

## **Patent Cooperation Treaty (PCT)**

### **Common Quality Framework for International Search and Preliminary Examination**

#### **INITIAL REPORT ON QUALITY MANAGEMENT SYSTEMS**

*prepared by THE FINNISH PATENT AND REGISTRATION OFFICE (PRH)*

*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.*

#### **INTRODUCTION (PARAGRAPHS 21.01 - 21.03)**

*In this introduction, each Authority should include a summary of all changes to their quality management system that have taken place since the previous report on their Quality Management System, and any other matters considered to be of interest in relation to quality management.*

*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. Authorities may include process charts if this would facilitate the understanding of an aspect of the report.*

The quality management system (QMS) of the Patents and Trademarks (PTM) of the Finnish Patent and Registration Office (PRH) has been established according to ISO 9001:2015. Furthermore, The "Standard for the European Quality Management System" (EQMS, CA/57/07) and the set of "Product Quality Standards" (PQS, CA/135/08) are regarded as basic requirements in the development of the processes of the PTM.

The QMS of PTM is annually assessed by an independent and impartial certification body, which conducts external audits. On the basis of standard ISO 9001, the auditor assesses the PTM's ability to meet the requirements established by customers, law, and the organisation itself. On 23 November 2006, Inspecta Certification, a member of IQNet, granted the PRH the first quality certificate as proof that the QMS of PTM complies with the requirements of standard ISO 9001:2000. **On 20.– 21. October 2020, the QMS was re-assessed and the validity of the certificate was continued without deviations.**

The certificate confirms that the QMS complies with the requirements of the standard ISO 9001:2015. The certificate is valid for a three-year period and is monitored once a year. **The certification covers all the functions of PTM, including advisory and commercial search services.**

### **Summary of changes taken place in 2020**

**Due to the COVID-19 pandemic, almost 100 % of PRH employees have been working remotely since mid-March and applications have been processed normally all the time. The fast transition to working from home went successfully because all employees already had tools to work remotely. Besides, all the documents are available in electronic form and processing of PCT applications is fully digitized.**

**During the COVID-19 pandemic, patent examiner training has been offered virtually. Customer events have been arranged using a hybrid model where majority of the participants take part virtually.**

**As a result of risk-based practices, the risks caused by the pandemic have been identified and analysed.**

**The ISO 9001 certification was extended cover all the functions of PTM, including advisory and commercial search services. (Introduction)**

**With regard to understanding the needs and expectations of interested parties (2. Risk-based practices, page 12), PRH arranged a workshop for applicants and patent attorneys on office actions. The purpose of the workshop was to identify measures to develop the content of office actions so that customers' needs are met as far as possible. Key findings of the workshop were presented to all examiners and taken into internal instructions.**

**In 2020, PRH adopted a competence management system to be used in performance assessment, career planning, and in the development of learning plans. Career path framework was also introduced. It represents various career options within PRH for experts, including patent examiners. (3. Resources / Human resources, page 15)**

**In 2020, work for the purposes of harmonizing search activities between EPO and PRH has continued. Key findings of the harmonization programme II based on the harmonisation files (24 cases) searched and examined in 2019 were agreed and reported jointly by PRH and EPO. Any divergence in the practices of the two authorities was not found and any specific corrective actions were not taken. PRH and EPO will continue the programme in 2021. (5. Quality Assurance, page 17)**

AI based search tool 'IPRally' is in production and other AI search tools are continuously tested (3. Resources / Material resources, page 16)

Four examiners have been recruited in 2020. Currently, the total number of examiners is 114.

## 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 specified by top management.
- (c) An organizational chart showing all those bodies and individuals responsible for the QMS.

(a)...(c)

The Director of the PTM is in charge of the operations of the PTM. According to the job description, the Director is responsible for the strategy, economic balance, and activities of the PTM in order to reach the strategic objectives, with special emphasis on factors which have effect on quality.

The PTM management group supervises the PTM's activities. It carries out quality reviews at least twice a year. In the reviews, the quality feedback from the previous review period is analysed, changes and improvements in the PTM's activities and quality management system are decided on, and the PTM's quality policy and quality objectives are revised.

The management group of patent process assesses and develops the function of the quality management system and follows up the outcome of the quality objectives. If necessary, it makes proposals, changes, and improvements in the processes, guidelines, training, and systems. It may also submit proposals to the management of the PTM in order to revise the quality objectives. Further, the management group of patent process makes preparations for both management reviews and internal and external audits.

The quality manager, who is a member of the management of the PTM, is in charge of the every-day implementation of the quality management system.

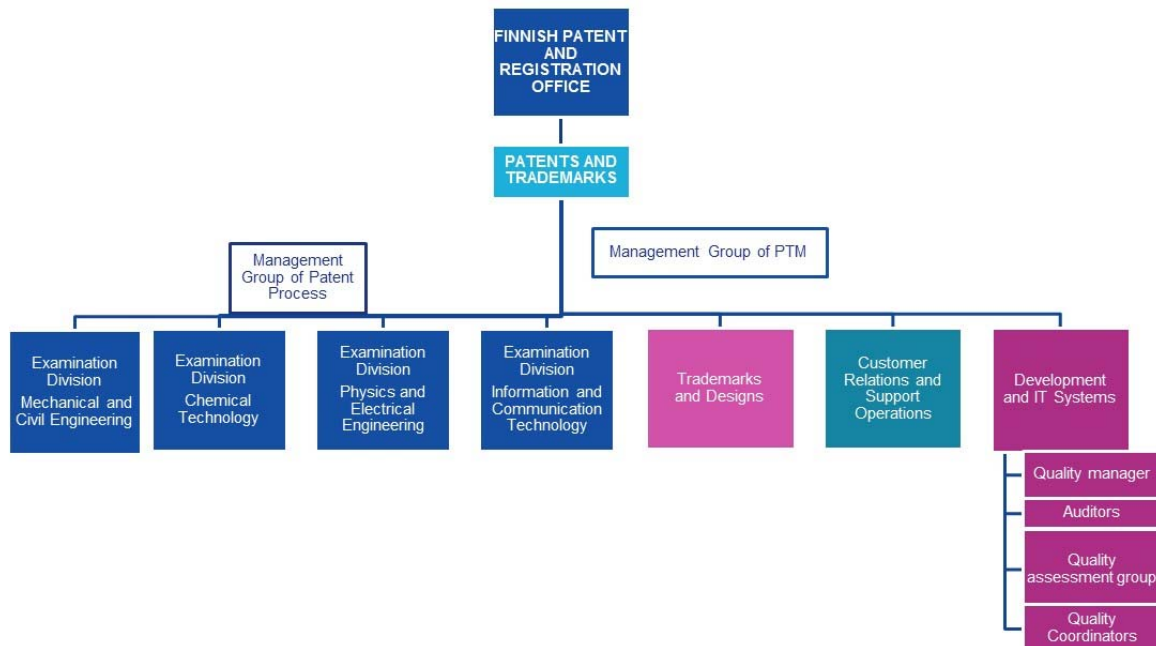
The mission, the vision and the values of the PRH and the PTM have been determined.

The operational and financial plan of the PRH presents the areas of focus and the economic data of the PRH for the period of four years. The operational and financial plan for the years of 2019–2022 presents the strategic lines of the PRH, which are based on the strategic lines of the state government and the strategies of the interest groups. The international institutions dealing with intellectual property rights are considered being of special importance and Finland as a member can influence their work and their goals.

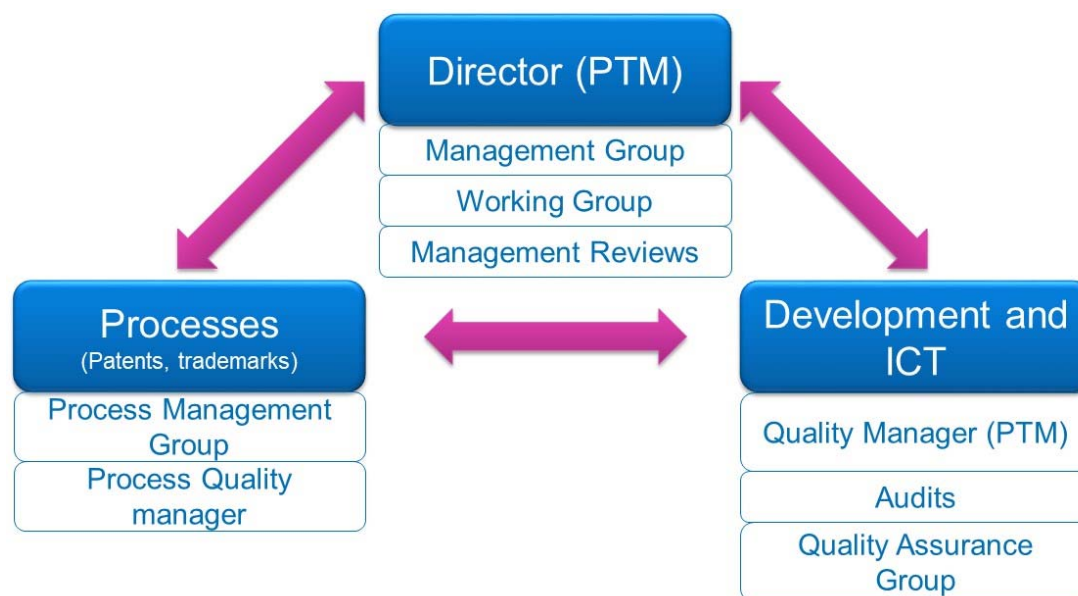
Within the strategic lines of the PRH, a strategy has been also drawn up for the PTM. It puts forth more detailed information about measures carried out by PTM that help PRH to achieve the strategic goals.

The quality policy established by the top management is available in the Quality Manual, as well as the roles and names of those bodies and individuals responsible for the QMS.

An organisational chart of PTM showing all the bodies responsible for the QMS is presented in Fig. 1, while a schematic presentation on the interrelations between these bodies is presented in Fig 2.



**Fig 1.** Organisational chart of PTM showing the bodies responsible for the QMS.



**Fig 2.** Schematic presentation on the interrelations between the bodies responsible for the QMS.

*21.05 Indicate (e.g. by means of a table) the extent of compatibility between the Authority's QMS and the requirements of Chapter 21 of these International Search and Preliminary Examination Guidelines. Alternatively, indicate where the Authority is not yet compliant with these requirements).*

| Chapter 21 requirement |  |     |                                                                            | Extent of compliance |      |    |
|------------------------|--|-----|----------------------------------------------------------------------------|----------------------|------|----|
|                        |  |     |                                                                            | full                 | part | no |
| 21.04                  |  | (a) | Quality policy available                                                   | ✓                    |      |    |
|                        |  | (b) | Identified roles and names for QMS responsibility                          | ✓                    |      |    |
|                        |  | (c) | Organizational 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 to the relevant staff at the Authority | ✓                    |      |    |
| 21.09                  |  | (a) | Performance of a yearly internal review of the QMS in/to                   | ✓                    |      |    |

| Chapter 21 requirement |       |                                                                                                           | Extent of compliance |      |    |
|------------------------|-------|-----------------------------------------------------------------------------------------------------------|----------------------|------|----|
|                        |       |                                                                                                           | full                 | part | no |
|                        |       | (b) determine the extent to which the QMS is aligned with Chapter 21                                      | ✓                    |      |    |
|                        |       | determine the extent to which S&E complies with PCT Guidelines                                            | ✓                    |      |    |
|                        |       | (c) an objective and transparent way                                                                      | ✓                    |      |    |
|                        |       | (d) using input incl. information according paragraph 21.24                                               | ✓                    |      |    |
|                        |       | (e) recording the results                                                                                 | ✓                    |      |    |
| 21.10                  |       | Risk and opportunities are addressed that can affect the QMS and the conformity of search and examination | ✓                    |      |    |
| 21.13                  |       | Arrangements for establishing risk-based practices to                                                     | ✓                    |      |    |
|                        | (i)   | (a) understand issues that affect its ability to achieve intended results of the QMS                      | ✓                    |      |    |
|                        |       | (b) understand the needs and expectations of interested parties                                           | ✓                    |      |    |
|                        | (ii)  | identify risks and opportunities related to the performance of the QMS as a basis for planning            | ✓                    |      |    |
|                        | (iii) | plan and implement actions to address risks and opportunities                                             | ✓                    |      |    |
|                        | (iv)  | check the effectiveness of the actions taken                                                              | ✓                    |      |    |
|                        | (v)   | continuously update risks and opportunities.                                                              | ✓                    |      |    |
| 21.15                  |       | Assurance to monitor and adapt to actual workload                                                         | ✓                    |      |    |
|                        | (i)   | Infrastructure in place to ensure that a quantity of staff                                                | ✓                    |      |    |
|                        |       | (a) sufficient to deal with the inflow of work                                                            | ✓                    |      |    |
|                        |       | (b) which maintains technical qualifications to S&E in all technical fields                               | ✓                    |      |    |
|                        |       | (c) which maintains the language facilities to understand languages according to Rule 34                  | ✓                    |      |    |
|                        | (ii)  | Infrastructure to provide a quantity of skilled administrative staff                                      | ✓                    |      |    |
|                        |       | (a) at a level to support the technically qualified staff                                                 | ✓                    |      |    |
|                        |       | (b) for the documentation of records                                                                      | ✓                    |      |    |
|                        | (iii) | Ensuring appropriate equipment to carry out S&E                                                           | ✓                    |      |    |
|                        | (iv)  | Ensuring documentation according to Rule 34                                                               | ✓                    |      |    |
|                        | (v)   | (a) Instructions to help staff understand and act according to the quality criteria and standards         | ✓                    |      |    |

| Chapter 21 requirement |       |                                                                                                                                               | Extent of compliance |      |    |
|------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------|----|
|                        |       |                                                                                                                                               | full                 | part | no |
|                        |       | (b) Instructions to follow work procedures accurately and they are kept up-to-date.                                                           | ✓                    |      |    |
|                        | (vi)  | (a) Training and development program to ensure and maintain necessary skills in search and examination                                        | ✓                    |      |    |
|                        |       | (b) Training and development program to ensure awareness of staff to comply with the quality criteria and standards.                          | ✓                    |      |    |
|                        | (vii) | (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                                             | ✓                    |      |    |
| 21.16                  | (i)   | Control mechanisms to ensure timely issue of S&E reports                                                                                      | ✓                    |      |    |
|                        | (ii)  | Control mech. regarding fluctuations in demand and backlog                                                                                    | ✓                    |      |    |
| 21.17                  | (i)   | Internal quality assurance system for self-assessment                                                                                         | ✓                    |      |    |
|                        |       | (a) for compliance with S&E Guidelines                                                                                                        | ✓                    |      |    |
|                        |       | (b) for channeling feedback to staff                                                                                                          | ✓                    |      |    |
|                        | (ii)  | System for measurement of data and reporting for continuous improvement                                                                       | ✓                    |      |    |
|                        | (iii) | System for verifying the effectiveness of actions taken to correct deficient S&E work, eliminate the causes and prevent issues from recurring | ✓                    |      |    |
| 21.19                  |       | (a) Contact person helping identify best practice between Authorities                                                                         | ✓                    |      |    |
|                        |       | (b) Contact person fostering continual improvement                                                                                            | ✓                    |      |    |
|                        |       | (c) Contact person providing for effective communication with other Authorities for feedback and evaluation                                   | ✓                    |      |    |
| 21.20                  | (i)   | (a) Appropriate system for handling complaints                                                                                                | ✓                    |      |    |
|                        |       | (b) Appropriate system for taking preventive/corrective actions                                                                               | ✓                    |      |    |
|                        |       | (c) Appropriate system for offering feedback to users                                                                                         | ✓                    |      |    |
|                        | (ii)  | (a) A procedure for monitoring user satisfaction & perception                                                                                 | ✓                    |      |    |
|                        |       | (b) A procedure for ensuring their legitimate needs and expectations are met                                                                  | ✓                    |      |    |
|                        | (iii) | Clear and concise guidance on the S&E process for the user                                                                                    | ✓                    |      |    |
|                        |       | Indication where and how the Authority makes its quality objectives publicly available                                                        | ✓                    |      |    |
| 21.21                  |       | Established communication with WIPO and designated and elected Offices                                                                        | ✓                    |      |    |

| Chapter 21 requirement |        |     |                                                                                                                                 | Extent of compliance |      |    |
|------------------------|--------|-----|---------------------------------------------------------------------------------------------------------------------------------|----------------------|------|----|
|                        |        |     |                                                                                                                                 | full                 | part | no |
| 21.22                  |        |     | QMS of Authority clearly described and documented                                                                               | ✓                    |      |    |
| 21.23                  |        | (a) | Material making up the reference of quality procedures and processes for staff and management has been prepared and distributed | ✓                    |      |    |
|                        |        | (b) | Media available to support the reference material                                                                               | ✓                    |      |    |
|                        |        | (c) | Document control measures are taken                                                                                             | ✓                    |      |    |
| 21.24                  |        |     | Items which should be documented in the reference of quality procedures and processes                                           | ✓                    |      |    |
|                        | (i)    |     | Quality policy of the Authority and commitment to QMS                                                                           | ✓                    |      |    |
|                        | (ii)   |     | Scope of QMS                                                                                                                    | ✓                    |      |    |
|                        | (iii)  |     | Organizational structure and responsibilities                                                                                   | ✓                    |      |    |
|                        | (iv)   |     | the documented processes are carried out in the Authority                                                                       | ✓                    |      |    |
|                        | (v)    |     | Resources available to carry out processes and implementing the procedures                                                      | ✓                    |      |    |
|                        | (vi)   |     | a description of the interaction between the processes and the procedures of the QMS.                                           | ✓                    |      |    |
| 21.25                  | (i)    |     | Records which documents are kept and where they are kept                                                                        | ✓                    |      |    |
|                        | (ii)   |     | Records of results of management review                                                                                         | ✓                    |      |    |
|                        | (iii)  |     | Records about training, skills and experience of staff                                                                          | ✓                    |      |    |
|                        | (iv)   |     | Evidence of conformity of processes                                                                                             | ✓                    |      |    |
|                        | (v)    |     | Results of reviews of requirements relating to products                                                                         | ✓                    |      |    |
|                        | (vi)   |     | Records of the S&E process carried out on each application                                                                      | ✓                    |      |    |
|                        | (vii)  |     | Record of data allowing individual work to be tracked                                                                           | ✓                    |      |    |
|                        | (viii) |     | Record of QMS audits                                                                                                            | ✓                    |      |    |
|                        | (ix)   |     | Records on actions taken re. non-conforming products                                                                            | ✓                    |      |    |
|                        | (x)    |     | Records on actions taken re. corrective actions                                                                                 | ✓                    |      |    |
|                        | (xi)   |     | Records on actions taken re. preventive actions                                                                                 | ✓                    |      |    |
|                        | (xii)  |     | Records referring to search process documentation                                                                               | ✓                    |      |    |
| 21.26                  | (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                                                           | ✓                    |      |    |



| Chapter 21 requirement |        |  |                                                                             | Extent of compliance |      |    |
|------------------------|--------|--|-----------------------------------------------------------------------------|----------------------|------|----|
|                        |        |  |                                                                             | full                 | part | no |
|                        | (v)    |  | Recording of a listing of all search statements used in databases consulted | ✓                    |      |    |
|                        | (vi)   |  | Records about other information relevant to the search                      | ✓                    |      |    |
|                        | (vii)  |  | Records about limitation of search and its justification                    | ✓                    |      |    |
|                        | (viii) |  | Records about lack of clarity of the claims                                 | ✓                    |      |    |
|                        | (ix)   |  | Records about lack of unity                                                 | ✓                    |      |    |
| 21.27                  |        |  | Report on its own internal review processes                                 | ✓                    |      |    |
| 21.28-21.30            |        |  | Additional information on further inputs to its internal reviews            | ✓                    |      |    |
| 21.31                  |        |  | Initial report called for by paragraph 21.31                                | ✓                    |      |    |

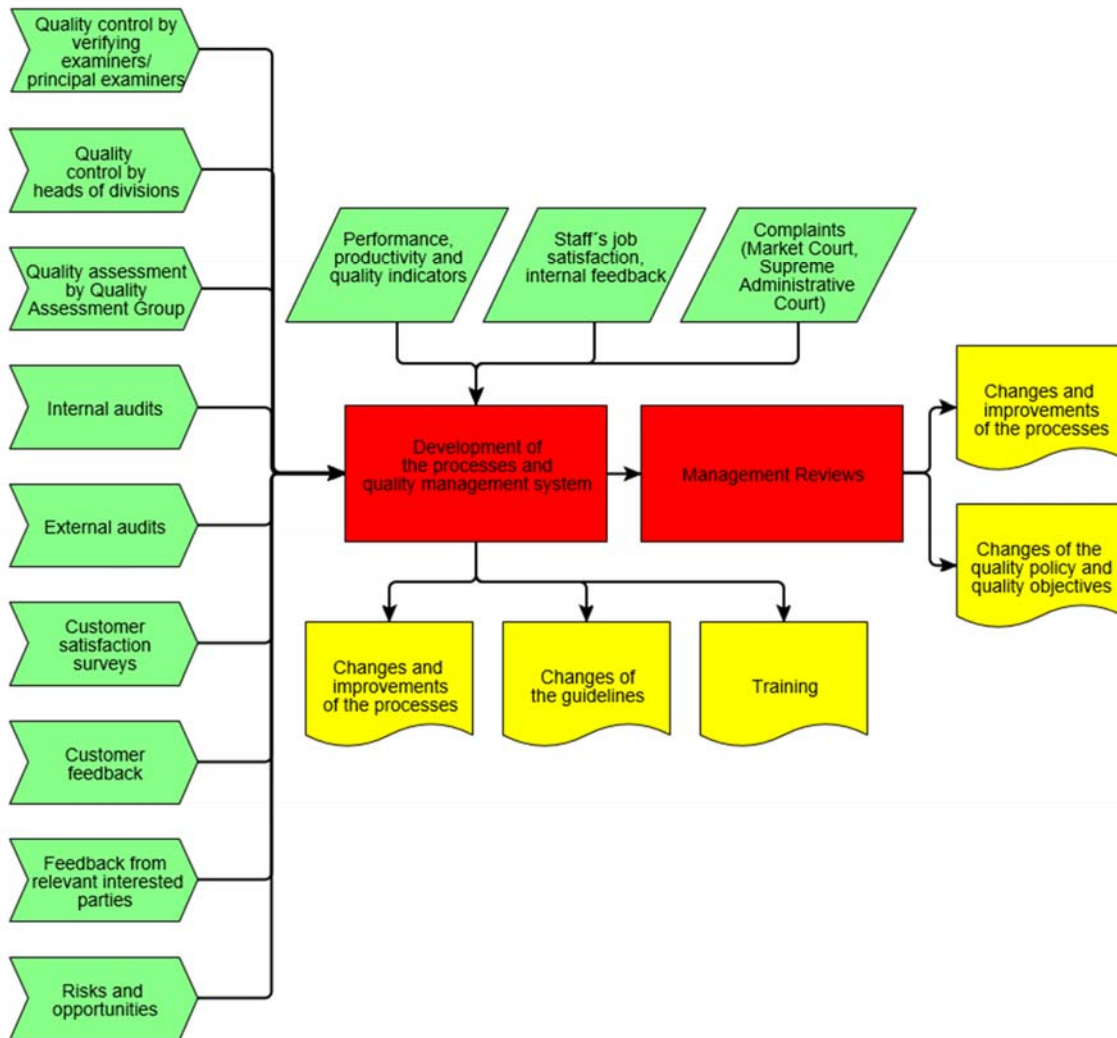
*21.06 Indicate with reference to the organizational chart those bodies and mechanisms management uses to ensure:*

- (a) the effectiveness of the QMS; and*
- (b) that the process of continual improvement progresses.*

As indicated in the Quality Manual and the process charts

- (a) the effectiveness of the QMS is ensured by the management of the PTM, the management group of patent process, the quality manager, the quality assessment group, the internal auditing, and the external auditing; (see also Fig. 2) and
- (b) the progress of the process of continual improvement is ensured by the management of the PTM, the management group of the patent process, the quality manager, the internal auditing, the external auditing, the heads of the divisions, and the principal examiners.

The flowchart relating to mechanisms of continuous development is presented in Fig 3.



**Fig 3.** Flowchart relating to mechanisms of continuous development.

21.07 Indicate how management of the Authority communicates to its staff the importance of meeting treaty and regulatory requirements including:

- (a) those of this standard; and
- (b) complying with the Authority's QMS.

The management of the PTM communicates to its staff the importance of meeting treaty and regulatory requirements including

- (a) those of the standards of PCT, and
- (b) complying with the QMS of the PTM.

*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 by the relevant staff at the respective Authority.*

As indicated in the Quality Manual:

- (a) the top management conducts management reviews twice a year, and ensures the availability of appropriate resources;
- (b) in these reviews, the quality objectives are considered; and
- (c) the top management ensures that the quality objectives are communicated and understood throughout the respective Authority following the information strategy of the PTM.

*21.09 Indicate whether top management or delegated officers of the Authority perform an internal review of the QMS in accordance with paragraphs 21.27-21.30:*

- (a) at least once per year (cf. paragraph 21.27);*
- (b) in accordance with the minimum scope of such reviews as set out in Section 8, namely:  
to determine the extent to which the QMS is based on Chapter 21 (cf. paragraphs 21.27, 21.29(i));  
to determine the extent to which Search and Examination work complies with PCT Guidelines (cf. paragraphs 21.27, 21.29(i));*
- (c) in an objective and transparent way (cf. paragraph 21.27);*
- (d) using input including information according to paragraphs 21.29 (ii)-(vi);*
- (e) recording the results (cf. paragraph 21.30).*

(a)...(e)

Delegated officers of the PRH perform an internal review of the QMS once or twice per year, see Section 8.

*21.10 Indicate whether top management of the Authority promote practices to ensure that risks and opportunities that can affect its QMS and the conformity of international search and examination are addressed.*

The quality manual of PTM defines the practices with regard to identifying risks/opportunities, deciding on actions to address risks as well as checking the effectiveness of the actions taken.

These practices are reviewed, evaluated and agreed by the management of the PTM in management reviews twice a year.

## 2. RISK-BASED PRACTICES

*21.11 Explanatory note: Each Authority should establish its own risk-based practices to enable the Authority to determine factors that could cause operational processes and its quality management system to deviate from requirements or planned results, to put in place preventive controls to minimize negative effects, and to make use of opportunities as they arise.*

*21.12 Explanatory note: It is open to each Authority to set up its own arrangements to determine the effect of uncertainty on objectives. Paragraph 21.13 provides a guide to the basic components of risk-based practices as an element of QMS. There is no requirement for formal methods of risk management or a documented risk management process.*

*(Note: These points are informative. No response is required by the template to paragraphs 21.11 and 21.12).*

### *21.13 Arrangements for establishing risk-based practices*

*Provide information on the arrangements that your Authority has made to:*

- (i) (a) understand issues that affect its ability to achieve intended results of the QMS, and  
(b) understand the needs and expectations of interested parties;*
- (ii) identify risks and opportunities related to the performance of the QMS as a basis for planning;*
- (iii) plan and implement actions to address risks and opportunities;*
- (iv) check the effectiveness of the actions taken; and*
- (v) continuously update risks and opportunities.*

*21.14 Explanatory note: All processes of the QMS present differing levels of risk in terms of the Authority's ability to meet its objectives, and the effects of uncertainty are not the same for all Authorities. Each Authority is responsible for the actions it decides to take to address risks and opportunities.*

*(Note: This point is informative. No response is required by the template to paragraph 21.14).*

- (i) PTM has adopted practises for identifying and analysing risks as well as deciding on actions to address the risks. See 21.13 (ii)...(v) for details. Strategy is renewed in 3-4 year cycles and for the strategic purposes, especially, operational environment is carefully analysed.

PTM utilises various ways to understand the needs and expectations of interested parties, such as customers, appeal courts, international organisations, other patent offices, etc.

Special attention is paid and various ways are used to understand customers' needs and expectations. For example, the following channels are in use

- customer feedback (online forms)
- customer relations management, e.g key account managers
- customer satisfaction surveys
- discussion panels with patent attorneys etc.

Each appeal court decision is reviewed by a head of examination division and a summary is presented to the management group of patent process. If needed, changes to processes, training program, etc are agreed. Summary of all recent appeal court decisions is discussed in the management review.

(ii)...(v)

First of all, risks and opportunities are identified by owners of the patent process and its sub-processes and supporting processes, e.g. formalities, legal affairs, ICT maintenance, etc. The identified risks and opportunities are gathered and then analysed by the management group of patent process during third quarter (Q3). Probability and impact of each risk is analysed and, hence, a risk level for each risk is obtained. At the same time, possible actions to address these risks are identified. The management group of patent process reports the risk analysis to the management of the PTM.

The management of the PTM deals with the risk reports in the management review during the fourth quarter (Q4). The management of the PTM confirms the risk levels and decides on the actions to be taken against risks above acceptable risk level. The acceptable risk level has been set beforehand by the management of the PTM.

During the first quarter (Q1), the management group of patent process checks all the actions taken, analyses their effectiveness, and reports them to the management of the PTM.

The management of the PTM checks all the reported actions in the management review in the end of the first quarter (Q1). If the actions and effects seem to inadequate, the management of the PTM decides on new actions.

Risks, opportunities and actions taken are recorded and managed by quality managers using IMS software.

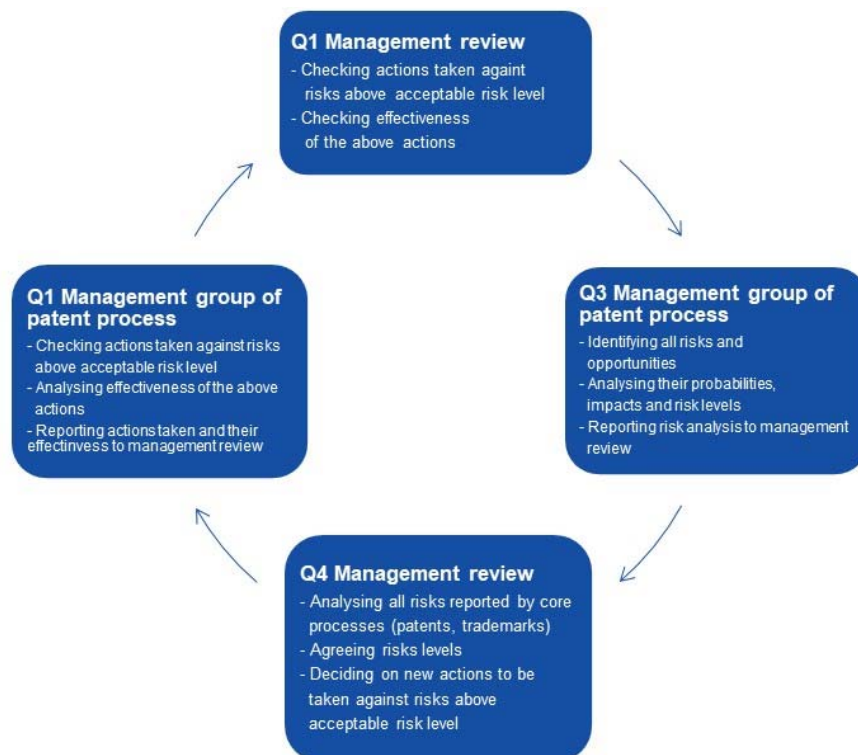


Fig 4. Risk-based practices at the PTM.

### 3. RESOURCES

*21.15 Explanatory note: The granting of ISA/IPEA 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 below, should provide this assurance.*

*Human resources:*

*(i) Provide information about the infrastructure in place to ensure that a quantity of staff: sufficient to deal with the inflow of work;*

*which maintains the technical qualifications to search and examine in the required technical fields; and*

*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.*

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

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

*for the documentation of records.*

- (i) Management continuously monitors the performance outcome, number of applications, person-years, processing times, and backlogs. The resource management includes the following documents and recordings: grounds for calculating performance (pieces of work) and productivity; statistics and calculations by the head of the division in charge of resource follow-up; annual statistics from the performance and productivity system; monthly statistics for the number of applications; monthly statistics for pieces of work and working hours; quarterly reports on person-years, demand, and productivity; backlog lists; quarterly examiner follow-up reports (performance and targets); and schedules and documents for the PRH planning: the operational and financial plan, periodic planning year chart, and strategy year clock. Prognoses are made for the development in the number of applications, changes in activities and work practices, and the number of people leaving the PRH.

On the basis of the initial information and prognoses, the management estimates how many pieces of work are necessary in order to reach the processing time and quality objectives, and what are the pieces of work needed for clearing out backlogs. The estimated number of pieces of work and the proportion between these and person-years are used to calculate the person-years needed by each division. Employees are recruited on the basis of the calculations, estimates by the heads of the divisions, and financial aspects. All examiners must have a full university degree (doctor's degree is preferred) and good knowledge of several languages.

- (ii) The administration of the PRH is responsible of the planning, finances, human resources, international and legal affairs, communications, and data administration, to the extent those issues have not been delegated to the Results areas or other units. At the PTM, the Formalities unit and the PCT unit are responsible for the examination of the formal requirements of the national applications and the PCT applications, respectively. New employees get personal training, and complementary training is organised when necessary. Job descriptions define the tasks entrusted to

each employee of the PRH. They also specify the qualifications required, i.e., which education, work experience, and skills are required for each position.

A competence management system is used in the recruitment, performance assessment, career planning process, and in the development of learning plans.

Career path framework represents various career options within PRH for experts, including patent examiners.

*Material resources:*

(iii) Describe the infrastructure in place to ensure that appropriate equipment and facilities such as IT hardware and software to support the search and examination process are provided and maintained;

(iv) Describe the infrastructure in place to ensure that 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.

(v) Describe how instructions:

to help staff understand and adhere to the quality criteria and standards; and;

to follow work procedures accurately and consistently

are documented, provided to staff, kept up-to-date and adapted where necessary.

(iii), (iv)

The purpose of the IT services of the PRH is to meet the requirements and expectations specified in the service level agreement concerning the IT systems used by the PTM. The task of the IT services is to ensure a disturbance-free handling of applications, fluent searches and examinations, and reliable patent administration. The IT staff, the strategic co-operation partners of the PTM, and an active involvement in the European development of IT services within the EPO ensure that the PRH has at its disposal the resources required for providing the IT services. The Information Management of the PRH is in charge of the IT services. At the office level, Project Management Office develops enterprise architecture, steers ICT development, and manages project portfolio.

Work for the new patent back office system is in progress. The objective of the project is to adapt the EUIPO trademark back office system for patents. Main tasks are to migrate data from patent management system, build patent specific data model, build patent specific tools (forms, document management, integrations etc.), and to implement patent specific business rules and processes. The estimated date of commissioning is in the end of 2021.

Processing of PCT and patent applications is fully digitized and an electronic document service is available for customers. All the documents are available in electronic form. The PRH has also introduced the production control system for handling of PCT and patent applications. The aim of the system is to share the workload to the examiners in an efficient and a balanced way and thus to minimize the deviation of the response time for the applicant.

The working group on search tools and strategy and the library of the PRH ensure that the examiners have access to all necessary search documentation. The examiners have access over 100 databases through EPOQUE. The PCT minimum documentation requirements for non-patent literature have been analysed in each technical field and easy

access to the documentation has been ensured. AI based search tool 'IPRally' is in production and other AI search tools are continuously tested.

- (v) The Patent Manual includes the guidelines for the handling of national patent applications and utility model applications, and for conducting international novelty searches and international preliminary examinations of PCT applications. For every step in the handling process, the Patent Manual states the contents requirements and procedural guidelines, according to which the applications are handled by the PRH. The purpose of the guidelines is to advise the staff in charge of the handling of the applications in such a way that they are aware of the handling procedure and can independently apply the guidelines in different situations. The manual "Guidelines for the handling of patent applications" includes detailed instructions for how examiners shall carry out in practise the measures to be taken regarding the handling of national patent applications, utility model applications, and PCT applications. The guidelines also include general instructions concerning the work of the examiners. Other instructions have been gathered to the Intranet pages. These instructions include, for example, guidelines for examiners, IT guidelines, and guidelines for the classification of patent applications. The manuals and the instructions are updated regularly. The working group on Patent Manual is responsible for updating the Patent Manual. The latest version of the patent manual was published in December 2017. It is available on the internet ([www.prh.fi](http://www.prh.fi), in Finnish only).

*Training resources:*

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

*acquire and maintain the necessary experience and skills; and*

*are fully aware of the importance of complying with the quality criteria and standards.*

A working group on training issues plans and organises the training of the examiners, and evaluates the efficiency of the training. New examiners are given training according to a qualification programme for examiners, and they become familiar with the work under the guidance of personal tutors. The staff maintains and develops their professional skills by taking part in courses on patent issues, IT, languages and technical special areas.

*Oversight over resources:*

(vii) Describe the system in place for continuously monitoring and identifying the resources required:

*to deal with demand; and*

*comply with the quality standards for search and examination.*

See previous points in this section (2) and the next section (3).

#### **4. MANAGEMENT OF ADMINISTRATIVE WORKLOAD**

21.16 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:

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

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



(i), (ii)

The processing times of applications in their various phases are monitored by a computerized administrative system. The real-time situation of the backlog can be accessed. The heads of the divisions and the principal examiners are aware of the work load in real time.

The PTM management group decides on the quality objectives, including the objectives for the processing times of applications in their various phases. The management group of patent process monitors the processing times, the backlogs, the outcome of the objectives, and the need to make improvements or changes in the processes.

The PTM management group monitors the outcome of the objectives on the basis of the results of management reviews.

## 5. QUALITY ASSURANCE

*21.17 In accordance with the Guidelines, the following are required quality assurance measures for timely issue of search and examination reports of a high quality. Indicate how the following are implemented, including the use of any checklists to verify reports before their issue or for monitoring the quality as part of a post-issue review process:*

*(i) An internal quality assurance system for self-assessment, involving verification, validation and monitoring of searches and examination work:*

*for compliance with these Search and Examination Guidelines;*

*for channeling feedback to staff.*

*(ii) 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.*

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

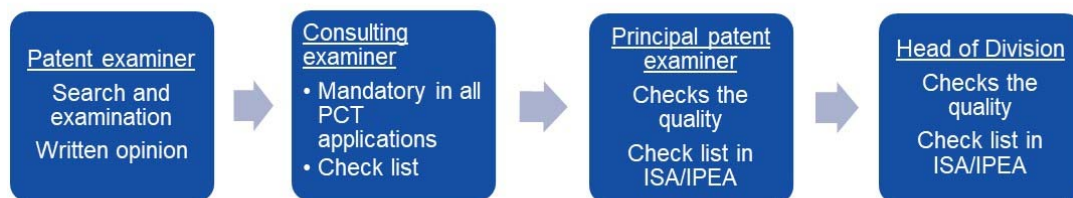
(i)...(iii)

Quality assurance at PRH is carried out both prior to sending out the products to the applicant and afterwards. The former is carried out continuously on daily basis by supervisors, and the latter is carried out for batches of randomly picked samples twice a year by the quality assessment group.

With regard to continuous quality assurance, two examiners work in co-operation on the search of a PCT application: the searching examiner carries out an international novelty search and the verifying examiner checks the work done by the searching examiner. The verifying examiner uses a checklist as a part of his quality assurance. In addition, the principal examiners check all the work (search strategy, search report, written opinion, etc.) made for the PCT application.

The head of the division monitors daily the decisions and opinions given by examiners. He uses a checklist of the head of the division as a part of his quality assurance.

Steps of the daily quality control prior to sending the ISRs and IPRPs to applicants is presented in Fig 5.



**Fig 5.** Steps of quality control prior to sending the ISRs and IPRPs to applicants.

The working group on quality assessment is set to ensure the good quality of the searches, examinations, decisions, reports, and written opinions by examiners. The working group carries out annually several rounds focusing in different type of applications or decisions or different steps of the process. Random sampling is used but annually at least one application by each examiner should be checked. In 2017 and 2019, for the purposes of harmonizing search activities, EPO has transmitted to PRH two sets of 24 international applications, which, then, PRH has searched. The working group on quality assessment assesses the work carried out by PRH for the purpose of finding areas for harmonization.

On the basis of the decisions, reports, and opinions given by the examiner in the different steps of the handling process, the working group analyses whether the examiner has followed the set quality criteria, quality standards, and guidelines. The working group measures the quality level of searches and examinations by means of the criteria stated in the quality objectives. The working group determines a quality class of each application process based on the quality assessment criteria.

The working group on quality assessment summarises their analysis results and quality measurements. The group suggests corrective and preventive actions. The working group reports the results of its work to the management group of patent process.

The management group of patent process assesses and develops the function of the quality management system and follows up the realisation of the quality objectives. If necessary, it makes changes and improvements to the processes, guidelines, training, and systems. It may also submit proposals to the PTM management group in order to revise the quality objectives. Further, the management group of patent process makes preparations for both management reviews and internal and external audits. The sources of information for the management group of patent process as a basis for decision-making include: performance and productivity statistics; processing times; reports from internal and external audits; reports from the working group on quality assessment; customer feedback and customer satisfaction surveys; and court decisions.

## 6. COMMUNICATION

*Inter-Authority communication:*

*21.18 Explanatory note: Each Authority should provide for effective communication with other Authorities.*

*(Note: This point is informative. No response is required by the template to paragraph 21.18)*

*21.19 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)

Head of Division Jani Päiväsaari  
FI-00091 PRH, FINLAND  
[jani.paivasaari@prh.fi](mailto:jani.paivasaari@prh.fi)  
Tel: +358 29 509 5842, Fax: +358 29 509 5328

Head of Unit Mika Kotala  
FI-00091 PRH, FINLAND  
[mika.kotala@prh.fi](mailto:mika.kotala@prh.fi)  
Tel: +358 29 509 5460, Fax: +358 29 509 5328

*Communication and guidance to users:*

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

- (i) An appropriate system for handling complaints and making corrections; taking corrective and/or preventative action where appropriate; and offering feedback to users.*
  - (ii) A procedure for: monitoring user satisfaction and perception; and for ensuring their legitimate needs and expectations are met.*
  - (iii) 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.*
- Indicate where and how the Authority makes its quality objectives publicly available for the users.*

(i)...(iv)

The management group of patent process gathers, analyses, and uses the feedback concerning customer satisfaction and court decisions. A customer complaint concerning the activities of the PTM is forwarded to that unit and official, to which the complaint is associated. Both complaints and responses given are forwarded to the quality manager. The handling of customer complaints within the PTM is described in detail in the instruction "Customer complaints", and handling of court decisions in the instruction "Court decisions".

The information sources of customer feedback include: direct communication with customers, written feedback from customers on the handling of the searches and examinations of applications, feedback from the Contact committee, customer satisfactions surveys, annual autumn meetings with customers, and the appeals to the Market Court and to the Supreme Administrative Court. Direct communication includes customer contacts by phone or e-mail due to issued decisions and opinions, as well as informal discussions at training events, fairs, etc. Customers may provide feedback by mail, by e-mail or in electronic form through the website of the PRH. Feedback mail is first entered into the diary at the PRH Customer Service. Then, it is forwarded to the management of the PRH and the quality manager, and, if necessary, to the unit concerned. The PTM receives customer feedback on the quality of searches and examinations through the Contact committee, which is an interactive forum between the PTM, patent agencies and corporate patent attorneys. The customer satisfaction target level and carrying out a customer satisfaction survey are agreed on in a result agreement between the Ministry of Employment and the Economy and the PRH. The Administration (Planning and development) of the PRH is responsible for surveys. The results of the surveys are analysed for each unit. The quality goals have been presented to the users in the Contact committee and in the annual autumn meetings. The quality policy and quality indicators are publicly available to the users on the website of the PRH:

[https://www.prh.fi/en/patentit/theabcofpatenting/whytrusttheprh/quality\\_policy\\_and\\_quality\\_indicators.html](https://www.prh.fi/en/patentit/theabcofpatenting/whytrusttheprh/quality_policy_and_quality_indicators.html)

A consulting service is available to customers. Guidance and information is available also on the websites of the PRH: <http://www.prh.fi>.

PTM has a customer relations management program. Customers have been segmented and a different CRM approach has been agreed in order to meet the needs and expectations of the customer segment. Account managers have been named for the biggest applicants and patent agencies. The account managers are responsible for the relations between their accounts and PRH. PRH is currently working with a plan, how to reach out for other customer segments, especially SME's and start-ups.

*21.21 Communication with WIPO and designated and elected Offices:*

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

The communication with WIPO is mainly provided via ePCT, PCT-EDI and by e-mail and telephone. The WIPO feedback is evaluated and addressed by the PCT Section of the PRH and necessary amendments to the internal guidelines (for example detailed checklists) of the PCT Section are made. The PRH communicates rarely with designated and elected Offices.

## 7. DOCUMENTATION

*21.22 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 by documenting the procedures and processes affecting the quality of work as a reference for staff and management at the Authority (see paragraph 21.23).*

*(Note: This point is informative. No response is required by the template to paragraph 21.22)*

*21.23 The material that makes up the reference for staff and management at the Authority serves to document the procedures and processes affecting the quality of work, such as classification, search, examination and related administrative work. In particular, the reference indicates where to find instructions on the procedures to be followed.*

*For the purposes of this report indicate:*

- (a) the documents making up the reference that have been prepared and distributed;*
- (b) the media on which they are supported (e.g. Internal Publication, Internet, Intranet); and*
- (c) document control measures taken e.g. version numbering, access to latest version.*

(21.22), (21.23)

The documentation for the quality management system comprises: the Operations Manual (the Quality manual), quality policy, and quality objectives; the statutes and guidelines necessary in planning and actions; and documents and recordings required by the standards for quality management systems.

Both the Working Manual and the documents and recordings related to the quality management system are maintained and stored by means of the IMS software (IMS). They are available to the persons authorised to view them. Other statutes and guidelines necessary in planning and actions are available via the data systems of the PRH (PTM Wiki, Innonet, Internet).

The updated version of the Working Manual approved by the quality manager including the date of approval can be viewed in the IMS Section Working Manual. The quality policy and quality objectives agreed on by the PTM management are presented in the Working Manual (Chapters 2 and 5). The most important statutes and guidelines and their addresses are listed at the end of this Manual (Chapter 9) as well as in the IMS Section Processes (phase descriptions).

The documents for the quality management system, such as procedural guidelines and agendas, have been recorded in the IMS Section Documents. Here, you can find the names of the persons who drew up, controlled, and approved each document, the number of the version, and the times for the measures. The documents include guidelines (Chapter 9 of the Working Manual), the documents relating to management, staff, resources, the IT services, and customer co-operation, the documents of the quality management group and the Working group on quality assessment, and agendas of meetings.

The recordings of the quality management system have been stored in the IMS Section Records. Here, you can find the names of the persons who drew up and approved each document, and the times for the measures. The recordings include the minutes of meetings, the reports of the Working group on quality assessment, annual plans for internal audits, internal and external audit reports, results of customer satisfaction surveys, and job satisfaction surveys. The recordings cannot be amended after their approval.

Detailed guidelines have been issued for the control of the documents and for the control of the quality management system recordings.

The archive plan of the PRH lists all documents received by the PRH due to its tasks and drawn up in connection with its activities, as well as the information most relevant to document management. Thus, the PTM documents also appear from the PRH's archive formation plan irrespective of the recording form, as well as the documents

- subject matter (why it exists and what is the name of the creator)
- registration (in the diary, another register)
- filing manner,
- place of storage,
- time of storage,
- publicity: basis and time for concealment of non-public documents,
- the directories through which documents are found, and
- interrelationships between data and data contents.

The archive formation plan is maintained and used according to the guidelines of the National Archives Service. The document management within the Administration of the PRH is responsible for the archive formation plan.

Non-public documents are stored in a separate locked room. For gathering any copies of them to be destroyed, there are locked bins on each floor.

*21.24 Indicate whether the material making up the reference of quality procedures and processes include the following:*

- (i) the quality policy of the Authority including a clear statement of commitment to the QMS from top management;*
- (ii) the scope of the QMS, including details of and justification for any exclusions;*
- (iii) the organizational structure of the Authority and the responsibilities of each of its departments;*
- (iv) 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;*
- (v) the resources available for carrying out the processes and implementing the procedures; and*
- (vi) a description of the interaction between the processes and the procedures of the QMS.*

See previous points.

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

- (i) a definition of which documents are kept and where they are kept;
- (ii) results of management review;
- (iii) training, skills and experience of personnel;
- (iv) evidence of conformity of processes, resulting products and services in terms of quality standards;
- (v) results of reviews of requirements relating to products;
- (vi) the search and examination processes carried out on each application;
- (vii) data allowing individual work to be tracked and traced;
- (viii) records of QMS audits;
- (ix) actions taken re. non-conforming products, e.g. examples of corrections;
- (x) actions taken re. corrective action;
- (xi) actions taken re. preventative action; and
- (xii) search process documentation as set out in Section 7.

See previous points.

## 8. SEARCH PROCESS DOCUMENTATION

21.26 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:
  - (vi) limitation of search and its justification
  - (vii) lack of clarity of the claims; and
  - (viii) lack of unity.

- (a) The examiner is obliged to fill in a search record form which contains:
  - the databases consulted (patent and non patent literature);
  - the keywords, combinations of words and truncations used;
  - the language(s) in which the search was carried out;
  - the classes and class combinations searched, according to the IPC, CPC or equivalent; and
  - a listing of all search statements used in the databases consulted.

- (b) The search record further includes:
- a statement of the subject of search;
  - description of internet searching;
  - annually searched documentation (e.g. books);
  - consulted persons; and
  - notes concerning clarity, unity, non-patentability or other special issues.
- (c) Special cases are documented and records are kept denoting, e.g.
- limitation of search and its justification;
  - lack of clarity of the claims; and
  - lack of unity.

## 9. INTERNAL REVIEW

*21.27 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.*

*21.28-21.30 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 PTM carries out internal audits at regular intervals in order to find out whether the quality management system meets applicable requirements and comes up to the plans, standards and the requirements set by the organisation itself, and whether the system is implemented and maintained in an effective way. Guidelines have been issued for the internal audit procedure. The guidelines describe how internal audits shall be planned, carried out, and reported on, and how corrective actions are controlled. The results of the internal audits are presented to the management group of patent process. This group analyses the results and makes changes and improvements to the processes, guidelines and training. The group may also make proposals to the PTM management group.

In addition to internal audits, the quality management system of the PTM is annually assessed by an independent and impartial certification body which conducts external audits.

## 10. ARRANGEMENTS FOR AUTHORITIES TO REPORT TO THE MIA

*21.31 There are two stages in the reporting arrangements outlined in Chapter 21: the initial report called for by paragraph 21.31(a), and supplementary annual reports in accordance with paragraph 21.31(b). At the second informal meeting of the Quality Subgroup in Canberra on February 6 and 7, 2012, the Subgroup recommended that, instead of submitting full reports every five years and cumulative updates in the intervening years, Authorities should submit each report in the form of a full report, making the differences from the previous year's report clear, for example using "track changes" or other form of highlighting. The template for the supplementary annual reports is therefore no longer used.*