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**Patent Cooperation Treaty (PCT)**

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

REPORT ON QUALITY MANAGEMENT SYSTEMS

*prepared by INTELLECTUAL PROPERTY OFFICE OF THE PHILIPPINES (IPOPHL)*

> *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.*

The Intellectual Property Office of the Philippines (IPOPHL or the Office) was created to administer and implement the articulated State policies on intellectual property.

The Philippine government requires all agencies to continuously improve the delivery of public services, increase organizational productivity and effectiveness, and promote professionalism and stronger work commitment of employees. Further, it requires all government agencies to institutionalize the structure, mechanisms and standards to implement the government quality management program, effect improvements in public sector performance recognizing the International Organization for Standardization (ISO) 9001 series which ensures consistency of products and services through quality processes. IPOPHL supports this program of the national government and has implemented its own Quality Management System (QMS) to institutionalize structure, mechanism and standards for a systematic approach in managing its business processes as a government agency.

As part of the IPOPHL Quality Policy, IPOPHL strives to promote IP creation and protection as well as supporting a competent workforce aimed at delivering high quality service to the

stakeholders. Primary to said support, the IPOPHL is committed to continuously improve its processes through regular review and assessment of its performance and business process flows to effectively address gaps and adopt a new approaches or reinforce established standards. A Quality Manual was formulated in 2012 ~~to ensure integrity and improve the work process flow of the Office~~ which defines and clarifies policies, systems, and procedures adopted to implement and continuously improve the QMS of the IPOPHL.

In 2018, the Bureau of Patents (BOP) way into full implementation of the Patent Quality Review System (PQRS) to ensure the quality and consistency of work products such as formality, patent search and registrability reports, as well as substantive examination reports, and disposals (patent grant or withdrawal of application).

**NORMATIVE REFERENCE: IPOPHL's ISO 9001:2015 CERTIFICATION (QUALITY MANAGEMENT SYSTEM)**

On December 5, 2017, IPOPHL's ISO-QMS Certification was upgraded to 9001:2015 Standard. The IPOPHL successfully passed the ISO-QMS 9001:2015 Recertification audit conducted last ~~December 11, 2023~~November 27, 2024, with zero non-conformities, ~~one~~five (~~1~~5) opportunity for improvement, and seven (7) positive findings. This certification covers IPOPHL's core processes of Patents, Utility Models, Industrial Designs, and Trademarks registration. Aside from meeting the international standards in performing business processes, the new QMS standard focuses on risk management strategies and greater leadership involvement to meet customer and regulatory requirements in a timely and more responsive approach.

Summary of changes to the ~~2023~~ 2024 report:
- Updates on Human Resources and Material Resources, such as (~~Examiners'~~ Employees' Training Programs, upgrades of IT system and renewal of databases)
- Updates on Quality Assurance. IPOPHL received an average of very satisfactory customer satisfaction. No complaints were received.
- ~~Breakthrough goals~~
- ~~Continuous improvement on operation and transactions for 2024-2005~~
- ~~Revised Trademark (TM) Regulations Guide to be used in 2024.~~
- ~~Collection of advance publication fee in accordance with the Revised TM law~~
- ~~Alignment of practices in accordance with the Revised IRR for the BOP~~
- Zero back-logs were again achieved by the Bureau of Patents
- ~~Enough employees with continuous capacity building in partnership with international patent countries~~
- Continuous employment of additional manpower. BOP was able to hire 25 new examiners in 2024.
- ~~Revenues are above target with growth of 8% in revenue.~~
- ~~Hybrid system~~
- ~~Use of very secure VPN line for cyber security.~~
- ~~Another improvement to the ICT system is the increase in subscriptions.~~
- ~~The organization maximized the mode of communication to inform the interested parties against the implemented QMS.~~

In the 2024 recertification audit, relevant external and internal issues were determined and was able to establish its scope to regulate the boundaries and applicability of the QMS. During determination of the scope, issues were considered including the requirements of relevant interested parties and their own products and services. The IPOPHL was able to establish, implement, maintain and continually improve its processes and the QMS.

The top management demonstrates leadership and commitment with respect to QMS. They ensure that the quality policy and quality objectives are established and the QMS requirements are integrated into the Office's processes, promoting the use of the process approach and risk-

based thinking. The top management further guarantees the availability of resources needed in conformance to QMS as they communicate the importance of its effectiveness. This confirms that the quality objectives are attained, as they engage, direct and supports personnel to contribute to the efficiency of the QMS. In turn, it promotes improvement and supports relevant management roles to demonstrate their leadership. The top management also ensures that the customer and applicable statutory and regulatory requirements are determined, understood and consistently met, relevant risks and opportunities are addressed and its focus on enhancing customer satisfaction is maintained.

The top management was able to implement and maintain its quality policy that is appropriate and provides framework for setting quality objectives with commitment to satisfy customers and legal requirements and commitment to continual improvement of the QMS. Responsibilities and authorities for relevant roles were evidently assigned, communicated and understood within IPOPHL.

## 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)  The IPOPHL recognizes the importance of understanding, meeting, and enhancing customer needs and requirements. As such, the following is the Quality Policy Statement as established by top management:

- We strive to foster an environment where IP is created, protected, utilized and enforced.
- We support the creation of a highly motivated, competent, and cohesive workforce committed to serve with patriotism, ~~professionalism, transparency, accountability and~~ integrity, excellence, spirituality, collaboration and teamwork, and innovation and creativity.
- We are committed to continuously improve our quality management system considering the impact of organizational risks and opportunities in order to provide the highest level of satisfaction among our stakeholders.

To support IPOPHL's goal, the following are the Bureau of Patent's (BOP) quality management commitments:

  i.  We commit to an environment where Patent is protected with fairness, transparency and consistency.
 ii.  We provide our staff with knowledge and skills to strengthen competency.
iii.  We dedicate ourselves to continually improve our Patent Quality Examination Standard to provide the highest level of satisfaction among our stakeholders.

The top management of IPOPHL recognizes the constant need to further improve quality, efficiency, and customer satisfaction. Thus, IPOPHL undertook the ISO 9001: 2015 certification process.

(b) The roles and names of those bodies and individuals responsible for the implementation of the QMS in IPOPHL are as follows:

- <u>Quality Management Representative (QMR)</u> ensures the effective implementation and maintenance of the established QMS. Ensure that procedures for IQA,

- management review, corrective and preventive actions are established and implemented; and, reports QMS performance to the Top Management for review and continual improvement.
- Deputy QMR assists the QMR in performing assigned duties and responsibilities; and assumes responsibility of the QMR in his/her absence.
- Planning Team ensures that quality objectives are established at relevant functions within IPOPHL; ensures that quality is measurable and that the quality objectives are supported by programs to achieve them; and ensures that citizen satisfaction is monitored as one of the measures of performance of the QMS.
- Documents and Records Control Team consolidates all the documentation requirements using IPOPHL format for Quality Manual and Procedures and Work Instructions; ensures that the IPOPHL's document control procedure conforms to ISO 9001:2015; and, coordinates enhancement of the Records Management Unit (RMU).
- Internal Quality Audit Team (IQA Team) manages the requirements of maintaining and monitoring the compliance to established QMS. The team conducts the internal audits, monitors and maintains records of implementation of corrective and preventive actions for non-conformances found during audits.
- Training and Education Team plans and coordinates awareness-building sessions on the concepts, principles, and requirements of ISO 9001:2015 and other relevant approaches in order to promote understanding, active participation, commitment and cooperation towards the establishment and sustainability of IPOPHL's QMS.
- The Workplace Organization Team ensures that the work environment needed to achieve conformity to product requirements are managed.

The roles and names of those bodies and individuals responsible for the implementation of the QMS in BOP are as follows:

- Quality Management Committee (QMC) is composed of the BOP's Supervisors (Division Chiefs/Assistant DCs/Officer-in-Charge), the Unit Heads, ~~QMSU Head, QR Supervisor~~, and the Bureau Director/Assistant Bureau Director. The Committee is responsible for the formulation of policies and amendments on PQRS and evaluates the recommendations of the QMSU on PQRS matters.
- Quality Management Services Unit (QMSU) assesses the quality of search and examination for national and ISA/IPEA applications, as well as the outsourced applications for search and examination. This unit ensures that the formality examination reports, patent search and examination reports, recommendation for allowance, and registrability report  conform to the established quality standards; address concerns/issues in examination or the process of quality review that may occur; recognize and recommend training needs of patent examiners; identify the gaps in the quality review system and propose solutions and determine the effectiveness of the quality review process.
- Quality Management ~~System~~ Services Unit Head (QMSU Head or the Quality Reviewer Supervisor [QRS]) supervise~~s~~ and monitors the activities of ~~the~~ QMSU and provides a monthly report on the Patent Quality Review Standards (PQRS) ~~Result~~ to the Bureau Director and Assistant Director. The report highlights the rating of conformity to quality standards, identifies any particular issue on non-conformity findings that need~~s~~ immediate attention and recommends appropriate action. The QMSU head or QRS evaluates and reviews the PQRS Report submitted by the Quality Reviewers before the issuance of said report to the respective examining division and examiner-in-charge.

- ~~Quality Reviewer Supervisor (QRS) evaluates and reviews the PQRS Report submitted by the Quality Reviewers before the issuance of said report to the respective division.~~
- Quality Reviewer (QR) conducts the quality assessment of all work products including search and examination reports issued by the examiners every month with confidentiality and discretion. The Quality Reviewer is tasked to review the application in relation to the search and examination report, fill out the PQRS Checklist, and prepare the PQRS Report form.

External Auditors (EA) are the third-party auditors responsible for certifying the compliance of the IPOPHL to the ISO 9001:2015 Quality Management System.

(c) QMS Organizational Structure

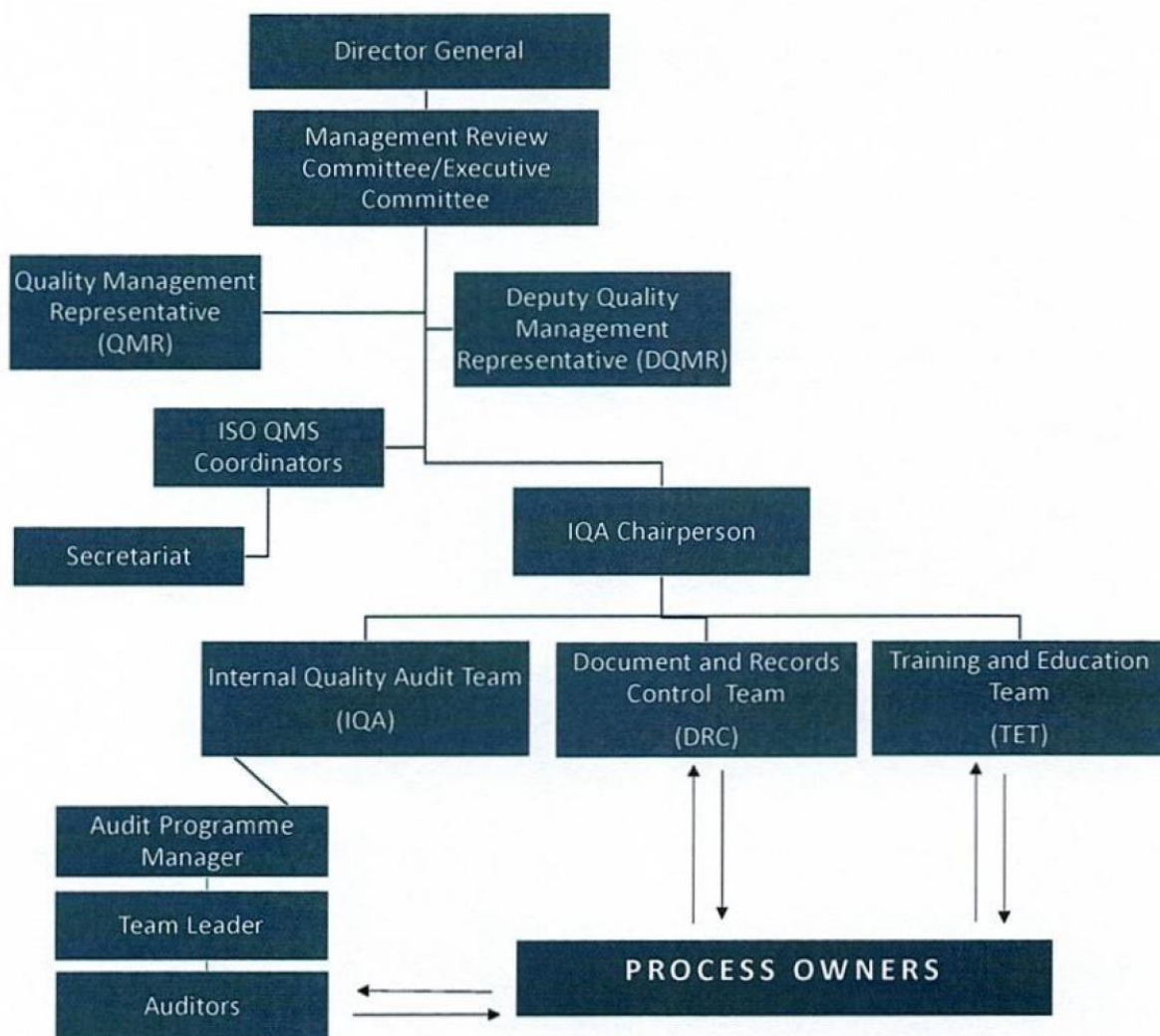Figure 1. Quality Management System Structure of IPOPHL, 2022

Figure 2. Quality Management System of BOP



> 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 | ✓ | | |
| | | (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 | ✓ | | |

| Chapter 21 Requirement | | | | Extent of compliance | | |
|---|---|---|---|---|---|---|
| | | | | full | part | no |
| 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. | ✓ | | |
| | (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 | ✓ | | |

| Chapter 21 Requirement | | | | Extent of compliance | | |
|---|---|---|---|---|---|---|
| | | | | full | part | no |
| | | (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 is 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 | ✓ | | |
| 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) | | 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.*

Pursuant to Figure 1, management tasks the following to ensure the effectiveness of the QMS and the process of continuous improvement progress:

The Director General (DG) establishes, reviews and maintains the quality policy of IPOPHL. Such that he reviews the effectiveness of the agency's QMS and monitors the implementation of improvement action plans and ensures that communication mechanisms are effectively established.

The Management Review Committee (MRC) ensures the conduct of management review of QMS and makes appropriate recommendations to the DG on matters relating to corrective actions, risk strategy and process improvement, when necessary.

The Quality Management Representative (QMR) or the Deputy Director General (DDG) assists in the effective implementation and maintenance of assures the IPOPHL's compliance to the established QMS and identifies areas for improvement. The QMR also ensures the promotion of awareness of meeting customer requirements within the core processes and relevant support processes of the IPOPHL's QMS. The QMR reports to the Director General DG the IPOPHL's conformance to the established QMS and the identified areas for improvement.

The IQA Team, Chairperson and auditors, prepares audit plan, coordinates, and implements the IPOPHL's Audit Program. They conducts audit twice a year (actual and verification) and provides the findings to the IPOPHL top management during the Management Review. The audit findings contain the conformities and non-conformities found during the audit; cause analysis; and corrective and preventive action including dates of completion and follow-up audit. The IQA Team reports to the QMR.

In Figure 2, Thethe QMSU implements the PQRS within the Bureau of Patents and evaluates its effectiveness. The quality objectives serve to provide a shred understanding of what quality means and a framework in which we apply the quality standards and provide guidance to future development in examination practice. It conducts an evaluation of the system every six (6) months covering the results of the quality review of the search and examination, issues in the examination and procedure of the quality review, and comments or suggestions from the applicants or examiners. After the evaluation, corrective and preventive actions and amendments to the PQRS standards or policies, if any, are recommended to the QMC for their consideration. The QMSU Head reports to the Bureau Assitant Director and/or Bureau Director.

In addition, external audits for the certification of IPOPHL to ISO 9001:2015 standard are conducted every three (3) years, but a yearly surveillance audit is also carried out.

> *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.*

One of IPOPHL's strategic goals is to ensure the delivery of timely and quality patents. It employs several methods in impressing the importance of meeting treaty and regulatory requirements, among these is:

Within the QMS process, the IPOPHL communicates the importance of meeting the QMS requirement and its importance through the Internal Quality Audit Team (IQA Team) which conducts actual and verification audits to validate whether IPOPHL's activities comply with the planned commitments to the stakeholders and is in accordance with the legal statutes and determine the effectiveness of the Quality Management System. The audit findings are communicated to the IPOPHL top management during the Management Review as well as to the   respective bureau/office/unit heads and staff having responsibility in the audited area through Bureau Management Committee meetings and Division monthly meetings. The bureau/office heads make timely corrective and preventive actions on the deficiencies found in the audit. Follow-up audit activities are also conducted for the purpose of verifying and recording the implementation and effectiveness of the corrective actions taken.

The ability of the bureau, division, and individual examiners to deliver their respective commitments on quality, timeliness and number of applications processed are reflected in the Bureau/Division/Individual Performance and Commitment Reviews. The said performance and commitment reviews are assessed twice a year to ensure that the commitments are met.

> *21.08  Indicate how and when top management of the Authority or delegated officers:*
> *         (a)      conduct 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 review of the established QMS of IPOPHL is conducted at least once a year or whenever deemed necessary by the Director General or upon the recommendation of the QMR to ensure continuing suitability and effectiveness of the system in satisfying the requirements of customers/clients and stakeholders. The results of the review are presented to the IPOPHL top management for discussion.

In addition to the scheduled Management Review, the Executive Committee also holds monthly meetings. Agenda for the meeting includes: (i) planning of objectives, targets, and programs; (ii) review/evaluation of objectives, targets, and programs; (iii) follow-up of assigned tasks; (iii) discussion of activities for the upcoming month; (iv) feedback from stakeholders; and (v) other matters that need the immediate attention of the IPOPHL Executive Committee.

The results of the review are conveyed to each Bureau's Management Committee and communicated to the staff through Division level monthly meetings as well as through emails or memoranda.

For the Bureau of Patents (BOP), the QMC handles the dissemination of the results of the review and conducts monthly meetings to discuss the issues on examination practices, to determine the needs in terms of human resources or IT infrastructure, and to update or revise

the quality objectives, if necessary. Any updates or amendments are communicated to the examiners and staff through Division meetings, seminars or trainings, memoranda or emails.

> *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).*

IQA conducts internal audits twice a year (actual and verification) that is consistent with the requirements of ISO standards on all work processes which includes the in-process quality check and the PQRS. The results of the audit are communicated to the IPOPHL top management during the Management Review for evaluation.

At the Bureau level, the ~~QMD~~ QMSU prepares a monthly ~~report on the~~ PQRS ~~result~~ report which is presented during the monthly BOP Management Committee meeting and forms part of the documents subjected to the annual internal and external audits. The report contains the findings on the quality review of all work products including the search and examination reports conducted through the PQRS random sampling. It also includes identification of gaps and other concerns/issues in the process of search and examination as well as ~~the~~ recommendations for addressing the said gaps. A QMC meeting is handled quarterly, or anytime as necessary, tackling detailed issues of compliance and non-compliance with standards.

> *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.*

## 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).*

In 2019, IPOPHL formulated risk management strategies to identify the threats to its operations, finances, environment, and customer satisfaction. Actions were designed to address these threats as well as to look for opportunities to prevent these risks from occurring.

A Risk Register has been created to document the identified risks, its impact on the IPOPHL's processes or products, the required action, responsible people, timelines, monitoring and assessment of the effectiveness of the planned action.

IPOPHL strives to improve its risk-based practices by continuous identification of the possible risks and formulation of required actions. Several trainings on risk-based management were conducted in 2020 and IPOPHL adopted the following:
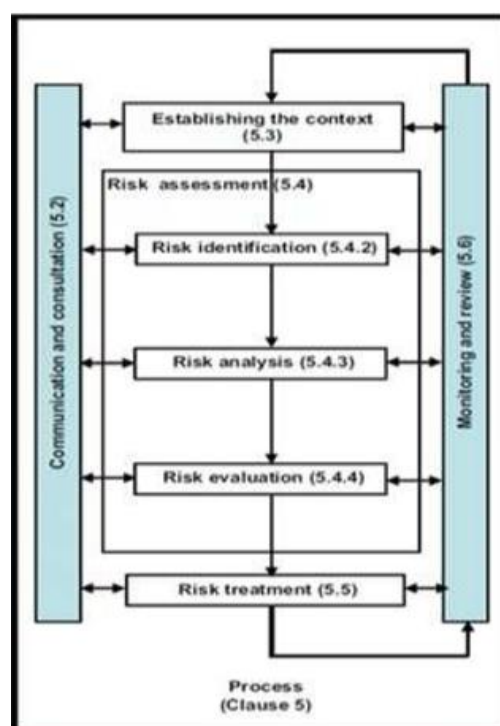
Figure 3. Risk Management Process Diagram:

In 2020, the risk register was updated as a result of the IPOPHL's experience with COVID-19 pandemic which affected IPOPHL's operations. The update reflected the risks the bureau and the office is currently facing due to the COVID-19 pandemic and other possibly similar events that the office might face in the future. IPOPHL implements regular review and updating of the risk register as part of its ISO-QMS compliance.

## 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) IPOPHL meets the criteria for appointments in terms of the number of full-time employees with sufficient technical qualifications to carry out search and examination.   IPOPHL has more than 100 examiners who have engineering and science degrees and have considerable experience in patent search and examination. Continuous hiring of examiners are also being done in order to build up a strong talent pipeline and in ~~August 2023~~ April and November 2024, ~~six (6)~~ twenty-five (25) new intakes were recruited and started with the IPOPHL Skills Training for the Examination Practice (STEP), formerly known as IPOPHL Patent Examiner Skills Training (IPEST) program. To ensure the hiring of **a** competent workforce, IPOPHL has a 4-level recruitment and selection process for all examiners. It has a structured, comprehensive, and competency-based training program in place. In addition, all examiners continuously receive internal and external training~~s~~ focused on further enhancement of search and examination skills.

As required by the Civil Service Commission (CSC) of the Philippines, IPOPHL's examiners have degrees in Engineering, Natural Science, Medical Science and other allied sciences. They must have also passed the required professional licensure examination prescribed by the Professional Regulation Commission (PRC), and the Career Service Examination for Professionals by the CSC.

Many examiners have advanced degrees or are currently pursuing further studies.   IPOPHL provides support to all of its examiners in their pursuit for higher education. ~~Currently,~~ IPOPHL has a partnership with one of the country's premier science and engineering institution~~s~~, the MAPUA University (MU), for graduate degree programs customized to prepare the examiners for patent applications in highly specialized fields of technology. Recently, several examiners graduated from the degree program Master~~s~~ of Science in Biological Engineering. ~~A new~~ Another batch of examiners are currently undertaking their Master~~s~~ of Science in MicroElectronics ~~and Communication Engineering~~ from the same university.

It is significant to note that about ~~40%~~ 64% of the examiners have more than 14 years~~15 up to 39 years~~ of vast experience in search and patent examination, ~~while many~~17% of the examiners ~~have more than 5 years of~~ are on their 2nd -3rd year experience in search and examination, while 21% are new examiners under training. All new examiners undergo the

structured, comprehensive and competency-based training program that equips them with the required level of competency in conducting search and examination.

All IPOPHL examiners are guided by highly experienced supervisors within a two (2)-level in-process quality check for all search and examination reports. The supervisors of all examining divisions have graduate technical and management degrees, or are currently finishing their graduate studies, and have extensive search and examination experience of at least ~~15~~14 years. All supervisors receive continuous internal and foreign trainings to update and enhance further their capacities in patent quality review, as well as in the coaching and mentoring of examiners.

With respect to PCT Rules 36.1(iii) and 63.1(iii) requiring examiners to have the language facilities to understand at least those languages in which the minimum documentation referred to in Rule 34 is written or is translated, examiners of IPOPHL possess high skill and understanding in the widely used English language.

All examiners are proficient both in spoken and written Filipino and English languages. Some examiners have further capability in other foreign languages such as Japanese, Mandarin, German, Spanish and French.

(ii) New Patent Examiners are provided with an intensive training course in order to equip them with the necessary competencies, skills and proper perspective before their assignment to their respective examining division. Specifically, this course is an in-depth study of Philippine statutes and rules, coursework and practical exercises focused on developing search and substantive examination skills and competencies.

For Senior Examiners, IPOPHL provides continuous learning through lectures, seminars or trainings given by university professors, returning Filipino scientists who pursued PhD studies abroad, and different IP Offices.

> *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) IPOPHL endeavors to keep up with the latest developments in IT technologies to support its examiners in the conduct of their search and examination such as advance servers and network infrastructures. Aside from this, customized computer software is likewise being utilized to effectively carry out processes involved in search and examination.

IPOPHL uses the WIPO Industrial Property Automation System (IPAS) specifically configured for IPOPHL process workflows. The IPAS integrates with other internally developed systems including online filing and payment systems to deliver end-to-end processing of invention, industrial design, utility model, and trademark applications.

IPAS provides a number of modules that play a central role in various facets of the search and examination process: 1) To Do List Module - tracks each stage of the examination process and provides real-time details on the status of all applications; 2) Workflow Module - serves as the electronic file wrapper which shows instant information about the transactions related to an application; 3) Action Notices Module - assists examiners in the drafting of examination reports by providing standardized action templates as well as indication on the next course of action

that should be made; 4) Search Module - gives examiners access to both published and non-published ID, UM, and Patent applications that are filed locally; and, 5) Electronic Document Management System - provide access to electronic copies of correspondences filed by the applicant.

IPOPHL has worked on optimizing business processes and enhancing efficiency specifically in critical areas of the search and examination process including platforms for online correspondence, quality review, real-time notification, and patent search. Several online facilities were launched ~~since~~ in 2019, such as, the Electronic Correspondence (eCorr) for Patents which is designed to transmit IPOPHL correspondences to clients via the Internet. It is a reliable, secure, and fast facility for transmitting/mailing office documents to the customers. Also, IPOPHL launched the eDocFile System in May 2020. This facility is an internet-based service for the online submission of customer communications and payment of fees. In February 2022, IPOPHL started issuing electronic certificates for Patents (Patent eCerts), the newest digitalization milestone that completes the office's goal of an end-to-end online service for patent applications.

As regards network infrastructure, IPOPHL has in place a complete and integrated security solution starting with a security firewall appliance alongside an Intrusion Prevention System with Anti-Virus, Anti-Bot and Anti-Spam capabilities, and an IPSec Virtual Private Network capability for secure site-to-site connections.  The core network switch is powered by two active Internet nodes with sufficient bandwidth to service the entire network and a fail-over capacity in the event of the failure of one of the nodes. Server virtualization is implemented which provides faster provisioning and deployment of application systems while ensuring higher availability and uptime. IPOPHL has contracted Cloud-based data backup services, and data back-up and testing procedures are conducted regularly.

(iv) IPOPHL examiners have access to the following patent and non-patent databases:

   a. Publicly available databases such as: (i) OPSIN (Open Parser for Systematic IUAPAC nomenclature); (ii) NCBI (National Centre for Biotechnology Information); (iii) EMBL-EBI (European Molecular Biology Laboratory - European Bioinformatics Institute) for sequence listing search; (iv) 3GPP (Telecommunication Technologies); (v) WIPO Case; and (vi) Patent Scope;
   b. Databases such as PubMed which provides non-patent articles in chemistry, molecular biology and other preclinical sciences, and The Lens for comprehensive DNA and protein sequence search;
   c. IPOPHL IPDL (Industrial Property Digital Library) and IPOPHL's internal database IPAS (Industrial Property Automation System); and,
   d. National patent databases of other IP Offices such as USPTO, J-PATPLAT, AUSPAT, Espacenet, and AIPN;
   e. EPOQUENet, STNext, IEEE Digital Xplore, Scopus and Science Direct; and
   f. Commercial search platform Thomson Innovation which covers Derwent World Patent Index (DWPI);

(v) The following information regarding the work procedures, guidelines, laws and rules are available via the IPOPHL's website:  Republic Act 8293 IP Code, Republic Act 9502 Universally Accessible Cheaper and Quality Medicines Act, 2022 Revised Implementing Rules and Regulations for Patents, Utility Models and Industrial Designs, Manual for Patent Examination Procedure, Examination Guidelines for Information and Communication Technology (ICT) applications, Biotechnological applications and Pharmaceutical applications involving known substances, ~~and~~ the Clarity Guidelines, Examination Guidelines on Work-sharing Programs 2022, and the Examination Guidelines on Patents, UM, and ID involving Genetic Resources (GR), traditional knowledge (TK), traditional

cultural expressions (TCE) and indigenous knowledge, systems and practices (IKSP). The Patent Quality Manual, Issuances, Memorandum/Office orders relating to PQRS, and Seach Guidelines may be accessed through the IPOPHL Intranet.

Any updates or instructions are communicated through the Bureau of Patents (BOP) General Assembly, BOP Management meetings, monthly Division meetings or special meetings as deemed necessary.

~~In light of the COVID-19 situation, normal~~ Work operations ~~of~~ in the Office have ~~been suspended and~~ adopted the work from home setting, with at least 3 days onsite ~~has been arranged~~. In order to facilitate the delivery of information with regards to the quality management system of the Bureau of Patents to the examiners, the QMSU developed an electronic platform called the BOP QMS e-platform.

The BOP QMS e-platform contains the following information:

1. PQRS Monthly Report – updates on the status of the Bureau's QMS;
2. PQRS Workflow – an illustrative guide as to the workflow of the PQRS;
3. Standard Office Action templates – list of the latest office action templates to keep examiners updated for any amendments and common clauses;
4. Examiner's PQRS finding results – examiners and supervisor's access to their PQRS reports;
5. Statutory basis for examination - compilation of laws, rules, memoranda and guidelines as references used in search and examination and in drafting reports or office actions.
6. IPAS user's guide
7. QM Committee page for the minutes of the meeting and agreement in examination and reviews

The BOP QMS e-platform also features the following functionalities:

1. Feedback and Concerns – examiners or supervisors' means to send their responses and feedback to the QMSU;
2. Discussion Board and Forum – a means for anyone to post any questions or topic on examination and the QMSU or anyone may provide their opinions on the issue as well;
3. Tutorials – a slideshow presentation on how to access and retrieve the PQRS reports and how to submit the Division response.

> *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.*

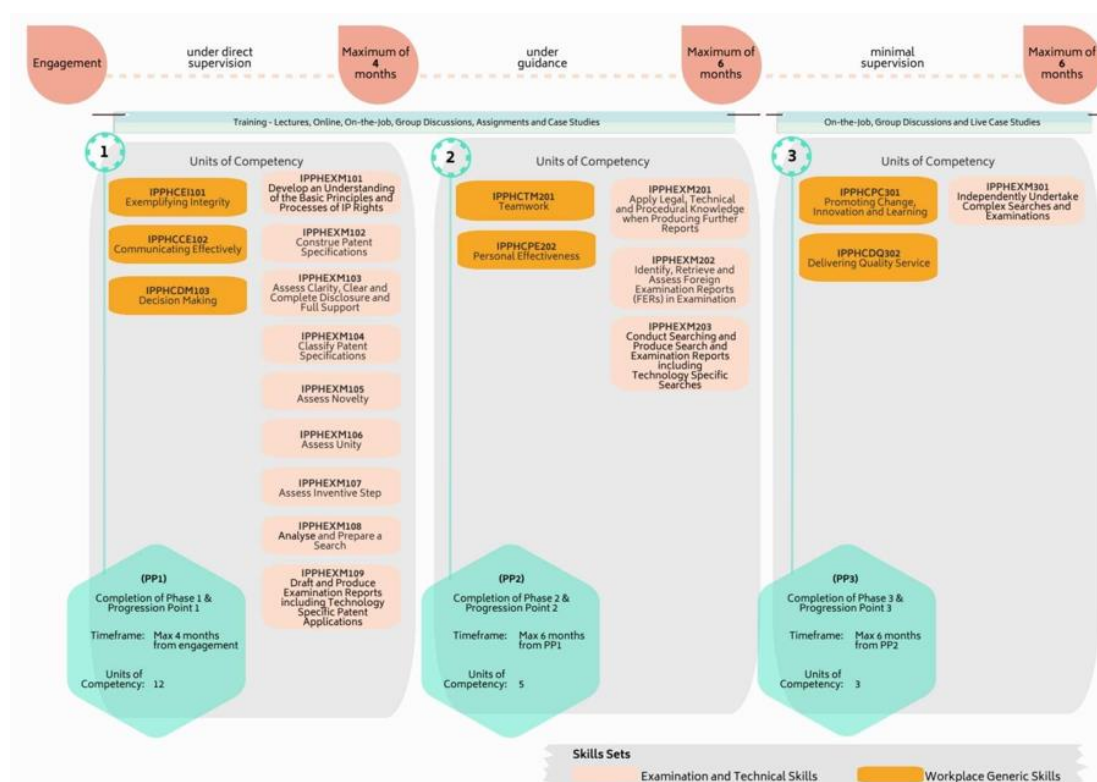**Training Program for New Patent Examiners:**

At the time of ISA operation, the new examiners are already equipped with patent examination skills and able to independently conduct search and substantive examination.

The IPOPHL employs a competency-based training and capacity building program for patent examiners to ensure quality search and examination. It adopts a two-level competency building approach: 1) IPOPHL Skills Training for the Examination Practice (STEP); and 2) Continuous Training Program (CTP).

The IPOPHL Skills Training for the Examination Practice (STEP) is a structured online module-based training program to ensure consistent levels of skills across new examiners. The program was undertaken with technical assistance from IP Australia under the Regional Patent Examination Training (RPET) Mentoring program and IPOPHL was able to develop a competency-based training framework-customized on national statutes and policies.

STEP is structured into three phases: Phase 1- Foundations, Phase 2- Quality, Technology Specific, Examination Practice and Searching and Phase 3 – On-the-Job examination. The trainees' learning outcomes are assessed based on their competencies and their progress are monitored until they complete the program. The blended learning approach combines face-to-face lectures, on-the-job training, and online learning platform used in RPET.

Figure 4. STEP Diagram



This program benchmarks minimum standards and provides a structured training program for the trainees to develop patent examination skill.

STEP was designed based on the following principles:
- Develop one course structure for all patent examiner trainees
- Divide the complete course structure to manageable number of and specific assessment points
- Define clear progression points
- Focus on the holistic development needs of trainees
- Maintain consistent standard and quality in developing competent examiners

The ability to deliver consistent and high-quality patent examination training to new examiner intakes using internal resources demonstrates long-term sustainability of the program.

**Continuous Training Program (CTP)**

To further enhance the capacity and competence of existing examiners, IPOPHL conducts the Continuous Training Program.  These include advanced trainings, workshops, and seminars on patent search and examination in various technological fields as well as new and emerging technologies, updates on patent-related legislation, practices, and procedures, and plant visits to industries employing advanced technologies. Since 2011, the IPOPHL ~~is~~ has been a partner of the Department of Science and Technology's (DOST) in its *Balik Scientist* (Returning Scientists) Program envisioned to strengthen the country's scientific and technological human resources through the transfer of diverse new knowledge and expertise. Under this Program, DOST PhD scholars who pursued their studies abroad conduct lectures and trainings for the patent examiners on specified technological fields.

IPOPHL has intensified capacity building activities on search and examination in partnership with other IP Offices/International Authorities such as the USPTO, EPO, and JPO as well WIPO. In addition, patent examiners have taken distance learning courses offered by the WIPO, the European Patent Academy, and other foreign IP offices.  Further, IPOPHL continues to provide trainings and updates on the PCT system for examiners and administrative staff in cooperation with WIPO PCT Division.

In the constant pursuit of developing and maintaining a competent and highly motivated workforce, ~~Currently,~~ IPOPHL is offering a scholarship program on Master of Science (MS) ~~in Electronics Engineering~~ customized to suit the technical needs of IPOPHL examiners. We have recent graduates of MS in Biological Engineering, as well as MS in Microelectronics. This is in partnership with the MU (MAPUA University), one of the premiere engineering schools in the country, a recognized center of excellence in engineering education by the Commission on Higher Education and an accredited institution of the Accreditation Board for Engineering and Technology, Inc. (ABET). Currently, another batch of scholars were enrolled in August 2024 for MS in Biology and MS in Biomedical Engineering at the De La Salle University (DLSU). One of the leading universities in the Philippines, DLSU is renowned for its academic excellence, groundbreaking research, and empowering community engagement.

IPOPHL also provides trainings on PCT practice, procedure and updates as well as quality management system both for patent examiners and administrative staff.

> *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.*

There is an automated monitoring of workload and assignments in place through the IPAS. The Records Management Unit (RMU) generates a monthly report on the applications assigned and all work products done by patent examiners across the different divisions. Based on the report, the BOP Management determines if there is a need to hire additional patent examiners or there is a need to re-assign examiners from one technology field to another in order to handle the increasing demand, if appropriate.

On the continuous monitoring and identification of resources required to comply with quality standards, the QMSU provides monthly report on the result of the quality review on work products of examiners.  The report contains the results of the quality review including conformity and non-conformity findings as well as recommendations on the need to designate additional quality reviewers, or the identification of other resources needed, among others. The report is submitted to ~~the~~ BOP Management for their approval/consideration.

## 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) The IPAS system captures the processing of applications from filing until post-grant processes. Upon filing, the data-entry for bibliographic data is done by the receiving section which is then uploaded in the system. There is an initial general classification by the RMU for the purpose of determining which division will handle the application. The application is then given a specific classification by the examiner after assignment.

The Records Management Unit (RMU) monitors the timely publication of applications with corresponding search reports and notifies the examiners before the deadlines are due. The Supervisors (Division Chiefs)/Assistant Supervisors (Assistant Division Chiefs) and examiners are also capable of monitoring the workloads and different due dates using the IPAS. The system is designed to track the status of each patent application from filing up to grant.  The system tracks workflow processes, actions & statuses, legal time-periods and deadlines such as issuance of search reports, publications and examination reports.

Since being operational as an ISA, IPOPHL issues search reports and written opinions within the required time limit of three (3) months from the time of receipt of the search copy. A select number of personnel are tasked to monitor the assignment of application to issuance of the search report and written opinion.

The BOP Management regularly monitors the timeliness of issuance of search reports, disposal of applications and publication of applications.

(ii) IPOPHL continues to improve its efficiency by reducing the processing time (from filing to grant) and addressing fluctuations in demand through various measures such as backlog reduction, timely publication of applications, and reassignment of cases to other relevant divisions to level workload, as appropriate.

The BOP submits its yearly commitment on backlog reduction and timely disposal of current applications which is reflected in the division and individual commitment.

## 5.    QUALITY ASSURANCE

> *21.17  In accordance with the Guidelines, the following are required quality assurance measures for the 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.*

To issue timely and high-quality search and examination reports, the IPOPHL has in place two levels of patent quality assurance. For the first level or in-process quality assurance, all work products including search and examination reports are checked by the assistant supervisor

(assistant division chief) and the supervisor (division chief) before mailing to the applicant. If there is any correction in the examination report, the report is returned to the examiner for proper revision. The revised report is then checked again by the assistant supervisor and the supervisor, if there are no further correction needed, the report is approved and sent to the applicant.

In addition, IPOPHL uses the 3-person team in undertaking search. The primary examiner handling the application to be searched consults and involves two (2) of his colleagues to help in conducting the search. Each will independently design their strategies and conduct search, and the results of which are then discussed among the 3 examiners to check on the best or most relevant prior art for the application. This process ensures that a thorough search is conducted and that all strategies and databases are exhausted.

In the second level of the PQRS, the issued search and examination reports are randomly selected and reviewed according to the established quality standards by the QMSU. The quality reviews are done monthly and about 13% of all the issued examination reports annually are quality reviewed by the QMSU. The results of the quality reviews is documented and reported monthly. However, in the issuance of ISRs and IPRPs, all reports are reviewed by the QMSU after the in-process quality assurance and before sending the said reports to the applicants and International Bureau (IB).

When non-conformities are identified, corrective and preventive mechanisms are in place. A collaborative discussion between the examiner and reviewers are conducted to discuss the findings in the PQRS. This aims to resolve the issue quickly and/or provide feedback on areas where the examiners have done well and where to improve, with a customer-focus lens as appropriate. Depending on the nature of the non-conformity, issuance of a subsequent examination report or re-examination may be done. And in order to prevent re-occurrence of non-conformities especially those that concern patentability issues, the QMC shall discuss the issue and new policies, or amendment shall be formulated for the implementation to the Bureau. For repeated non-conformity by the same examiner, a retooling or retraining will be recommended.

## 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.*

Quality contact person(s):

1.  Atty. Ann N. Edillon, Director, Bureau of Patents (ann.edillon@ipophil.gov.ph)
2.  Engr. Maria Cristina P. de Guzman, Asst. Director, Bureau of Patents (cristina.deguzman@ipophil.gov.ph)
3.  Ms Ronil Emmavi J. Remoquillo, IPRS IV, Operations for ISA/IPEA Project Manager, (ronilemmavi.remoquillo@ipophil.gov.ph)
4.  Ms. Eileen P. Llantos, IPRS III, Officer-in-Charge for the Quality Management Services Unit (eileen.llantos@ipophil.gov.ph)

> *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.*

IPOPHL uses the following feedback mechanism:

Figure 5. Feedback mechanisms
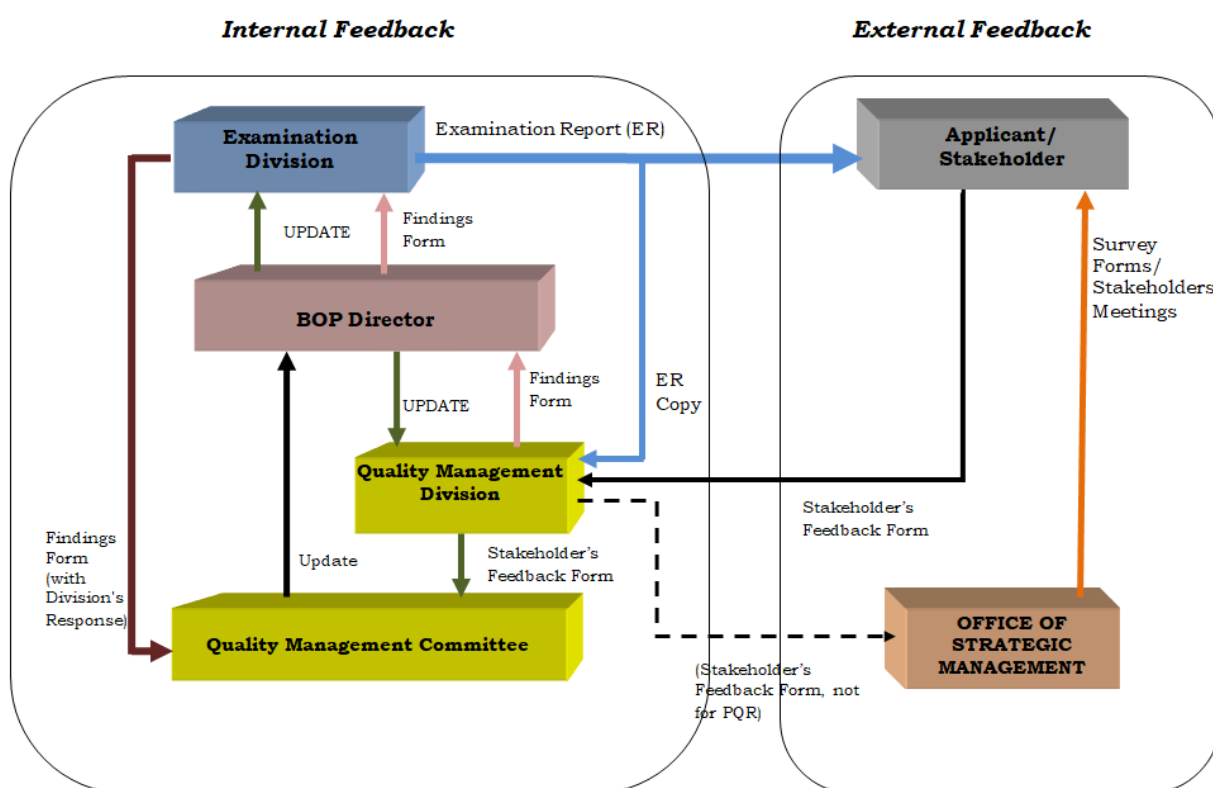


(i) The Office of Strategic Management (OSM) is tasked to receive customer feedbacks and complaints through their customer feedback forms, emails, postal mails, phone calls and the IPOPHL suggestion box. Complaints and feedbacks are forwarded to the respective bureaus/department heads for appropriate actions. Feedbacks or issues relating to examinations are forwarded to the QMSU for appropriate evaluation and corrective actions. The results of the evaluation and actions are communicated back to the customers/complainants.

(ii)  The IPOPHL conducts Customer Satisfaction Feedback Survey through the OSM. The survey is important to help the Bureau of Patents to improve the delivery of their service. The OSM prepares the customer feedback form and distributes the same thru fax, emails, postal mails, guard station (walk-ins), and the IPOPHL mailbox. Responses are returned similarly and walk-ins return their forms thru a drop box located at the IPOPHL Office. Follow-ups of survey forms may also be done thru email and telephone calls. Responses

are gathered, consolidated and tabulated. The OSM prepares the Customer Satisfaction Survey Report which contains the statistical analysis, comments and recommendations based on the result.

The Bureau of Patents also conducts an annual Stakeholders meeting to discuss issues and concerns relating to search and examination practices.

(iii)  and (iv)

IPOPHL published and made available to the public the IP Code and its 2022 Revised Implementing Rules and Regulations (IRR), Manual of Patent Examination Practices (MPEP), Universally Accessible Cheaper and Quality Medicines Act of 2008 (QUAMA) and its Guidelines, Biotech Guidelines, Guidelines on the examination of Information Communications Technology and Computer-implemented Inventions, and Clarity guidelines Procedure for applying Utility Model, Industrial Designs, Patents and PCT applications and schedule of fees.  These are likewise available in the IPOPHL website.

The IPOPHL quality objectives are also made available to the public through the IPOPHL 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.* |

The contact person designated by IPOPHL to communicate with the International Bureau of WIPO and designated and elected offices is the Director of the Bureau of Patents, Atty. Ann N. Edillon (ann.edillon@ipophil.gov.ph).

## 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.* |

Documents making up the Quality Manual have been prepared and distributed to the staff. Document control measures such as version numbering are taken and the latest version is published internally. All documents are available through the intranet (IPOPHL internal communication system) and the BOP QMS e-platform.

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> *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.*

The Quality Manual includes the following:

1. quality policy;
2. the scope of the QMS;
3. the organizational structure;
4. the documented processes carried out in the IPOPHL starting from application to grant among others;
5. the resources necessary for carrying out the processes; and,
6. interaction between the processes.

> *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.*

In IPOPHL, the Document and Records Custodian (DRC) is responsible for the collection, storage, protection and disposal of records for each bureau/division according to ISO 9001: 2015 requirements such as:

(i)     a definition of which documents are kept and where they are kept;
(ii)    results of management review;
(iii)   evidence of conformity of processes, resulting products and services in terms of quality standards;
(iv)   results of reviews of requirements relating to products;
(v)    records of QMS audits;
(vi)   actions taken regarding non-conforming products, e.g. examples of corrections;
(vii)  actions taken regarding corrective action; and,
(viii) actions taken regarding preventive action.

All records are kept and maintained in the office of the DRC.

At the Bureau of Patents, the RMU is responsible for maintaining records for the following:
- (ix)  the search and examination processes carried out on each application;
- (x)  data allowing individual work to be tracked and traced; and
- (xi)  search process documentation as set out in Section 8 (page 27) of this document.

All documents are kept and maintained electronically in the IPAS.

In addition, the Human Resource Development Division (HRDD) is responsible for maintaining records for:

(xii)  Training, skills and experience of personnel

All records are kept and maintained in the office of the HRDD.

## 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.*

The IPAS contains the standard templates for all work products including search and examination reports.

The following information in relation to the issuance of search report are recorded:

- (i)  Application data: Application number, Filing date, Title, Earliest priority date
- (ii)  International Patent Classification (IPC)
- (iii) Database(s) Consulted
- (iv) Keyword(s) used
- (v) Citation of document considered with the relevant passages
- (vi) Family Member: Patent family member and publication date
- (vii) Search Strategy: Search String(s), Search Field(s), Search Databases, No. of Hits and Number of Documents Viewed
- (viii) Written Opinion on patentability in light of the search report
- (ix)  Name of the Examiner and date of completion

In cases of lack of unity and clarity or limitation in conducting search, these issues are communicated during the formality examination.

Figure 6



## 9.    INTERNAL REVIEW

Internal quality audits are conducted twice (2) a year (actual and verification) as required by ISO 9001:2015.

In addition, the PQRS of the Bureau of Patents requires a quality check of all the search and examination reports to ensure conformity to the established standards on the search and examination practices.

## 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.*

[End of document]