried out on each application

The records for each Search/Examination are stored via a document handling software in a central database

g) data allowing individual work to be tracked and traced

yes; see point 21.23 f) above

h) records of QMS audits

The results of QM Audits are stored under the responsibility of the QM-Board.

i) actions taken re. non-conforming products, e.g. examples of corrections

see point f)

j) actions taken re. corrective action

see point f)

k) actions taken re. preventative action

see point f)

l) search process documentation as set out in Section 7

The search process documentation is stored in the record for each Search/Examination in the central database

7. Search process documentation

21.24 *For internal purposes the Authority should document its search process.*

The Authority should indicate

(a)   which of the following are included in this record:

   (i)   the databases consulted (patent and non patent literature);

   (ii)   the keywords, combinations of words and truncations used;

   (iii)   the language(s) in which the search was carried out;

   (iv)   the classes and class combinations searched, at least according to the IPC or equivalent;

   (v)   a listing of all search statements used in the databases consulted.

(b)   which other information relevant to the search itself is included in this record e.g. a statement of the subject of search; details of special relevance to internet searching; a record of documents viewed; on-line thesaurus, synonym or concept databases, etc.

   (Explanatory note: The IA is requested to list other information it may collect to monitor and improve the search process)

(c)   which special cases are documented and whether records are kept denoting any:

   (i)   limitation of search and its justification

   (ii)   lack of clarity of the claims; and

   (iii)   lack of unity.

a) - c)

The search process documentation is stored in the record for each Search/Examination. It contains at least a "History List" of the search process, containing all used parameters a) i) to v). If it is necessary, the Examiner can add additional information regarding the search process, for example those indicated in points b) and c).

8. Internal review

21.25 *Explanatory note: The Authority should report on its own internal review arrangements. These reviews determine the extent to which it has established a QMS based on the model of Chapter 21 and the extent to which it is complying with the QMS requirements and the Search and Examination Guidelines. The reviews should be objective and transparent to demonstrate whether or not those requirements and guidelines are being applied consistently and effectively and should be undertaken at least once a year. With reference to point 21.08 of this template, the Authority may provide additional information on its internal review arrangements under this section if it so wishes.*

21.26-21.28   These arrangements are reported according to this template in Section 1, above, at points 21.04 - 21.09. The Authority may provide additional information on further inputs to its internal reviews under this section, if it so wishes

The APO has established an objective and transparent internal review, demonstrating whether or not the requirements and guidelines are being applied consistently and effectively. This review is undertaken four times a year on basis of spot-checks taken out of the process randomly by the QM-Board.

The input to each review includes information on:

1. Conformity with the QMS requirements and the PCT Search and Examination Guidelines
2. Corrective and preventative actions taken to eliminate the cause of non-compliance
3. Follow-up actions from previous review
4. An analysis of the effectiveness of the QMS itself and its processes
5. Should the occasion arise, feedback from customers, including designated and elected Offices as well as applicants and
6. Recommendations for improvement.

The collected data are analyzed by the members of the QM-Board to determine to what extent the QMS requirements and the PCT Search and Examination Guidelines are being met. The results of the internal review are presented to all employees of the APO via intranet.

Improvement

With this system the APO can continually improve its performance according to the QMS requirements and is able to review the effectiveness of its QMS.

The management of the APO can identify and promptly take corrective action to eliminate the cause of any failure to comply with the QMS requirements and the PCT Search and Examination Guidelines.

External review

In 2012 the Swiss IGE and the APO started a pilot process for external review between the two offices. In a first step two examiners from the APO visited IGE and made searches about the same files in parallel with the examiners of the IGE. The result was discussed together. In a second step examiners from the IGE visited the APO.

9. Arrangements for Authorities to Report to the MIA

21.29 There are two stages in the reporting arrangements. The document up to this point relates to the initial report called for by paragraph 21.29. It will be supplemented annually by further reports in accordance with paragraph 21.30.

This initial report is submitted to the Meeting of International Authorities under the PCT (MIA) describing what the APO has done to implement a QMS based on the broad requirements set out in the PCT Search and Examination Guidelines.

Annual reports will be prepared by the APO, identifying the lessons learned and actions taken and making recommendations in light of the review.

[End of document]