**Key:**

**Notes in RED indicate their inclusion in the next New Evaluator Training Course material**

**Notes in BLACK were generated at the workshop in Taipei.**

**Notes in GREEN indicate issues identified at the workshop in Singapore.**

**OVERALL NOTES:**

Here are the issues the Lead Evaluators raised for resolution:

* FMRA-012 is not called out in IAF/ILAC A3 and evaluators want to know the justification for it's use, especially the second half of the form. We know it is called out in both MR 001 and MR 006, but not IAF/ILAC A3, which is supposed to be the basis of an evaluation report. It may also be considered to include the information from this form within the narrative portion of the evaluation report.

• The ECR does not include FMRA-012 in the list of records to submit with the evaluation report

• Evaluators need guidance in applying risk assessment during an evaluation. Guidance in the form of factors to consider in their risk assessment is needed (perhaps in MR 006)- such as:

* accreditation schemes reviewed last time
* numbers of CABs in affected schemes
* impact of affected schemes on recognition - or other regulatory specification/recognition
* experience of the evaluation team and type of evaluation visit

• Trace will take the issue to ILAC regarding the ability of evaluators to make subjective determination of conditions not impacting the equivalence of accreditations and therefore not raising a clear non-conformance when its impact is not an issue.

• Some APAC document should contain guidance to the effect that evaluators should not provide feedback to assessors (other than for clarification of issues in accordance with page 38 of A3) following witness activities as their issues are for the AB and not the assessors - and promote this idea in the evaluator training. Expanded thoughts on this and document what is accepted practice in MRA-006 – no feedback to be provided was the majority (show of hands).

• MRA 005 contains wording that the conduct of evaluations from multiple regions should result in the appointment of either the lead from APAC, or a deputy lead from APAC - someone with enough experience to ensure APAC regional requirements are examined. If the TL is from APAC, consideration should be given to request a deputy TL from the other region.

• Wording in MRA006 may contain wording that TLs of complex, mutli-disciplinary evaluations, may wish to consider their workload of both leading the team and evaluating specific conformity assessment disciplines. It is possible that a TL of a very large team may only conduct TL duties.

• Modify MRA 004 clause 3.2.3.1 (b) to require nominated evaluators to have 3 years of assessment experience, with a current grade of lead assessor, prior to nomination.

• While the definitions of findings are fairly clear, it appears that evaluators need some formal permission to exercise discretion that is not offered to auditors and assessors - based on their assessment of the risk that a noted condition or circumstance may have on:

* The equivalence of their accreditations to those of their MRA Partners
* The equivalence of the CAB results generated within their accreditation schemes
* The impartiality of the AB decisions

• It is felt that evaluators should have the latitude to downgrade NCs (those that meet the definition) but do not provide any risk to the AB, its operations, or the equivalence of its CABs and their accreditations. At the same time, no evaluator should be allowed to upgrade a finding without clear and objective evidence that links a requirement to an observed condition unless a risk assessment of the condition presents a clear and present threat to the AB, its operations, or the equivalence of its CABs and their accreditations. This was confirmed by the workshop participants in Singapore.

* Add wording in MR 001, clause 19.5 that allows Lead Evaluators to relax the timeline for the receipt of Set A and B documents. Any relaxed timeline is at the discretion of the Lead Evaluator. If the AB cannot provide the documentation within the three months specified or the relaxed timeline agreed, then the Lead Evaluator can inform the Secretariat of the inability to conduct the evaluation because of lack of sufficient preparation.

• Extra-national evaluation activities are not covered very well in our current processes. MRAMC (raised by Jennifer) should look at ways to allow an evaluation to include some continuous activities, including witnessing of foreign CABs, during the four years of the evaluation. Reporting to MRA Council may now include witnessing reports separate from the full report.

* Some folks want us to allow time to examine the effectiveness of the evaluated AB and not just collect evidence of conformance/compliance. This might be a project that APAC can undertake. This may include witnessing internal AB activities, committee meetings, board meetings, accreditation decision making etc.

• APAC may consider modifying MR 006 to allow witnessing of previously witnessed CABs depending on the aim of the specific evaluation and the other considerations of that evaluation.

**DAY 1 NOTES**

**Issue 1 – Sufficiency of CAB file review - See Comments Above**

* ECR needs to be updated to include the need to complete FRMA-0012 and provide with the assessment records
* Expand MRA-006 to include additional guidelines with regard to the records to be reviewed re CAB files
* Get rid of FMRA-012 - no need for another form to fill out and possibly opens up to the question of ‘were sufficient files reviewed’
* Split the witnessing effort from the office visit (over a different week) to decouple the two activities and keep the evaluation proper within one week
* Consider bigger teams if we have to keep an evaluation within one week.

**Issue 2 – Review of transition plans from revisions of CAB standards**

* Clearly identify in IAF/ILAC A3 what the status of transitioned labs may be, at the time of the evaluation – recommendation that IAF/ILAC A3 be expanded / amended
* Include in MRA-006, for the evaluation team to confirm the status and report on transitioned CAB’s where a transition may be undertaken in the period since the last evaluation
* Answer to question 3 – no instances (other than a very limited number of CAB’s), would there be any circumstances where the only files reviewed would be those witnessed.

**Issue 3 – Review of assessor understanding and implementation of AB requirements**

* No issues raised.

**Issue 4 – Debriefing of the assessment teams by witness evaluators**

* To provide information to the new evaluator training what feedback can/cannot be provided to assessment teams (none) and the difference between this and seeking clarification with regard to the activities witnessed (as indicated by the witnessing report in IAF/LAC A3).
* Feedback to the assessment team was not standard practice for APLAC and was for PAC, historically. The majority of the Lead Evaluators indicated that feedback should not be provided to the assessment team witnessed, unless these are AB staff. It was also noted that if feedback is not to be provided then this should be documented (MRA-006).

*GENERAL NOTES: Feedback direct to assessment teams, other than those that are within the management of the AB, cuts across the AB’s own chain of responsibility and constitutes discussion around AB performance to people not part of the AB. There are both confidentiality and impartiality implications with such action and evaluators should be cautious in doing so. Evaluation teams should be open in their discussions with the AB, but guarded against discussion with AB clients, AB stakeholders and AB contracted assessors on all subjects related to the AB’s own performance.*

**Issue 5 – Grading of evaluation findings**

* No feedback to secretariat required.
* Concern was originally about there being a lack of evidence to raise an NC, i.e. could not establish a systematic non-conformity (lack of time etc.).

**Objectives review**

• Discussion around flexible scopes:

* With regard to IB scopes – not really done or completely possible but some options in the draft G18
* Confirmed that the requirements for competence of the decision makers as per 17011 was to ensure a robust process was in place and was not intended for the decision makers needing to be technically competent to review (reassess) each parameter for which accreditation is recommended / granted. By ensuring that all Lead Evaluators are clear on how this is applied will hopefully suffice to ensure consistency of review.
* Do we need something in MRA-006 to remind evaluators to look at how decisions are made where they fall outside the scope of the accreditation decision makers – exceptions to the rule?
* Knowing more about the other side (ILAC/IAF) – now we have deputy team leaders, they should be appointed to cover whatever the team leader is not i.e. TL from ILAC, DTL from IAF.
* Clarification that the evaluation team is evaluating that the AB has conducted an evaluation of their risks.
* Ensure that the next evaluator training covers evaluation of processes, without necessarily requiring a documented procedure. 17011 is clear about this which processes require a **documented procedure;** not every requirement requires a document procedure.

**Issue 6 – Ensuring conformance to requirements from all affected regions in multi-regional joint**

**evaluations**

• See MRA-005

• Add note to MRA-006 re have sufficient input from IAAC and APAC to the make-up of the team

* Seek input from the relevant secretariats, and seek out information to identify if there are any regional specifics such as IAAC requirements for PTP/RMP
* Referencing other regional documents can cause issues where these are superseded i.e. some of the IAAC references in the current version of MRA005 have already been superseded.
* No need to include any additional requirements
* Should consider requirements / reference to other regions, such as ARAC
* Could only one region do the Performance Evaluation (and then rely on the report for each region to make their MLA/MRA decision
* Possibility of the comparison document with the requirements for each region, where there are differences.

**Issue 7 – Allowing enough time for team leader evaluation duties**

* Add wording in MR 001, clause 19.5 that allows Lead Evaluators to relax the timeline for the receipt of Set A and B documents. Any relaxed timeline is at the discretion of the Lead Evaluator. If the AB cannot provide the documentation within the three months specified or the relaxed timeline agreed, then the Lead Evaluator can inform the Secretariat of the inability to conduct the evaluation because of lack of sufficient preparation.
* General discussion around the management of the on-site evaluation process and confirmed that MRA 001 and 006 allows for alternatives to the normal practice i.e. witnessing prior, assigning mentoring to appropriate team members.

**Issue 8 – Competence of the appeal decision makers**

* If the AB has not needed to implement their procedures for the appeals etc. there should at least be a discussion with the AB as to what would happen and how this would be implemented.
* As the new standard is less prescriptive the evaluation teams may need to probe further as to how different processes have been implemented.

**Issue 9 – Mechanism to safeguard impartiality**

• See Overall Comments Above

**Issue 10 – Management of large evaluation teams**

• See Overall Comments Above

* TLs want access to a better format for creating the schedule, as per the old MR 009 or the IAAC format.

**Issue 11 – Records of technical competence**

• Nothing additional that can be added to our processes to ensure a literal interpretation of instructions from the TL is applied by a TM. Review competency of assessment staff should be sufficient.

**Issue 12 – Ensuring AB documents are received on time**

* Provide documents within the set date or date to be negotiated, and failure to do so could result in the cancellation of the evaluation- add to MRA-001 section 19.
* Applicant AB’s would be expected to provide documents within 3 months

**Issue 13 – Ensuring different CABs are witnessed**

• See Overall Comments Above

**Issue 14 – Ensuring review of AB ballot history**

* MRA-001 (19.4) states what information shall be provided to the TL. This should be done at the time of the appointment as a package deal (i.e. previous evaluation reports, ballot history, complaints against the AB, etc.). The TL should not need to request this information and should assist in ensuring this is then covered as part of the evaluation
* Some push back on this from the Team Leaders; what does the PE team add to the process by reviewing this when the Secretariat already has information. The LE’s does not see the need to be involved in the review of balloting unless directed / requested to do so by the MRA MC / Secretariat, and the PE team can subsequently report on this.
* From GOV-002 “*Non-compliance with the above obligations by an APAC Member will be investigated by the APAC Executive Committee in accordance with APAC’s Complaints and Appeals process. A breach of these Obligations may lead to suspension or termination of APAC membership as determined by the Executive Committee. Details of applicable sanctions for suspension or termination are detailed in the APAC Constitution.*” The above obligation with reference to voting is in GOV-002 3.1.7 *To return ballots (by email or by such electronic means as the Executive Committee may authorise) within the prescribed timeframes*;
* The Secretariat could refer to the ILAC/IAF process with regard to action to be taken.
* The current version of A3, section 5 requires the PE team to report on such activities.

*GENERAL NOTES: It is clear that the TLs (80% of them) do not see this as part of their function or the function of an evaluation team unless it is something for them to confirm as a result of an issue raised by the secretariat. Otherwise, this obligation fits into the set that include paying fees and should be handled exclusively by the secretariat in accordance with the underlying principles behind GOV-002 (which is not an evaluation requirements document).*

**Issue 15 – Ensuring review of evidence of suspensions**

• No issues raised.

**Issue 16 – Ensuring IAF/ILAC A3 completed before the evaluation**

* No change, but need to ensure that the team comments on deviations from the stated AB’s commentary are included in the text box.
* Incomprehensible / incorrect information / padding with non relevant material - make it more clear about what was changed by the team.
* Useful to compare information in the previous report’s commentary – with what was provided for the upcoming evaluation.
* Two views:
* Don’t alter the narrative provided by the AB and the team add their comments into the box only – providing counterpoint to the actual narrative, versus
* Amend the narrative to accurately reflect what was found so as to align the narrative with the remainder of the report and ensure consistency throughout.
* Some TLs, especially those from PAC, do not wish to be involved in attempts to re-align an AB’s narrative without specific written instructions to do so in IAF/ILAC A3. They also cite extra time required before and during the evaluation to do so.
* Whenever a change to the narrative is done, as a result of discussion between the Team and AB, it should be noted as modified. This aspect should form part of the instructions within A3. The team should take responsibility for the content of the narrative.
* Conclusions should be more than just yes or no statements and should contain confirmation of narrative comments.

*GENERAL NOTES: This is a complex issue in that PAC TLs feel that modifying the narrative is unethical unless instructed to do so and APAC TLS feel that not modifying the narrative (all with the agreement of the AB) creates an inconsistent, “he said – she said” report that MRA Council will have trouble accepting. A decision from either the Chair of MRA Council or MRAMC is required to harmonise APAC TL approaches here. Experience shows that discussion to establish consensus only results in arguments.*