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ORGANIZATION

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Patent Cooperation Treaty (PCT)

Common Quality Framework for International Search and Preliminary Examination

INITIAL REPORT ON QUALITY MANAGEMENT SYSTEMS

prepared by IP Australia , Australian 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.

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 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.

IP Australia has a QMS consistent with the principles of ISO9001 and was first certified to the ISO9001 standards in 2006. IP Australia has successfully maintained its certification of the system since that time.

~~Summary of changes and additions to the 2021 report :~~

~~• IP Australia has made some improvements to the arrangements that support its Quality Management System (QMS). The business area responsible for internal audit and assurance has taken over ownership and governance of the system from the Customer Experience Group.~~

~~• This change aims to ensure that agency-wide assurance activities and those related to the QMS are coordinated. This change has also resulted in a more devolved model for delivery of certain Quality Management Functions, with IP rights Improvement Managers now having greater responsibility for delivering key QMS outputs, such as audits and reviews.~~

1. LEADERSHIP AND POLICY

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

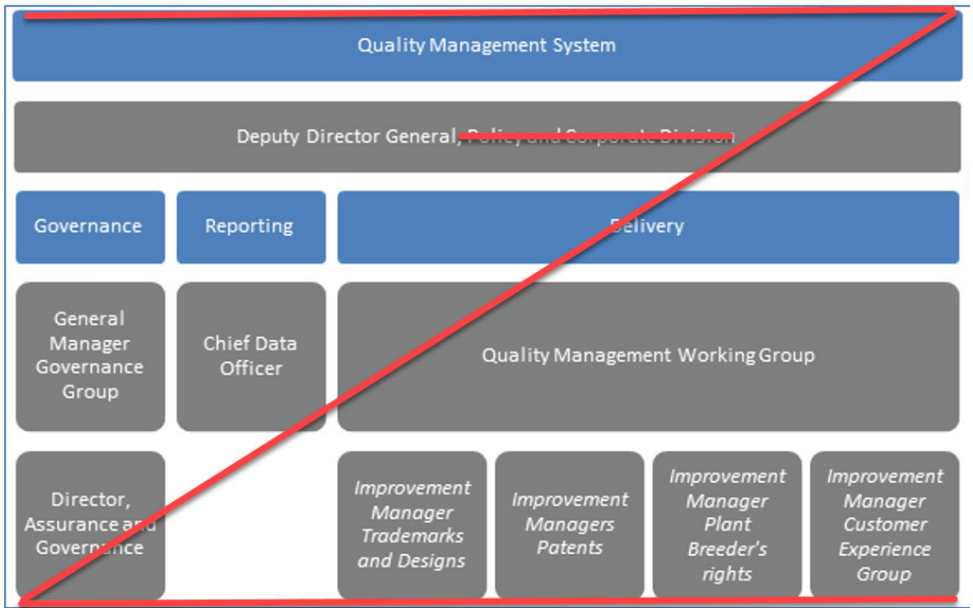
(a) The quality policy established by top management.

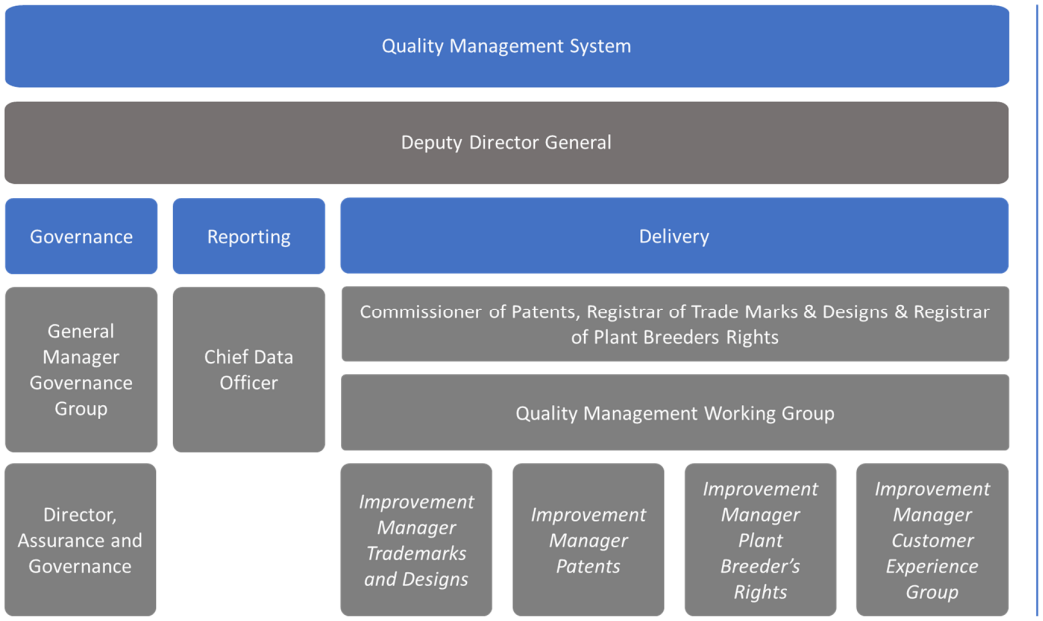
(b) The roles and names of those bodies and individuals responsible for the QMS, as specified by top management.

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

IP Australia has an established Quality Policy that is published internally.

The policy owner of the QMS is Deputy Director General ~~Policy and Corporate Division~~. Responsibility for Governance of the QMS sits with the General Manager Governance Group and Director Assurance and Governance. Responsibility for Delivery of the QMS and its key outputs sits with the improvement managers within each of the IP rights groups. This is depicted below.





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	✓		
		(b)	determine the extent to which the QMS is aligned with Chapter 21	✓		
			determine the extent to which search and examination (S&E) complies with PCT Guidelines	✓		

Chapter 21 requirement				Extent of compliance		
				full	part	no
		(c)	an objective and transparent way	✓		
		(d)	using input incl. information according paragraph 21.29	✓		
		(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	✓		
		(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.	✓		

Chapter 21 requirement				Extent of compliance		
				full	part	no
	(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 mechanisms 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	✓		
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	✓		

Chapter 21 requirement				Extent of compliance		
				full	part	no
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)		Documented processes carried out in the Authority	✓		
	(v)		Resources available to carry out processes and implementing the procedures	✓		
	(vi)		Description of the interaction between the processes and the procedures of the QMS.	✓		
21.25	(i)		Records of 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)		Records of evidence of conformity of processes, resulting products and services in terms of quality standards	✓		
	(v)		Records of results of reviews of requirements relating to products	✓		
	(vi)		Records of the S&E process carried out on each application	✓		
	(vii)		Records of data allowing individual work to be tracked	✓		
	(viii)		Records 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	✓		
	(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	✓		

Chapter 21 requirement				Extent of compliance		
				full	part	no
	(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.

The effectiveness of the QMS is ensured by the Quality Management Working Group (QMWG) which is attended by all Quality Improvement Managers. The group meet bi-monthly to consider measurement, analysis, and improvement of the processes, products and customer services, satisfaction, results from risk-based sampling, results from campaign reviews, results from internal quality audits, external quality audit outcomes, and reporting. This group is chaired by a member of IP Australia executive leadership (General Manager, Governance Group) to ensure appropriate oversight, accountability, and an effective communication channel to senior leadership of the organization.

The implementation and the effectiveness of continual improvement actions are also monitored by the Assurance and Governance Section and through monthly reporting to senior leaders.

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.

Compliance with regulatory requirements and standards are communicated to staff through the manual, quality objectives, and quality requirements in their individual performance agreements.

The QMWG includes representation from all business groups covered under the QMS. This forum allows for management level communication and IPA QMS specific requirements to be discussed and enacted by all business groups including patents.

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.

The Assurance and Governance Section determines the suitability, adequacy, and effectiveness of the QMS annually through the Annual Management Review. The Annual Management Review is considered by leaders of the QMS and the Deputy Director General~~, Policy and Corporate Division~~. The annual review considers resourcing, quality objectives, and the effectiveness of the QMS communication.

Top level leadership, the QMWG and the Assurance and Governance Section continually evaluate the effectiveness of the QMS through monthly monitoring and measurement. This includes reviewing the results and analysis from risk-based sampling, campaign reviews and internal quality audits.

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 9, 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).

The Assurance and Governance Section ensures the QMS Annual Management Review is conducted each year. The separation between those responsible for Governance of the QMS (Assurance and Governance Section) and those responsible for delivery (I~~i~~mprovement M~~m~~anagers in P~~p~~atents) ensure that the review is objective and transparent. The scope of the review includes analysis on how the organization is consistent and effective in its application of the requirements and guidelines of the QMS. The review is considered and endorsed by top level leadership. Records of the review are maintained in accordance with established Agency practices for records management and compliance. The endorsed report is published on the internal intranet for review by all staff.

Our quality review and assurance systems ensure that PCT work complies with the International Search and Preliminary Examination Guidelines.

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.

Top management at IP Australia promote practices that ensure risks and opportunities that can affect the QMS and the conformity of international search and examination are addressed. For example, management have raised the profile of the quality management system and promoted greater engagement via endorsement of Quality Policy, Quality Framework and Transactional Risk Assessment.

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 pace 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).

The Assurance and Governance Section ensures that the established risk management framework is integrated into the QMS. Risk management and assessments are incorporated into IP Australia's strategic and operational planning, audit, and quality review processes.

IP Australia has a generally low appetite for any risk that will affect the delivery of quality IP rights. Our structure and resources are aligned to ensure any risks that impact the quality of the rights are being managed to acceptable levels. The needs and expectations of interested parties are obtained through various outreach activities and the regular stakeholder engagement forums and customer feedback channels.

IP Australia has effective risk management integrated into its monitoring and measurement activities for products and services. Internal risk management experts are engaged as needed to assure the assessment of risk and consequence against each product and activity included in the QMS. The Quality Review System integrates risk management into determining the products and services monitored as well as the volume of quality reviews undertaken.

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.

Resourcing is integrated into the strategic and operational planning processes. IP Australia establishes and maintains resourcing levels to support the delivery of quality and timely IP rights.

Information on technical qualifications and trained/skilled staff is included under item 21.15 (vi).

IP Australia maintains competencies to translate in French, German, Japanese, Chinese, Russian, Spanish, and Korean covering all the main technology areas.

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.

IP Australia maintains appropriate information technology solutions to support search and examination processes. IP Australia provides examiners with access to the PCT minimum documentation as defined in PCT Rule 34 ~~PCT~~. This is provided electronically ~~on~~ via IP Australia's internal ~~staff intranet~~ systems.

IP Australia provides examiners with access to the PCT minimum documentation as defined in Rule 34 PCT. This is provided electronically ~~on~~ via IP Australia's internal ~~staff intranet~~ systems.

IP Australia maintains electronic documented information in the Patents Manual of Practice and Procedure. This includes quality requirements and work procedures. ~~and is maintained through regular review and amendment of content.~~ The manual is published electronically on IP Australia's internal staff intranet and is maintained through regular review and amendment of content.

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.

IP Australia examination and administration staff undertake a competency-based training program. The Examiner Training program includes learning on undertaking international search and examinations. Training is delivered mainly through virtual training sessions and on-the-job learning. Assessment of candidates is undertaken against several units of competency using evidence gathered while on-the-job. These units assess whether ~~demonstrate that~~ the candidate has met the necessary skills and knowledge, including the ~~need to adhere~~ requirements to comply to IP Australia's quality standards. Upon successful completion of the program, examiners obtain acceptance delegation to complete search and examination. Examiners with acceptance delegation have access to training/activities to maintain their skills and experience in their technological field and in specific search and examination 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.

Information on the oversight of resources is included in the detail provided in 21.15, 21.08 and 21.06.

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.

The Customer Experience Group delivers the PCT administrative workload. ~~The group is part of the Customer Services Division at IP Australia.~~ The group has ~~have~~ Service Level Agreements, Quality Standards, and commitments in the IP Australia Customer Service Charter to support the timely issuance of search and examination reports to the required quality standard.

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.

IP Australia has an established and implemented Quality Review System (QRS) that provides monitoring and measurement of search and examination work. The system operates a risk-based approach to determine sample size based on the risk of the activity.

In addition to the risk-based sampling, IP Australia also conducts campaign sampling to direct concerted effort to focus areas. This may ~~include~~ focus on a particular part of the products or decision to analyse in depth the effectiveness of the systems and processes to deliver an outcome.

Corrective and preventive action occurs when review results identify improvement opportunities. This is integrated into the system and processes of the QRS.

Quality review reporting occurs through system reports that apply current system data to display the latest results. In addition, detailed quality reporting, including analysis and improvements, is produced monthly to further consider quality review results. IP Australia utilises both qualitative and quantitative analysis to ensure evidence-based decision making and prioritisation of improvements.

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.

Assurance and Governance Section: Quality@ipaustralia.gov.au

Ms Julie Baxter, Director, Assurance and Governance, Governance Group.

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.

IP Australia has several feedback mechanisms in place including a customer feedback form available on the IP Australia website, satisfaction surveys, and a Contact Centre feedback channel. These mechanisms have complaint management processes and procedures including responding to feedback within 15 working days. IP Australia takes corrective action when required to address feedback.

Holistically, IP Australia undertakes quarterly satisfaction surveys to monitor overall customer satisfaction and perceptions on our administration of the IP Rights system. This ensures we continue to align to the needs and expectations of stakeholders and interested parties.

IP Australia publishes guidance information on its website in relation to the search and examination process to support users. IP Australia also publishes quality management information on its website.

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.

IP Australia is in regular contact with officials from PCT operations at WIPO and is available to Authorities, their officers and designated/elected offices for communication and feedback. IP Australia also communicates to WIPO through PCT-EDI, ePCT and email.

In addition, IP Australia staff regularly attend official meetings and forums held by WIPO.

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.

IP Australia provides procedural documentation for staff electronically on its internal staff intranet. This includes the Quality Policy, Quality Management System Framework, Quality Review In Flight Sampling Methodology, Reviewer User Guides, Patents Quality Standards Framework, Campaign Sampling Schedule and Internal Quality Audit Guidelines ~~and Manual of Practice and Procedures~~. These documents are stored in a documents portal and are reviewed as required.

The main reference material for performing PCT search and examination include the Patents Manual of Practice and Procedure which is available electronically on the intranet. The section of the manual relevant to PCT search and examination is based on the PCT International Search and Preliminary Examination Guidelines. Process for oversight and approval of changes to the manual is documented in a section of our manual. Documentation is controlled through in-built review and publication processes.

~~Documentation is controlled through our controlled documents policy and the use of a documents portal hosted on MS SharePoint platform. Oversight and approval of any changes to documentation is provided through the use of workflows built into the MS SharePoint platform~~.

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.

Information on the documentation that forms IP Australia's quality procedures and processes is included in the detail provided in 21.23. These documents cover all requirements of 21.24.

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 8.

The IP Australia Quality Management System, records management system, administration systems and supporting IT solutions maintain the requirements (i) – (xii).

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.

Records of the search process are maintained in the Search Information Sheet (SIS) covering items (a)(i)-(v) and (b). The SIS is attached to all original search work and made available through online databases. Items (c)(vi)-(viii) are documented in the search report and/or examination report as appropriate and recorded in internal database systems.

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.

Information on IP Australia's internal review arrangements is included in the detail provided at 21.08.

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 annual reports in accordance with paragraph 21.31(b). 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.

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