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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 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), as a government agency, fully supports the national initiative to implement a Quality Management System (QMS) that institutionalizes the structures, mechanisms and standards necessary for a systematic approach to managing government processes. In line with this commitment, the IPOPHL is dedicated to the continuous improvement of its operations through regular performance reviews, process assessments, and the adoption of new approaches or the reinforcement of established standards to address operational gaps.

The IPOPHL pursues ongoing enhancement of its processes relating to the registration of trademarks, utility models, industrial designs, and copyright, and the grant of patents, as well as the corresponding recordation, transfers, assignments, and exclusive licensing agreements. The commitment extends to all related management and support processes within the Office.

Central to IPOPHL's efforts to strengthen and optimize its business processes is its strict adherence to state policies, applicable laws, and implementing rules and regulations governing the registration of trademarks and the grant of patents. This includes full compliance with the requirements for establishing and maintaining a robust Quality Management System within the IPOPHL.

Normative Reference: IPOPHL's ISO 9001:2015 Certification (Quality Management System)

IPOPHL has been certified under ISO 9001:2008 since 2012 and successfully transitioned to the ISO 9001:2015 Quality Management Standard (QMS) on December 5, 2017. The IPOPHL's Quality Manual (QM) defines and clarifies policies, systems and procedures adopted to implement and continuously enhance the Office's QMS.

Building on this foundation, the Bureau of Patents (BOP) of the IPOPHL began piloting the Patent Quality Review System (PQRS) in 2016 and fully implemented it in 2018. This system ensures the quality and consistency of key patent work products, including formality examination, patent searches, registrability reports, substantive examination reports, and disposals (patent grants or withdrawals).

At the most recent third-party audit conducted on November 27, 2024, IPOPHL successfully passed the ISO-QMS 9001:2015 recertification audit with zero non-conformities, five (5) opportunities for improvement, and seven (7) positive findings from the 3rd Party Certifying Body – SOCOTEC Certifications Phils., Inc. This certification covers IPOPHL's core processes relating to the registration of patents, utility models, industrial designs, and trademarks. Beyond meeting international standards for the conduct of its business processes, the updated QMS framework emphasizes strengthened risk-management strategies and enhanced leadership involvement to ensure that customer and regulatory requirements are met in a timely, effective, and responsive manner.

In the 2024 recertification audit, IPOPHL identified the relevant external and internal issues necessary for defining the scope of its QMS. In determining this scope, the Office considered the requirements of interested parties, as well as the nature of its products and services, to properly establish the boundaries and applicability of the QMS. Through this process, the IPOPHL was able to effectively establish, implement, maintain and continually improve its processes and its overall QMS.

Summary of changes to the 2024 report:

- Updates on Human Resources and Material Resources (HRMR), such as 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.
- Zero back-logs of patent applications were achieved in its second year in the BOP's strategic goal.
- Continuous employment of additional manpower. BOP was able to hire 24 new examiners in 2024, and an additional of 12 examiners in 2025.

IPOPHL confirms the minimum requirements of the standard and based on the recommendation of the IQA Team, the IPOPHL is ready for the next 3rd party audit. All process owners/Bureaus need to address the non-conformity and opportunities for improvement found during the audit within the agreed period or prior to the 3rd party recertification audit to be conducted by SOCOTEC Phils., Inc. scheduled on 1 December 2025.

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 consistent with its Mandate, Mission and Vision, embraces the following Quality Policy Statement:

"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, integrity, excellence, spirituality, collaboration and teamwork, and innovation and creativity.

We are committed to continuously improving our quality management system considering the impact of organizational risks and opportunities in order to provide the highest level of satisfaction among our stakeholders."

b) The roles and responsibilities of each unit in the **IPOPHL quality management structure** (see Figure 1):

i. The Director General (DG)
- Establishes, reviews, and maintains the quality policy of IPOPHL.
- Ensures that quality objectives are established at relevant functions and levels within the IPOPHL business process.
- Ensure allocation of available resources to support the implementation of the agency's QMS.
- Defines the responsibilities and authorities of each function in the organization.
- Reviews the effectiveness of the agency's QMS and monitors the implementation of improvement action plans.
- Ensures that communication mechanisms are effectively established.

ii. Management Review Committee (MRC)
- Ensures the conduct of Management Review (MR) of QMS at least once a year or as may be deemed necessary.
- Ensures a thorough discussion and review of agenda items during the MR.
- Makes appropriate recommendations to the DG on matters relating to corrective actions, risk strategy and process improvement, when necessary.

iii. Deputy Director General (DDG)/Quality Management Representative (QMR)
- Assists in the effective implementation and maintenance of the established QMS.
- Reports to the DG the IPOPHL's conformance to the established QMS and the identified areas for improvement.
- Ensures the promotion of awareness of meeting customer requirements within the core processes and relevant support process of the IPOPHL's QMS.
- Liaise with external parties on matters relating to the agency's QMS.

iv. Internal Quality Audit (IQA) Chairperson and Auditors
- Prepares audit plan, coordinates and implements the IPOPHL's Audit Program.
- Identifies the necessary resources for managing the IPOPHL's Audit Program.
- Provides input during management review regarding audit findings

- Monitors and maintains records of implementation of corrective and preventive actions for non-conformances found during audits.

v. QMS Coordinators
- Provides assistance to the QMR in the effective planning, implementation, maintenance, and continual improvement of the established QMS through coordination with all bureaus/units in the IPOPHL.
- Assists the QMR in performing assigned duties and responsibilities.

vi. Training and Education Team (TET)
- The TET ensures that concerned employees are aware of their roles and responsibilities relative to the agency's goal and objectives, and conducts capacity building activities, in collaboration with HRMD, for members of ISO core team.

vii. Document Controllers
- Establishes, documents, implements, and maintains a procedure for the control of documents and records.
- Maintains the master copies and master list of the Quality Manual and Manual of standard operating procedures (SOP), as well as the master list of externally generated documents and references.
- Ensures that current version of relevant documents is available at point of use.
- Prevents unintended use of obsolete documents as well as the unauthorized use of relevant documents and records.
- Ensures the traceability of documents.
- Coordinates enhancement of the pertinent documents.
- Closely coordinates with bureau/office/unit heads on all matters concerning Records Management, specifically on records generated from the core processes and support processes.

viii. Process Owners
- Ensure that the established QMS is adopted in their respective work processes.

The roles and names of those bodies and individuals responsible for the implementation of the **QMS in the Bureau of Patents** (see Figure 2):

i. Head of the QMS in BOP
- The Director and/or Assistant Director of BOP

ii. Quality Management Committee (QMC)
- Composed of the BOP's Supervisors:
  - Head/Officer-in-Charge (OIC) of all examining divisions, including utility model and industrial design
  - Unit Heads of QMSU, PCT Unit and Records and Publication Administrative units
  - Assistant Heads of examining divisions, if any
- The Committee is responsible for the formulation of policies and amendments on PQRS and evaluates the recommendations of the Quality Management Services Unit (QMSU) on PQRS matters.

iii. OIC of QMS Unit
- QMSU assesses the quality of search and examination reports 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 reports 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.

- The QMSU OIC/Head supervises and monitors the activities of the unit and provides a monthly report on the PQRS 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 immediate attention and recommends appropriate action.
- The OIC evaluates and reviews the PQRS Report submitted by the Quality Reviewers (QR) before the issuance of said report to the respective examining division and examiner-in-charge.

iv. 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.
- Reviews the application in relation to the search and examination report, fill out the PQRS Checklist, and prepare the PQRS Report form.

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

Figure 1. Quality Management System Structure of IPOPHL, 2022

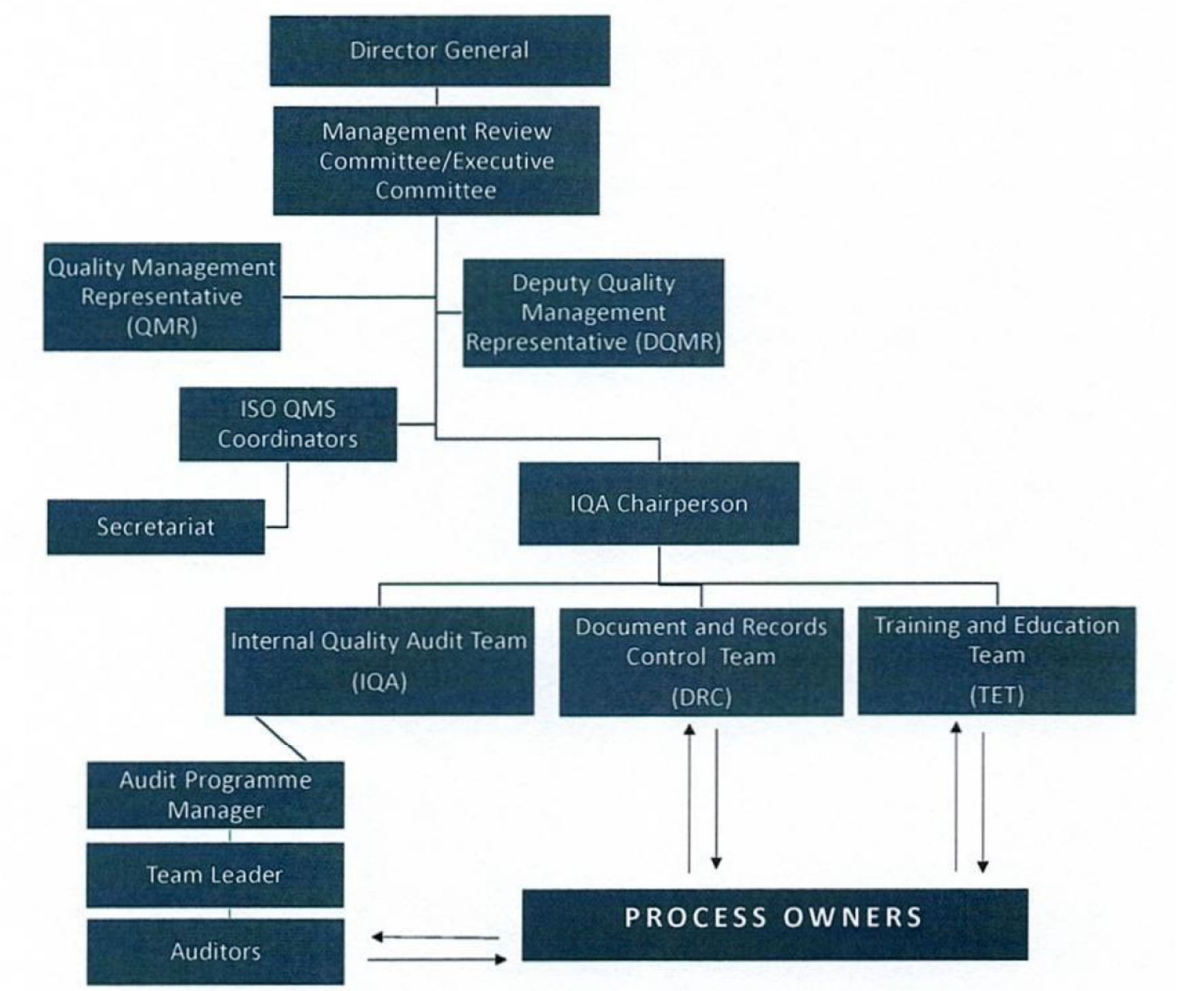


Figure 2. Quality Management Services Unit of the Bureau of Patents (QMSU-BOP)

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 to paragraph 21.29	✓		
		(e)	recording the results	✓		

Chapter 21 requirement				Extent of compliance		
				full	part	no
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 search and examine in all technical fields	✓		
	(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 are met	✓		
	(iii)		Clear and concise guidance and information on the search and examination process for the user	✓		
			Indication where and how the Authority makes its quality objectives publicly available	✓		
21.21		(a)	Established communication with the International Bureau	✓		
		(b)	Established communication with 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)		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	✓		

Chapter 21 requirement				Extent of compliance		
				full	part	no
	(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 limitation of search and its justification	✓		
	(vii)		Records about lack of clarity of the claims	✓		
	(viii)		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.

a) The IPOPHL, as a government agency is mandated under R.A. 8293 to process filing and application for registration of Trademarks, Invention, Utility Models, and Industrial Design. To achieve a quality service to its customers, the IPOPHL mapped its Business Process which covers planning, operations, support, performance evaluation and improvement. To this end, a process-based QMS model is adopted.

The top management demonstrates leadership and commitment with respect to QMS (see Figure 1). 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.

b) The scope of IPOPH's QMS covers the provision of public administration services in the registration processes for patents, utility models, industrial designs, and trademarks. It applies to processes including the management processes of IPOPHL at its main office. The ISO 9001:2015 standards have been adopted and are being implemented to serve as the foundation of the quest to attain quality as a culture and way of life in the IPOPHL.

It is the commitment of the IPOPHL to provide its officials and employees with the appropriate capacity buidling programs to the constant improvement of their knowledge, skils, managerial

acumen and attitude on activities related to the quality system. This is in recognition that the behavior, skills, and performance of every individual directly impacts on the quality of services provided. Evaluation of employees' competency requirements and assessment of organizational capability building needs are annually conducted.

In Figure 2, the QMSU implements the PQRS within the BOP 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 quarterly 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.

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.

a) 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.

b) Within the QMS process, the IPOPHL communicates the importance of meeting the QMS requirement and its importance through the IQA Team which conducts actual 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 determines the effectiveness of the QMS. 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 (Mancom) 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) 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.

a) The review of the established QMS of IPOPHL is conducted at least once a year or whenever deemed necessary by the DG 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 (Execom) 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 ExeCom.

Strategy Development includes the review/setting of our vision, mission, values, agenda, and breakthrough and strategic goals. At this point, we scan the environment and determine the internal and external factors that may either pose as an opportunity or challenge to our operations. We get the available resources, review past performance and ongoing programs/projects, and make use of the feedback from our customers. In developing our strategy, we also look into the Philippine Development Plan (PDP) to ensure that we are aligned with the direction of the national government.

b) The MRC, as formed and created for this purpose, is headed by the QMR. The Committee undertakes the review of the established QMS which may cover, but are not limited to, the following agenda items:

    1. Status of actions from previous management review
    2. Changes in external and internal issues that are relevant to the QMS
    3. Information on the performance and effectiveness of the QMS, including trends in:
        i. Customer satisfaction and feedback from relevant interested parties
        ii. The extent to which quality objectives have been met
        iii. Process performance and conformity of products and services
        iv. Nonconformities and corrective actions
        v. Audit results, and
        vi. Performance of external service providers
    4. The adequacy of resources
    5. The effectiveness of actions taken to address risks and opportunities
    6. Opportunities for improvement

    The agenda of the management review is prepared by the MRC, reviewed by the QMR, and distributed to all concerned.

c) Results of the meeting are presented and discussed during committee meetings. The results of the management review serve as guide for management in setting goals, planning for projects and adopting actions geared toward continual improvement of service deliveries. The bureau/office/unit heads also cascade the result of data analysis to improve the processes in their respective bureau/office/unit. Minutes and results of the management review are recorded and maintained by the designated MRC Coordinator and Secretariat.

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

    For 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 training, 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).

As a mechanism to measure the performance of the established QMS, the agency monitors the implementation of the system through periodic conduct of Internal Quality Audit (IQA, as defined under IPOPHL QM-03). These audits are carried out in accordance with scheduled, plan and documented instructions; the purpose of which is to ensure that the entire process is thoroughly and systematically checked for compliance with declared policies and procedures and meets all the a[applicable requirements of ISO 9001:2015 together with other Regulations or codes with which the IPOPHL needs to comply. Wherever applicable, the audit reports are expected to identify opportunities for improvement in the processes, products and services provided. Records of all audits and their findings are kept for reference.

Internal quality audits are conducted on a regular basis as scheduled in the IQA Annual Program and are carried out by qualified auditors who are trained to properly execute the auditing requirements consistent with the established procedure in conducting internal quality audits. Their official functions as IPOPHL personnel are independent of the specific activities on areas being audited.

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.

The IQA accomplished the completion of the 2025 Annual Audit programmed (AAP). The conducted virtual actual audits (April, May, June, October, and November), and virtual verification audits (June, July, and October).

The results of the audits, which are recorded and reported, contain details of the following:

1. Conformity
2. Opportunities for improvement
3. Non-conformance and non-conformities found during the audit
4. Root cause analysis
5. Corrective and preventive action including dates of completion and follow-up audit

These findings are brought to the attention of the bureau/office/unit heads and process owner having responsibility in the audited area. The bureau/office/unit heads shall make timely corrective and preventive actions on the deficiencies found during the audit.

Follow-up audit activities are conducted for the purpose of verifying and recording the implementation and effectiveness of the corrective actions taken. Records of IQA results are maintained by the IQA Team.

At the Bureau level, the QMSU prepares a monthly PQRS report which is presented during the monthly BOP Mancom 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 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

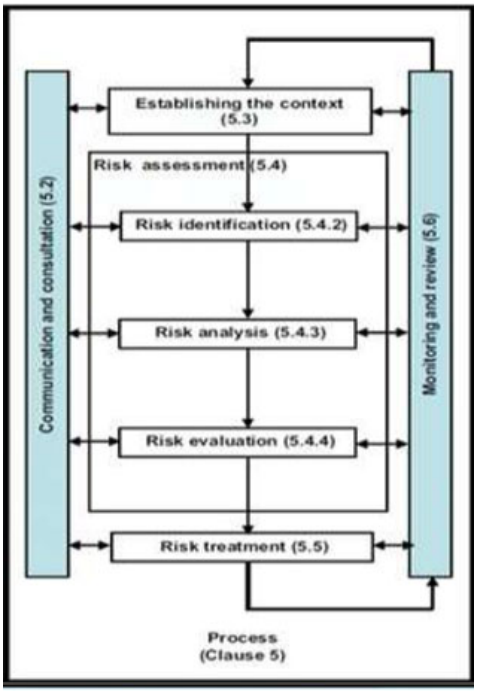
21.11 Explanatory note: Each Authority should establish its own risk-based practices to enable the Authority to determine factors that could cause operational processes and its quality management system to deviate from requirements or planned results, to put in pace preventive controls to minimize negative 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 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; and
which maintains the technical qualifications to search and examine in the required technical fields;
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 as an ISA/IPEA in terms of the number of full-time employees with sufficient technical qualifications to carry out search and examination. The office currently employs a total of 122 Patent Examiners with degrees in various fields of engineering and science degrees and have acquired substantial experience in patent search and examination.

To ensure a sustainable pool of qualified professionals, IPOPHL continuously recruits new Examiners as part of its capacity-building strategy. In October 2025, the new intakes Skills Training for the Examination Practice (STEP), a structured, comprehensive, and

competency-based training curriculum designed to equip them with the necessary skills and knowledge for patent search and examination. Furthermore, IPOPHL maintains a strong commitment to continuous professional development. All Examiners regularly participate in both internal and external training programs aimed at further enhancing their technical proficiency and search and examination capabilities.

~~As~~ required by the Civil Service Commission (CSC) of the Philippines, IPOPHL's Patent examiners possess degrees in Engineering, Natural Sciences, Medical Sciences and other allied disciplines. In addition, Examiners are required to pass the appropriate Professional Licensure Examination administered by the Professional Regulation Commission (PRC), and the Career Service Examination for Professionals by the CSC.

A significant number of Examiners have advanced degrees or are currently pursuing postgraduate studies, with full institutionalized support from the Office. To further strengthen the technical expertise, IPOPHL has established partnership with two of the country's leading science and engineering universities - the MAPUA University (MU) and De La Salle University – for the implementation of specialized graduate programs. These programs are designed to equip Examiners with the necessary technical competencies to handle patent applications in highly specialized and emerging fields of technology.

Through these partnerships, several Examiners have successfully completed the Master of Science in Biological Engineering program. Additional batches of Examiners are currently pursuing graduate studies, including Master of Science (MS) in MicroElectronics, MS in Biology, and MS in Medical Engineering. Moreover, other Examiners are undertaking Master's degree programs in other prestigious universities in the Philippines, while others are pursuing studies in Law to further broaden their expertise in intellectual property and related disciplines.

All IPOPHL Examiners operate under the guidance of highly experienced supervisors and are subject to a two-level in-process quality review for all search and examination reports. Division supervisors possess post-graduate degrees in technical or management fields- or are currently completing such programs, and have extensive search and examination experience, averaging over 23 years of service. ~~All~~ To ensure continued technical excellence, supervisors regularly participate in both domestic and international training programs focused on patent quality review~~,~~ coaching and mentoring to further enhance the Office's overall examination quality and efficiency.

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 Patent Examiners are proficient both in spoken and written Filipino and English languages. All examiners possess high level proficiency and technical comprehension in the English language, which is one of the principal languages used in PCT applications in the Philippines. English serves as an official language, and is commonly used in government transactions, business communications, and academic instruction, thereby ensuring that Examiners are fully capable of conducting searches, examinations, and preparing reports in English with precision and clarity.

(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 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 is compliant with PCT Rule 34 for the minimum documentation requirements.

The making available for consultation as part of the minimum documentation referred to in Rule 34 of the patents issued and patent applications published by this Office has been reported as:

The PCT Minimum Documentation Task Force, through our partner IAs – European Patent Office (EPO) and Austrian Patent Office (APO), has tested the availability of patent documentation collections on August 29, 2025, and certifies that the requirements have been met. The IPOPHL has notified the International Bureau (IB) under amended PCT Rule 34.1(d) that the following patent and utility model documents have been made available in accordance with the requirements specified in the amended Administrative Instructions under the PCT. The extent and format of the documents that this Authority has made available for consultation has been published in the PCT Gazette on *October 23, 2025*, with a Corrigendum published in the PCT Gazette on 27 November, 2025.

Kind of document	**Publication Dates**		**Format of Documents**	**Source of Documents**
	From	To		
Published Patent Application with Search Report	24/09/2012	31/12/2025	PDF (text-based)	Online repository hosted by ASEAN IP Register
Patent Application Published with Search Report	01/01/2026		Full text (ST.96)	Online repository hosted by ASEAN IP Register
Published Patent Application without Search Report	24/09/2017	31/12/2025	PDF (text-based)	Online repository hosted by ASEAN IP Register
Published Search Report for A2 document	02/10/2017	31/12/2025	PDF (text-based)	Online repository hosted by ASEAN IP Register
Published Patent Divisional Application with Search Report		31/10/2025	PDF (text-based)	Online repository hosted by ASEAN IP Register
Published Patent Divisional Application with Search Report	01/01/2026		Full text (ST.96)	Online repository hosted by ASEAN IP Register
Published Granted Patent	07/09/2017	31/12/2025	PDF (text-based)	Online repository hosted by ASEAN IP Register

Published Granted Patent	01/01/2026		Full text (ST.96)	Online repository hosted by ASEAN IP Register
Early Publication of Patent Application with Search Report	2016-09-01	31/12/2025	PDF (text-based)	Online repository hosted by ASEAN IP Register
Early Publication of Patent Application with Search Report	01/01/2026		Full text (ST.96)	Online repository hosted by ASEAN IP Register
Published Utility Model for Adverse Information	21/05/2012	31/12/2025	PDF (text-based)	Online repository hosted by ASEAN IP Register
Published Utility Model for Adverse Information	01/01/2026		Full text (ST.96)	Online repository hosted by ASEAN IP Register
Re-published Utility Model with Amendments		31/12/2025	PDF (text-based)	Online repository hosted by ASEAN IP Register
Re-published Utility Model with Amendments	01/01/2026		Full text (ST.96)	Online repository hosted by ASEAN IP Register
Published Registered Utility Model	2022-03-28	31/12/2025	PDF (text-based)	Online repository hosted by ASEAN IP Register
Published Registered Utility Model	01/01/2026		Full text (ST.96)	Online repository hosted by ASEAN IP Register

The structure and file format of the authority file provided by the Office under Rule 34.1 (d)(iii) and the data elements contained in that authority file complies with WIPO Standard ST.37. The IPOPHL shall provide the data elements referred to in ST.37 starting 1 January 2026 for each publication to be made by this Office. Therefore, any documents belonging to the minimum documentation shall be made available in text-searchable and machine-readable form, and shall be able to provide any Authorities with access to at least the full text of the abstract, description and claims in either XML format in compliance with WIPO ST.36 or ST.96, or in plain text format.

For patent and non-patent databases, the IPOPHL examiners have access to the following:

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, CAS-STNext, IEEE Digital Xplore, Scopus and Science Direct; and
f. Commercial search platform Thomson Innovation which covers Derwent World Patent Index (DWPI);
g. Access to Traditional Knowledge Digital Library (TKDL) of CSIR India and to all available national TKDL

The following information regarding the work procedures, guidelines, laws and rules are available via the IPOPHL's website:

1) Republic Act 8293 IP Code, Republic Act 9502 Universally Accessible Cheaper and Quality Medicines Act,
2) 2022 Revised Implementing Rules and Regulations for Patents, Utility Models and Industrial Designs,
3) 2025 Revised Manual for Patent Examination Procedure,
4) Examination Guidelines for Information and Communication Technology (ICT) applications,
5) Biotechnological applications and Pharmaceutical applications involving known substances,
6) the Clarity Guidelines,
7) Examination Guidelines on Work-sharing Programs 2022,
8) 2025 Examination Guidelines relating to Artificial Intelligence
9) 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 Search Guidelines may be accessed through the IPOPHL Intranet.

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

Work operations in the Office have adopted the work from home setting, with at least 2-3 days weekly onsite. In order to facilitate the delivery of information with regards to the QMS of BOP to the examiners, the QMSU managed and maintains the BOP QMS electronic 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:

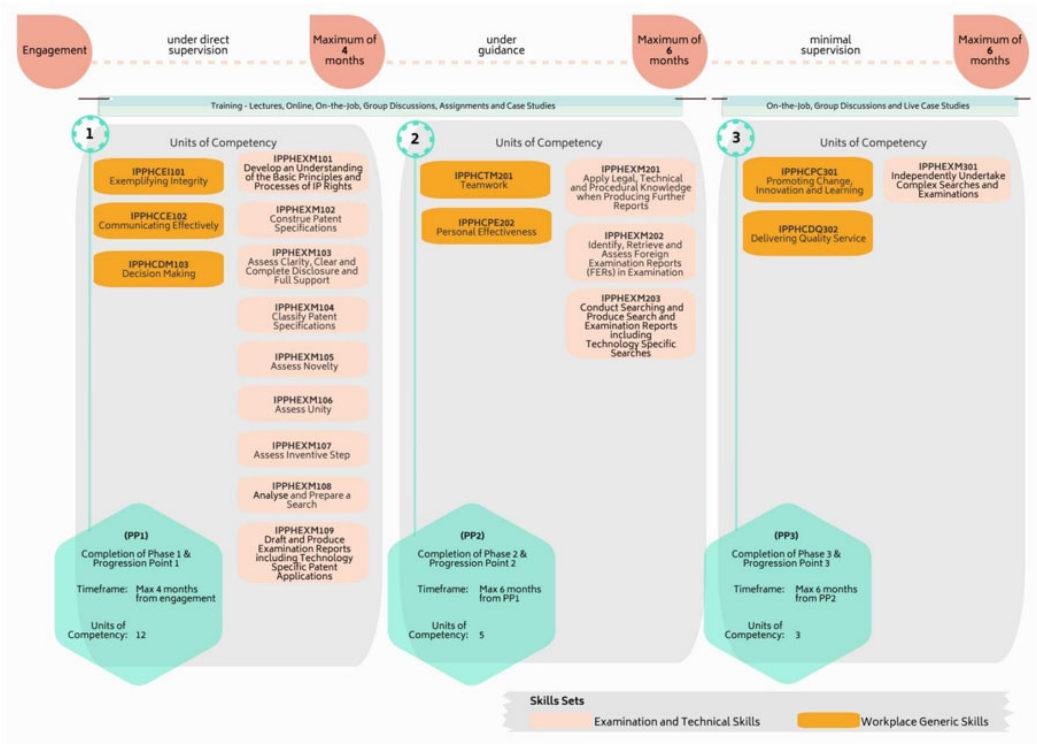
At the time of ISA operation, the new examiners are already equipped with patent examination skills and able to independently conduct search and substantive examination.

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 training, 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 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 training 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, IPOPHL is offering a scholarship program on Master of Science (MS) 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 training 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 Records Management Unit (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 RMU monitors the timely publication of applications with corresponding search reports for direct or local applications 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. There is a designated PCT unit to do the processing of PCT applications from receiving to issuance of report uploaded in ePCT, with select number of personnel ~~are~~ tasked to monitor the application from 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 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

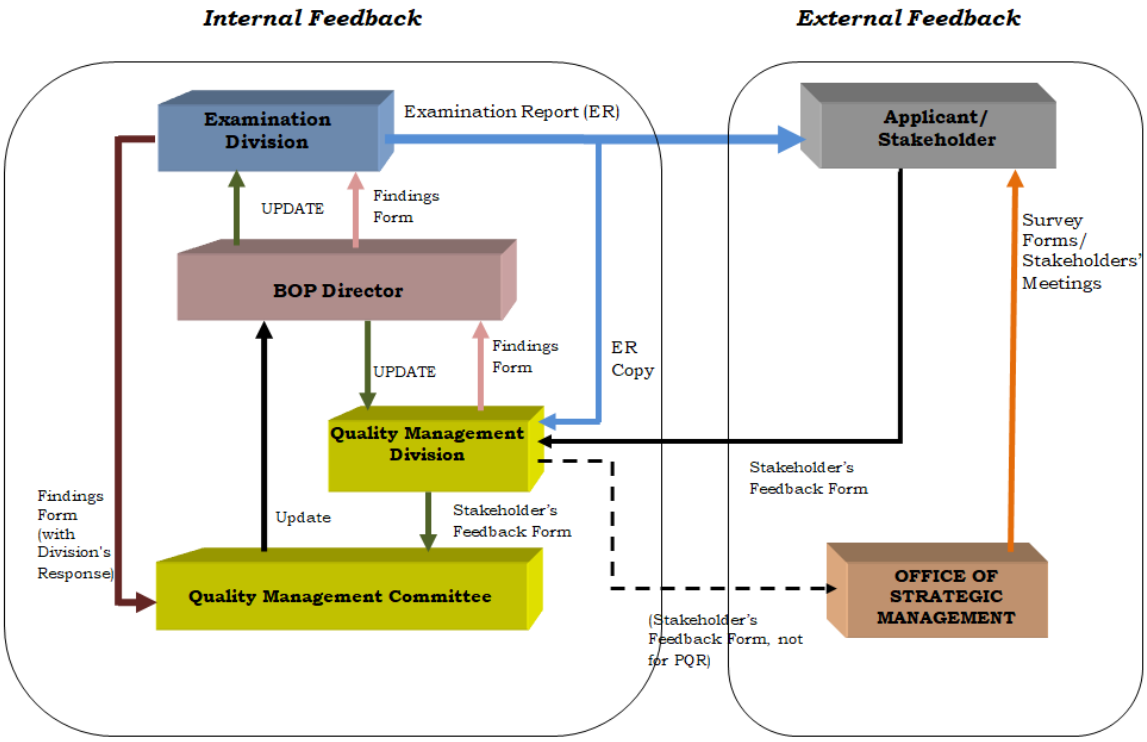
Inter-Authority communication:
21.18 Explanatory note: Each Authority should provide for effective communication with other Authorities.
(Note: This point is informative. No response is required by the template to paragraph 21.18)
21.19 Provide the name, job title and contact details of the Authorities 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

1. Engr. Maria Cristina P. De Guzman, Director III, Officer-in-Charge of the Bureau of Patents (cristina.deguzman@ipophl.gov.ph)
2. Ms Ronil Emmavi J. Remoquillo, IPRS V, Operations for ISA/IPEA Project Manager, (ronilemmavi.remoquillo@ipophl.gov.ph)
3. Ms. Eileen P. Llantos, IPRS III, Officer-in-Charge for the Quality Management Services Unit (eileen.llantos@ipophl.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 feedback and complaints through their customer feedback forms, emails, postal mails, phone calls and the IPOPHL suggestion box. Complaints and feedback are forwarded to the respective bureaus/department heads for appropriate actions. Feedback or issues relating to examination**s** 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, guard station (walk-ins), and through the website and electronic systems available. 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. Recently, the 2025 Revised MPEP and the 2025 Examination Guidelines on Invention, Utility Model and Industrial Design relating to Artificial Intelligence are made 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 Officer-in-Charge of the Bureau of Patents, Maria Cristina P. De Guzman (cristina.deguzman@ipophl.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 BOP 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.

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.

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 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) Training, skills and experience of personnel
(x) the search and examination processes carried out on each application;
(xi) data allowing individual work to be tracked and traced; and
(xii) search process documentation as set out in Section 8 (page 27) of this document.

All documents are kept and maintained electronically in the IPAS by the MIS, the Human Resource Development Division (HRDD), the BOP RMU and QMSU.

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.

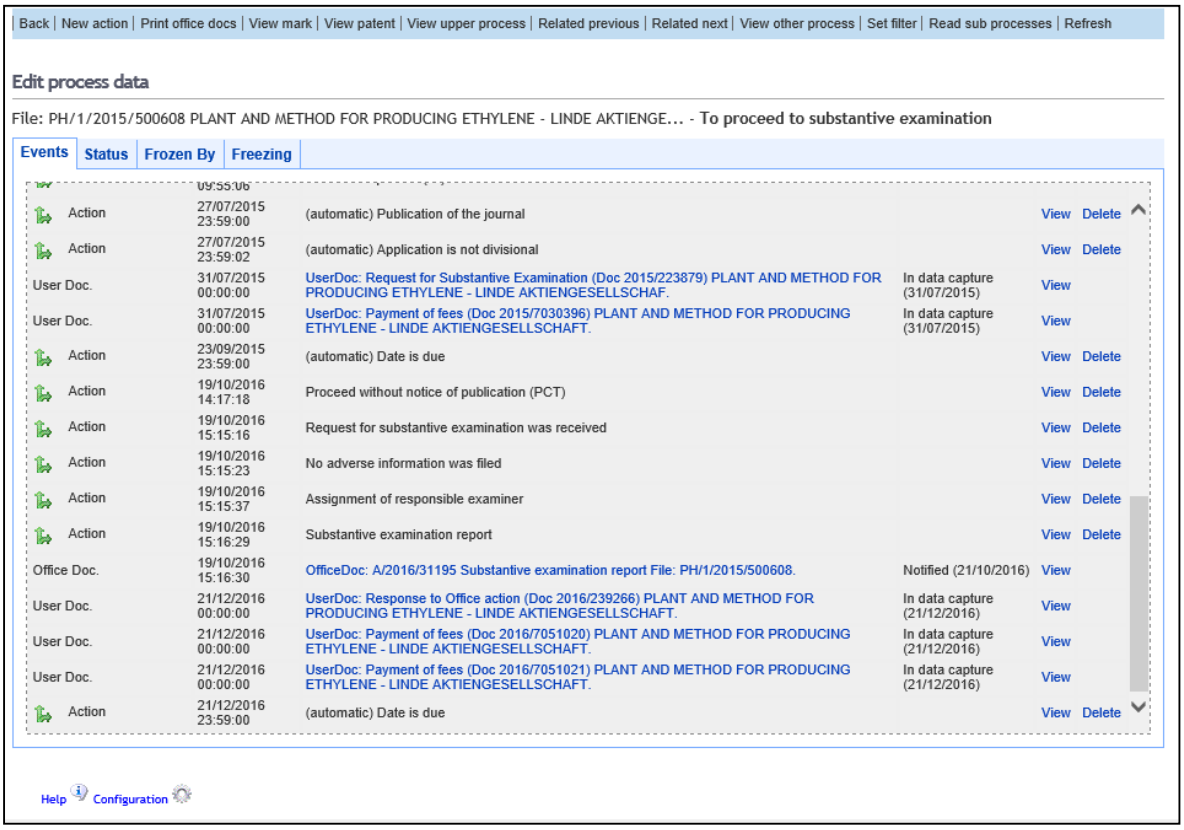
The IPAS contains the standard templates for all work products including search and examination reports.

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

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.

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]