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ORGANIZATION

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Patent Cooperation Treaty (PCT)

Common Quality Framework for International Search and Preliminary Examination

REPORT ON QUALITY MANAGEMENT SYSTEMS

prepared by the Saudi Authority for Intellectual Property

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.

Since 2023, the Saudi Authority for Intellectual Property (SAIP) has been an International Searching and Preliminary Examining Authority. It began to operate as such and to produce international reports on December 15, 2024.

Quality management system standard

SAIP applies the ISO 9001 standard, which, besides Chapter 21, is the primary reference for monitoring processes and ensuring consistent quality in products and services.

SAIP has also adopted a management framework using the ISO 31000 risk management guidelines to ensure decision-making based on risk and opportunity assessment. Through this precautionary approach, SAIP aims to ensure the system's effectiveness and sustainable performance. It also applies ISO 23326 to foster active employee engagement and empower staff

in the system through awareness-raising and by stimulating active participation in continuing improvement.

~~SAIP, Saudi Authority for Intellectual Property, is an integrated body for intellectual property at the kingdom of Saudi Arabia. It was established in 2018 and it is organizationally linked to the Prime Minister. It aims to regulate, support, develop, sponsor, protect, enforce and upgrade the fields of IP in the Kingdom in accordance with international best practices.~~

~~SAIP's vision is to become an integrated authority for intellectual property with global standing and an essential element for IP in the Middle East and North Africa by 2030. To ensure the organization is working toward this vision, SAIP has established its own QMS to ensure patent search and examination processes and services are performed in a high-quality manner.~~

SAIP's quality management system (QMS) is in full compliance with the requirements set forth in Chapter 21 of the PCT International Search and Preliminary Examination Guidelines (PCT Guidelines).

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) SAIP adopted an operational Quality Policy, which has been reviewed by the ~~Quality Committee~~ Executive Department for Quality and Institutional Excellence and approved by the Chief Executive Officer (CEO), wherein it represents the obligation of all SAIP staff to follow the highest quality standards in providing its services following the instructions in the Quality Policy. The Policy is considered the main reference to be adhered to by all staff.

It is based on the applicable ISO standards and those set forth in the King Abdulaziz Quality Award.

The SAIP Quality Policy is built on four main principles:

- High-quality services
- Continuous improvements
- Client satisfaction, towards services' quality and quick response time
- Transparency

(b) The following bodies are the divisions, committees, and officials of SAIP that are responsible for managing the QMS within the organization:

Chief Executive Officer (CEO):

The CEO is obligated to perform the following activities:

1- Approve the operational quality policy

2- Approve all development initiatives and recommendations

3- Approve all recommendations and suggestions mentioned in the annual quality report

4- Approve committees' forming and initiation

5- Endorse and oversee quality reports results and provide needed support

VP of IP Operations:

Supervises all initiatives and recommendations raised by the ~~Quality Committee and Operational Quality Division~~ Executive Department for Quality and Institutional Excellence that address concerns, areas of development, and opportunities related to policies and IP examinations processes and procedures.

~~**Executive Director of Operations Support:**~~

~~The Executive Director of Operations Support is obligated to:~~

~~1- Promote recommendations to the quality committee to improve policies and procedures related to IP examination requests, processes, and operation.~~

~~2- Set up operations quality KPIs and annual targets.~~

~~3- Review and approve the quality control and quality assurance plans and procedures in the Operation Quality Division.~~

~~4- Review all SAIP Quality Policy and examination Procedures and guidelines.~~

~~**Quality Committee:**~~

~~The Quality Committee was formed by an executive order from the CEO and chaired by the Organization excellence Executive Director to review, direct, supervise and manage the overall organization's quality performance, including examinations and covering the following activities:~~

~~1- Reviews and approves the annual quality plan.~~

~~2- Supervises the implementation of the approved recommendations related to quality.~~

~~3- Reviews the quality performance in the organization.~~

~~4- Analyzes the quality performance and sets up recommendations to improve all quality methodology and related activities.~~

~~5- Approves project initiatives associated with quality within the organization, as well as follows up on their implementation status.~~

~~6- Reviews, approve and monitors periodic quality published reports.~~

Director of the Institutional Excellence Department:

The Director of the Institutional Excellence Department is obligated to:

1. Review and approve the annual quality plan.
2. Supervise the implementation of the approved recommendations related to quality.
3. Review quality performance in the organization.
4. Analyze quality performance and make recommendations to improve all quality methodology and related activities.
5. Approve project initiatives associated with quality within the organization, as well as follow up on their implementation status.
6. Review, approve and monitor published periodic quality reports.
7. Review and approve the quality control and quality assurance plans and procedures in the IP Operations Quality Department.
8. Review and adopt all SAIP Quality Policy and examination procedures and guidelines.
9. Ensure that services comply with the applicable ISO standards and those set forth in the King Abdulaziz Quality Award.
10. Ensure that records, manuals and procedures are fully compliant with ISO 9001:2015 QMS standards.
11. Approve and oversee implementation of the Quality Strategy in line with ISO 9001:2015, including with regard to roles and responsibilities.

12. Develop, update and approve examination processes, procedures and guidelines, then issue them on SAIP's internal Process and Procedure Portal.

Head of ~~Operational Quality~~ IP Operations Quality:

The Head of ~~Operational Quality~~ IP Operations Quality:

1- Prepares quality control and quality assurance plans.

~~2- Identifies operational quality KPIs and annual targets in coordination with the Planning and Performance Management Division.~~

3- Reviews all SLAs within all operational departments.

4- Sets up and updates the quality policy (when needed).

5- Initiates corrective action recommendations based on frequent quality control and quality assurance reports.

6- Endorses the quality control and quality assurance forms within the operational departments.

7- Identifies the IP examination evaluation requests, quality assurance and annual targets.

~~8- Reviews development indicatives toward IP application operation policies and procedures.~~

Executive Director of Patents

The Executive Director of Patents is obligated to:

1- Keep abreast of latest patent examination practices and trends and identify improvement opportunities to SAIP practices to optimize operational efficiency.

2- Collect feedback related to patent examination challenges from ~~Operational Quality Division~~ IP Operations Quality Department and the Board of Appeals and discern lessons learned.

3- Supervise examination operations and provide support when needed ensuring alignment to pre-defined guidelines.

4- Oversee patent registration ensuring alignment to SAIP's internal policies and procedures.

Heads of Examination ~~Divisions~~ Centers:

The Heads of ~~division~~ center are obligated to:

1- Ensure meeting examination quality requirements, through the procedure of quality control evaluation, as per approved operational quality procedures.

2- Prepare examination policies and procedure improvement opportunities reports.

3- Coordinate with the ~~Operational Quality Division~~ IP Operations Quality Department to identify the particular needs of each examination department.

4- Develop and review forms and tools alongside the ~~Operational Quality Division~~ IP Operations Quality Department to ensure the applications examination process is conducted as per set requirements.

~~**Operational Quality Supervisors**~~

~~The Operation Quality Supervisors are obligated to conduct the following activities:~~

~~1- Follow up on operational quality assurance procedures' execution plans.~~

~~2- Prepare annual IP examination department's quality performance reports.~~

~~3- Monitor the execution of approved corrective action.~~

~~4- Review all corrective actions that have been prepared based on the results of quality control and assurance reports.~~

~~5- Review quality control and quality assurance forms, if any changes occur.~~

~~6- Collect all initiatives related to the improvement of policies and procedures for the examinations of intellectual property applications.~~

~~7- Collect the results of customer satisfaction analysis and discuss them with the relevant IP Examination Divisions.~~

IP Operations Quality Department

Staff of the IP Operations Quality Department are obligated to:

1. Follow up on operational quality assurance procedures' implementation plans.
2. Prepare annual IP examination departments' quality performance reports.
3. Monitor the execution of approved corrective action.
4. Review all corrective actions that have been prepared based on the results of quality control and assurance reports.
5. Review quality control and quality assurance forms, if any changes occur.
6. Collect all initiatives related to the improvement of policies and procedures for the examination of IP applications.
7. Collect the results of customer satisfaction analysis and discuss them with relevant IP examination centers in line with ISO 10002 on the handling of customer complaints.
8. Follow the ISO 9001:2015 QMS methodology for business application.
9. Use the standards set forth in the King Abdulaziz Quality Award to guide evaluation, improvement and development of the system.

Executive Director of Organizational Excellence

The Executive Director of Organizational Excellence is obligated to:

1- Develop and approve KPIs and annual targets for SAIP, including all examiners, Operational Quality and IP Services

2- Develop, update and approve examination processes, procedures and guidelines, then issue them on SAIP's internal Process and Procedure Portal

Operational Quality Officers

The Operational Quality Officers are responsible for:

1- Conducting meetings on quality ~~visits~~ to ensure the implementation of operational policies, processes, and procedures.

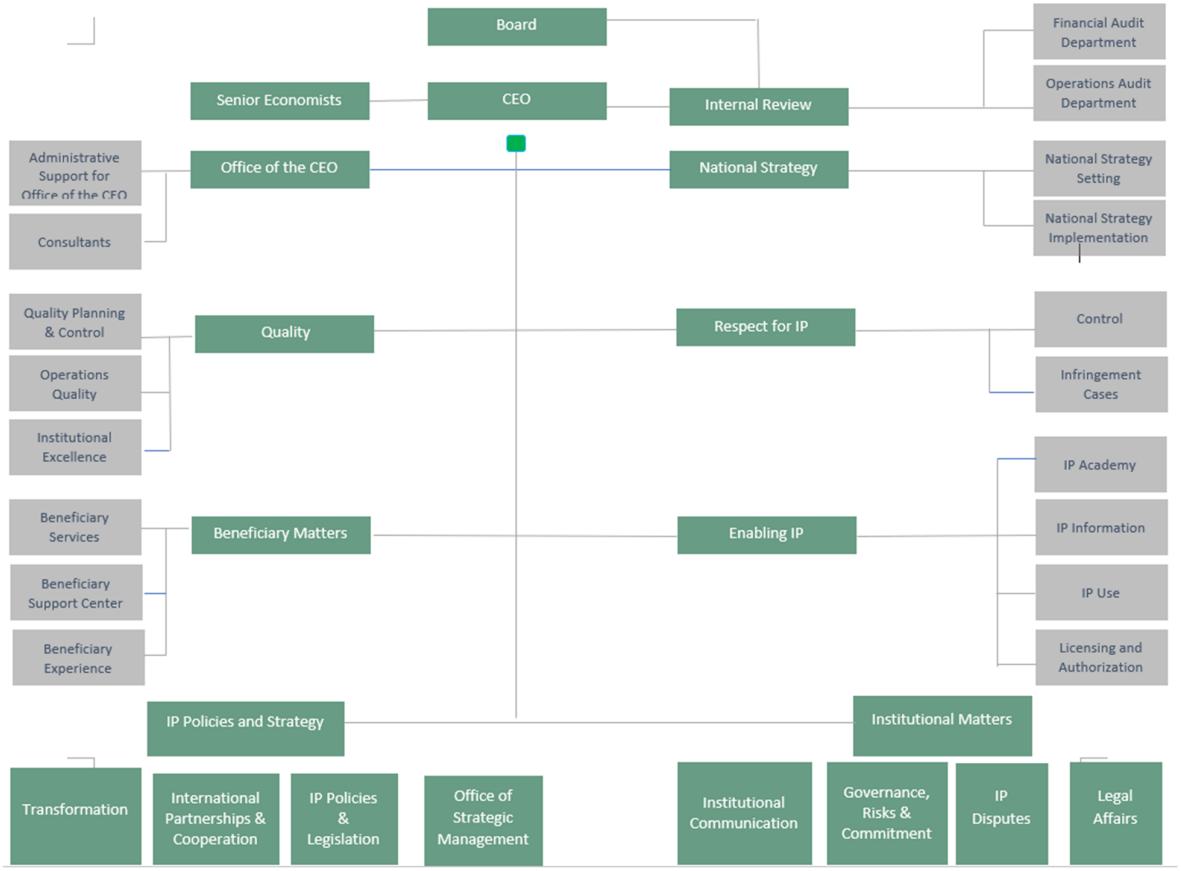
2- Developing quality visit findings reports including ~~KPIs~~ quality assurance indicators and adherence to SLAs, identifying improvement opportunities along with corrective and preventive actions.

3- Coordinating with the ~~Enterprise Excellence~~ IP Operations Quality Department to manage the quality of IP processes to develop and implement improvement action plans.

Executive Director of ~~Customer Centricity~~ Beneficiary Matters

The ~~Customer Customer Focus Management~~ Beneficiary Matters Department is responsible for collecting and analyzing data on ~~client~~ beneficiary satisfaction and complaints relating to all IP application procedures in line with ISO 10002 and the standards set forth in the King Abdulaziz Quality Award.

(c)



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	✓		

Chapter 21 requirement				Extent of compliance		
		(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 S&E complies with PCT Guidelines	✓		
		(c)	an objective and transparent way	✓		
		(d)	using input incl. information according to paragraph 21.24	✓		
		(e)	recording the results	✓		
21.10			Risk and opportunities are addressed that can affect the QMS and the conformity of search and examination	✓		
21.13			Arrangements for establishing risk-based practices to	✓		
	(i)	(a)	understand issues that affect its ability to achieve intended results of the QMS	✓		
		(b)	understand the needs and expectations of interested parties	✓		
	(ii)		identify risks and opportunities related to the performance of the QMS as a basis for planning	✓		
	(iii)		plan and implement actions to address risks and opportunities	✓		
	(iv)		check the effectiveness of the actions taken	✓		
	(v)		continuously update risks and opportunities.	✓		
21.15			Assurance to monitor and adapt to actual workload	✓		
	(i)		Infrastructure in place to ensure that a quantity of staff	✓	✓**	
		(a)	sufficient to deal with the inflow of work	✓		
		(b)	which maintains technical qualifications to S&E in all technical fields	✓		
		(c)	which maintains the language facilities to understand languages according to Rule 34	✓		
	(ii)		Infrastructure to provide a quantity of skilled administrative staff	✓		
		(a)	at a level to support the technically qualified staff	✓		
		(b)	for the documentation records	✓		
	(iii)		Ensuring appropriate equipment to carry out S&E	✓		
	(iv)		Ensuring documentation according to Rule 34	✓		

Chapter 21 requirement				Extent of compliance		
	(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	✓		
21.18		(a)	Contact person helping identify best practice between Authorities	✓*		
		(b)	Contact person fostering continual improvement	✓		
		(c)	Contact person providing for effective communication with other Authorities for feedback and evaluation	✓*		
21.20	(i)	(a)	Appropriate system for handling complaints	✓		
		(b)	Appropriate system for taking preventive/corrective actions	✓		
		(c)	Appropriate system for offering feedback to users	✓		
	(ii)	(a)	A procedure for monitoring user satisfaction & perception	✓		
		(b)	A procedure for ensuring their legitimate needs and expectations are met	✓		
	(iii)		Clear and concise guidance on the S&E process for the user	✓		
			Indication where and how the Authority makes its quality objectives publicly available	✓		

Chapter 21 requirement				Extent of compliance		
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)		the documented processes are carried out in the Authority	✓		
	(v)		Resources available to carry out processes and implementing the procedures	✓		
	(vi)		a description of the interaction between the processes and the procedures of the QMS.	✓		
21.25	(i)		Records which documents are kept and where they are kept	✓		
	(ii)		Records of results of management review	✓		
	(iii)		Records about training, skills and experience of staff	✓		
	(iv)		Evidence of conformity of processes	✓		
	(v)		Results of reviews of requirements relating to products	✓		
	(vi)		Records of the S&E process carried out on each application	✓		
	(vii)		Record of data allowing individual work to be tracked	✓		
	(viii)		Record of QMS audits	✓		
	(ix)		Records on actions taken re. non-conforming products	✓		
	(x)		Records on actions taken re. corrective actions	✓		
	(xi)		Records on actions taken re. preventive actions	✓		
	(xii)		Records referring to search process documentation	✓		
21.26	(i)		Recording of the databases consulted during search	✓		
	(ii)		Recording of keywords, combination of words and truncations during search	✓	✓**	
	(iii)		Recording of the languages used during search	✓	✓**	

Chapter 21 requirement				Extent of compliance		
	(iv)		Recording of classes and combinations thereof consulted during search	✓	~~✓~~**	
	(v)		Recording of a listing of all search statements used in databases consulted	✓	~~✓~~**	
	(vi)		Records about other information relevant to the search	✓	~~✓~~**	
	(vii)		Records about limitation of search and its justification	✓	~~✓~~**	
	(viii)		Records about lack of clarity of the claims	✓	~~✓~~**	
	(ix)		Records about lack of unity	✓	~~✓~~**	
21.27			Reports 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	✓		

~~* This requirement is met within the framework of SAIP's domestic procedure. If it is appointed as an ISA/IPEA, the office will extend this practice to include the international procedure as well.~~
~~** Full compliance is expected within 18 months.~~

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) To ensure the effectiveness of its QMS, SAIP has developed an ~~systematic~~ approach that includes all the applicable ISO standards, together known as the Integrated Management System, and the standards set forth in the King Abdulaziz Quality Award. The approach consists of two parts: (1) Quality Control (QC), which is performed at the examination level (covering formality and substantive examinations), and (2) Quality Assurance (QA), which is performed at the operational quality level. Assessment, improvement and development are ongoing.

QC is done during both formality and substantive examinations, by the Examination Department, and by examining the applications as per the examination checklist in the internal Process and Procedure Portal in accordance with SAIP's Quality Policy, examination and QC procedures.

The Examination ~~Division~~ Department has a multi-layer process that evaluates the results of the QC reports to approve them or return them to examiners with comments or corrective actions as per the examinations' procedures and authority matrix.

QA is done by the ~~Operational Quality Division which is an independent Division from the examiners~~ IP Operations Quality Department, which is independent of the operations sector; the QA process starts by collecting random samples from previous applications and checking the quality of performed examinations against the examination checklist and patent examination procedures. As the quality control processes are carried out by the ~~Division~~ Examination Operations Centers and quality assurance processes are carried out by the ~~Operational Quality Division~~ IP Operations Quality Department; the latter issues quarterly reports and provides them to the Executive Department.

An annual quality report is generated by the 1st quarter of the year, which includes the following:

1. Overall operational performance
2. Overview on the QC/QA results
3. Operational quality challenges
4. Corrective actions
5. Review of quality assurance and quality control reports, highlight discrepancies and identify areas for improvement
6. ~~Feedback from users and client satisfaction~~ Updates on the work of the Executive Department for Quality and Institutional Excellence
7. Integration of human resources and skills in the examination departments

All year round, corrective actions are implemented ~~by the Operational Quality Division~~ under the supervision of the IP Operations Quality Department, in conjunction with relevant departments and in line with the SAIP Quality Policy, which provides for its obligation to continuously improve its quality, and with the applicable ISO standards and those of the King Abdulaziz Quality Award.

(b) These reports are reviewed by the SAIP Executive Director for ~~Operations Support~~ Quality and Institutional Excellence along with the ~~Quality Committee~~ IP Operations Quality Department, as stated in the roles and responsibility section in 21.04(b), where recommendations and corrective actions are endorsed by the IP Operations VP and approved by the CEO. The ~~Quality Committee~~ IP Operations Quality Department monitors corrective actions and ensures that they are implemented in line with overall quality performance as stipulated in ISO 9001:2015 on QSM standards.~~, which are responsible for managing corrective actions and ensuring their implementation alongside the overall quality control of the quality of the Organization.~~

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)&(b)

SAIP senior management believes in streamlining the creation of a quality cultural value by embedding excellence in all operations, including examinations and services fulfillment, as quality is everyone's job. As a result, SAIP operational performance will improve. Management measures how well the QMS is being applied against the King Abdulaziz Quality Award model, which serves as a pilot national framework for assessing institutional excellence, by comparing system practices with Award standards and using approaches to assess performance gaps and identify priorities for improvement, allowing it to become a leading IP Office in the Middle East and North Africa (MENA) region.

SAIP's highest priority is to ensure that all staff are adhering to all treaties and associated regulatory requirements by following the internal PCT international search and examination handbook. In addition to that, increasing the quality awareness among all staff and the importance of adherence in all daily operations is important.

As a result, frequent workshops are conducted periodically, covering the below topics:

- Awareness sessions on all treaties SAIP is part of, including PCT, its regulations, and requirements
- Awareness sessions on quality basic foundations and implementation

Subsequent awareness sessions, periodic informative communications are sent to all SAIP staff through internal emails.

~~Moreover, to order to promote QMS to SAIP staff, and ensure adequate implementation is carried over, SAIP adopted an initiative in Q1 2021, summarized in launching a quality contest, where~~

~~every month quality questions are sent to all examiners, and a winner is chosen each month. The winner gets awarded with a recognition letter from the VP of IP Operations, supported by a dedicated announcement internally.~~ Management strives for continuous improvement based on ISO 56002, on innovation management systems, by devising innovative solutions to raise service quality and improve beneficiary experience.

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 ~~Operational Quality Division of the Department of Operations Support will~~ IP Operations Quality Department, which comes under the Executive Department for Quality and Institutional Excellence, publishes frequent reports to be reviewed, endorsed and approved as per SAIP's authority matrix. These reports illustrate the following:

- ~~Operational performance~~ Results in terms of quality over the period along with TAT.

- Quality ~~performance~~ of examinations and procedures, along with conformity and non-conformity statistics.

- Quality findings and recommendations / corrective actions to be carried out.

These reports address the ~~examination department's current personnel capabilities and the additional workforce resources needed to maintain the quality of the provided services and associated delivery timeline.~~ quality of examiners' decisions and opportunities for improvement.

(b) SAIP top management established ~~the Quality Committee chaired by the Executive Director of Organizational Excellence (who oversees all quality activities across SAIP, including Operational Quality) and co-chaired by the Executive Director of Operations Support, with the responsibilities mentioned in clause 21.04 section (b).~~ the Executive Department for Quality and Institutional Excellence, which is headed by an Executive Director and oversees all SAIP quality-related activities, including the IP Operations Quality Department. The Executive Department reports directly to the CEO of SAIP in an effort to boost quality and assumes the responsibilities set forth in section 21.04 (b).

(c) The quality objectives are communicated to SAIP staff through the quality awareness session as mentioned in clause 21.07. As mentioned in clause 21.06, SAIP top management is keen to ensure adequate implementation of quality standards across the Authority. That means implementation of all the applicable ISO standards and the King Abdulaziz Quality Award standards at the Authority level. Hence, ~~the Organizational Excellence Department (OE) is introducing a new KPI dedicated to Quality in 2022, for each individual within SAIP.~~ the QMS is set by the Executive Department for Quality and Institutional Excellence in line with the applicable ISO standards and those set forth in the King Abdulaziz Quality Award, which includes a key quality indicator.

As for the examination and services quality objectives, those are communicated to staff through the procedures for conducting each service and type of examination which are registered on the internal processes and procedures Portal, which SAIP staff can access.

21.09 Indicate whether top management or delegated officers of the Authority perform an internal review of the QMS in accordance with paragraphs 21.22-21.25:

(a) at least once per year (cf. paragraph 21.22);

(b) in accordance with the minimum scope of such reviews as set out in Section 8, namely:

to determine the extent to which the QMS is based on Chapter 21 (cf. paragraphs 21.22, 21.24(i));

to determine the extent to which Search and Examination work complies with PCT Guidelines (cf. paragraphs 21.22, 21.24(i));

(c) in an objective and transparent way (cf. paragraph 21.22);

(d) using input including information according to paragraphs 21.24 (ii)-(vi);

(e) recording the results (cf. paragraph 21.25).

(a)-(e)
The annual quality report, which addresses operational quality performance, examinations statistics, challenges, and recommended steps for improvement ~~corrective actions~~, is submitted to the CEO and is reviewed and monitored closely by the top management. ~~The CEO oversees QMS performance. The VP of IP Operations ensures~~ The Executive Director for Quality and Institutional Excellence oversees the implementation of QMS corrective actions and ongoing improvements.

All submitted recommendations, whether approved or not, are recorded and archived, along with their resolutions, in a designated database (Next Cloud) within SAIP's system.

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

SAIP assesses the potential risks that might occur and affect the quality of search, examination, and operational quality, as well as opportunities. All risks are registered in the risk registry that contains the following:

- Type of risk
- Risk measurement
- Corrective action recommendations
- Opportunities along with responsible officials

Such activity is reviewed and promoted by top management of SAIP. In addition, the risk registry is updated annually and monitored frequently.

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).

(i) & (ii)

- Risk management practices at SAIP are based on risk management guidelines of ISO 31000, which involve context development, risk identification, risk analysis, risk evaluation, and risk treatment.
- By following the guidelines of ISO 31000, activities of communication, consulting, monitoring, and review are continuously carried out across SAIP to ensure the highest standards of risk management practices are followed and applied.
- In the first stage of the risk management process, the Governance, Risk and Compliance (GRC) team seeks internal and external context which includes stakeholders' objectives and expectations, along with other resources such as role charter and business process.
- Furthermore, the GRC team provides support for each department to assess them in identifying risks using a unified approach across SAIP. At this identification stage, each risk owner is required to describe risks including the root causes and their impact.
- SAIP recognizes the risks related to the examination, including, examination quality, workload, pending applications, examiners' availability, examiners' skills, search system capabilities, etc. SAIP has already taken preventive actions to such risks such as the QA system explained in 21.17, the mechanism explained in 21.16, the new hiring plan mentioned in 21.15 (i), the staff training plans mentioned in 21.15 (vi), and the new search system mentioned in 21.26.
- The risk management framework at SAIP is based on a united approach, where each department is responsible for managing its own risks. In parallel, all risks are centrally tracked in a single risk registry managed by the GRC team.

- Joint efforts are made between respective departments and the GRC team, including separate brainstorming sessions between the two, in order to cover all potential risks that may be identified at any given time.
- The GRC team then holds workshops to assure proper identification of all expectations and requirements of each department.
- Finally, all results are updated in SAIP's risk registry. Additionally, the GRC team conducts continuous awareness campaigns to ensure all parties and stakeholders have the necessary knowledge and understanding of risk management.

(iii), (iv) & (v)

- The GRC team sets certain measures to ensure risk mitigation plans for each department. These plans include preventive, corrective, and detective controls to ensure risk root causes are managed efficiently. Then these plans are reviewed by each department head in collaboration with the GRC team. Once reviewed and aligned with each department head, they revert back to the GRC team to log them as execution plans for each department.
- Every quarter, the GRC team issues a periodic risk report for each department that contains the execution plan and adherence progress. At the same time also, the team issues a progress report to the top management about the SAIP risk registry and action plan.
- To ensure an effective action plan and continuous improvement process is set in place, the GRC team conducts workshops with each department to review their reports and set certain guidelines based on the ISO 31000 to overcome their risks and obstacles. This will allow SAIP to embed this risk mitigation process and agile in capturing any new risks & opportunities - upstream and downstream - within the organization. Also, this will create a seamless flow of communication and consultations, along with monitoring and review stages successfully across all steps.
- Moreover, the GRC team has an open communication channel throughout the year for any update or new risks that might arise.

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) SAIP currently has 87 employees who can conduct search and examination activities working full-time at several organizational levels. SAIP will have 13 additional employees by the end of Q3 2022 bringing the total number of full-time employees capable of doing S&E work to 100. These examiners have the required educational and technological qualifications to conduct examinations in their area of expertise in Chemistry, Mechanical, Instruments, Electrical, and Agricultural. The minimum educational qualification level among SAIP examiners is a Bachelor's degree; several examiners also hold Master's and Ph.D. degrees.~~

Following the appointment of SAIP as an International Searching and Preliminary Examining Authority, and in accordance with the established plan, the recruitment and training of examiners has been completed and SAIP currently has 112 staff members able to carry out search and examination activities, with full-time employees working at several organizational levels. These examiners have the necessary scientific and technical qualifications to carry out examination work in their respective fields and all SAIP examiners have at least a Bachelor's degree; 57 per cent have higher degrees (a Master's or PhD). On average, SAIP examiners have nine years' experience. Examiners are assigned to specialized technical centers in line with their professional specialization, with a view to deepening specific expertise and enhancing specialist efficiency.

Which of the five technical centers they are assigned to depends on the specific technical field of each center. Examiners' functional grade reflects the number of years of experience they have.

English language proficiency is a mandatory and essential requirement in SAIP's hiring criteria, as one of the job interview requirements is to assess the candidate's English proficiency level (as they must have the knowledge and capability to conduct search and examination in English). Most examiners can conduct searches and examinations in Arabic as well. SAIP continually encourages examiners to enhance their English proficiency levels by offering English courses to all employees.

As for other languages and translation, SAIP uses WIPO translations and Google translate tools for translating into languages other than English.

(ii) Many of SAIP's administrative staff are former examiners that have been transferred from patent departments. They have full technical and educational knowledge of search and examination processes and procedures, as well as PCT, which means they can support examiners if any changes in the workload occur.
SAIP has proactive measures to maintain workload, which are mentioned in 21.15(vii).

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.

(i) SAIP has the appropriate hardware and software facilities that enable its staff to perform search and examination processes. SAIP prepares for each examiner the appropriate hardware tools to perform their tasks in a highly efficient manner. Each examiner has dual-screens and high-speed processor computers, as well as a fast internet connection to access all internal and external databases and search platforms.

SAIP has its own in-house system where examiners input all records of preform search and examination on IP applications, documentation, references, keywords used, database used to conduct searches, and comments on the applications.
This system is accessible for all examination staff, and it uses IPC to classify conducted examinations.

Furthermore, SAIP has access to several IP databases which enable examiners to conduct searches on domestic and foreign patent documents in several databases.
One of the main advantages is to enable examiners to share their knowledge and expertise in conducting searches with their colleagues. In case of any audit conducted, the Operation Quality Officer can also access all the records as they are kept and automatically updated in the used databases.

~~Moreover, SAIP is working on upgrading the current system to be a fully automated system that automatically maintains and updates all records of performed search and examination applications, documentation, references, keywords used, database used to conduct searches, and comments on previous applications. The purpose of the upgraded system is to enhance the S&E process, records management and application workflow follow up from management.~~

(ii) A new, fully automated system has been introduced, whereby all previous observations are removed. It is a highly efficient tool that helps examiners to conduct searches and examinations efficiently and to keep all data secure.

(iii) SAIP has full access to the minimum documentation requirement for patent searches. In addition to the internal database, SAIP has a full subscription to Derwent (SequenceBase, Search with simplicity, and Innovation) and SciFinder (A CAS

Solution) which allow all examiners to access millions of patent documents. ~~SAIP has also signed a partnership agreement with EPO that includes access to the EPOQUENET database.~~ Furthermore, examiners utilize PATENTSCOPE, Google patent, and USPTO free databases to conduct patent documents searches.

As for non-patent search and access to documentation, SAIP uses the SDL (Saudi Digital Library) and Derwent ~~EPOQUENET~~ databases, and open source.

To carry out a patent search on chemicals and reactions, examiners are given special access to the Derwent, SciFinder (A CAS Solution), and SequenceBase databases, allowing examiners to access millions of related documents.

(iv) One of the main elements of SAIP's internal Quality Policy is that it requires its staff to perform all activities with high quality and as per the processes and procedures for each certain action or activity.

SAIP has its internal Processes and Procedures Portal, where all staff can access and refer to it when they want to perform any search and examination activity (all staff are required to follow it to perform any activity). This Portal includes all the laws, regulations, guidelines and handbooks regarding search and examination.

The Organizational Excellence Department always ensures that all processes and procedures in the portal are well documented and kept up to date. Once an update or revision occurs for any procedures, the Organization Excellence Executive Department will ensure that updated procedures are uploaded in the portal, and inform and train staff if needed.

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.

(vi)

~~SAIP has developed various training programs, that fall under 2 major classes.~~

~~The first program caters for newly hired examiners. It is a special intensive training program lasting up to 10 months. This training program is designed to ensures that all examiners understand search and examination standards and procedures to perform patent examinations properly. This program starts with 10 weeks in class sessions on the following:~~

~~1- Introduction to IP – IP History, National IP Strategy, SAIP organization, Impact of IP~~
~~2- Legal framework of IP – National laws, Law/Regulation/Guidelines of Patent.~~
~~3- Patent procedures – Examination processes and procedures workflow, Quality policy.~~
~~4- Patent application – SAIP forms, Requirements for filing, Description, Claims~~
~~5- Theories and Practices on Patentability – Eligible subject matter, Industrial applicability, Sufficient disclosure, Claim scope, Novelty, Inventive step, Unity of invention.~~
~~6- Prior art Search – Internal and external databases, International classification, Search technique.~~

7- Examination - Drafting S&E Reports, Assessment of patentability criteria, Answers, and amendments from applicant.
8- International Cooperation on Examination - International Treaties and agreements, PCT procedures, CSP.
9- Appeal and litigation – Enforcement of IP, Committee procedures, Court decisions.

Once new joiners finish the orientation, an 8 months training will be conducted through as on-job training, where it covers several technical competencies and knowledge SAIP examiners must master. Finally, after going through these two programs, they will be able to perform search and examination activities.

The second program aims to develop and enhance examiners' knowledge and technical capability. This training program strives to ensure continuous development of examiners' technical skills and capabilities in search and examination. Furthermore, the program is linked to the SAIP promotion system, where examiners must complete a minimum requirement of training hours. The program is conducted by holding a seminar with an external specialist, taking a field trip to a company, research center…etc., as well as online technology training courses.

Furthermore, SAIP has signed a partnership agreement that includes knowledge transfer with IPOS and KIPO to train SAIP staff through workshops sessions, which will enrich SAIP examiners' knowledge and diversify their technical experience.

In addition, SAIP has signed an Examiners capability building agreement with EPO, this training program is a special designed training program by EPO to SAIP examiners focusing on enhancing SAIP Examiners knowledge, technical capabilities and competencies, most importantly this program includes how to use EPOQUE net.

Finally, SAIP carries out periodic QMS awareness sessions and one-on-one meetings with examination staff, to ensure they understand the organization's QMS.

To manage all these training programs, SAIP has created a training plan for each program, which will be followed up on, upon execution.

SAIP is firmly committed to developing the capacity of its staff and to ensuring that they have the requisite skills and technical knowledge to carry out international searches and examinations, in accordance with PCT standards and the relevant guidelines. This commitment reflects SAIP's desire to enhance the efficiency of its technical staff, boost performance and improve its patent services.

In that spirit, it has established a specialized technical training and development unit for examiners, which plays a central role in boosting their qualifications and developing their technical and professional skills. The unit performs a number of key tasks, notably:

It determines annual training needs through related questionnaires designed to identify examiners' knowledge and skill gaps. It also analyzes annual performance assessment results to identify training priorities and link them to actual performance outputs. Observations from quality management and related oversight reports are taken into account to ensure that training programs are geared towards improving technical aspects of performance and enhancing the quality of searches and examinations.

The unit also prepares an annual training card for each examiner, which sets out training and refresher programs to be attended, whether internal or external, in accordance with professional and behavioral requirements.

It conducts specialized training programs, the aim of which is to develop examiners' technical competencies and depth of knowledge, along two main tracks:

1. External programs and international engagements

SAIP makes it possible for examiners to participate in international conferences and to enroll in foreign programs and specialized postgraduate studies, so as to enhance their technical

knowledge in multiple fields such as mechanics, pharmacology, artificial intelligence (AI) and other related disciplines. The idea is to help examiners acquire up-to-date scientific and technical knowledge and to keep abreast of global developments in innovation and technology.

2. Internal technical programs and advanced workshops

Specialized internal workshops are held to develop technical skills relating to searches and examinations. They are run by top SAIP experts, and in cooperation with international partners and experts from leading patent offices such as those in Japan, Europe and the Republic of Korea. The aim of this track is to strengthen examiners' practical technical capabilities, share experiences and standardize work mechanisms in line with international best practices, thereby helping to bridge knowledge gaps and achieve a high degree of professionalism.

Examiner training methodology

SAIP takes a comprehensive approach to training, beginning with foundational programs for new examiners and followed by ongoing development to ensure that they stay abreast of technical developments and constantly improve performance.

New examiner program

A 12-week introductory program involving specific theoretical and practical modules on searches and technical examinations is held to qualify new examiners and enable them to perform their functions efficiently from the outset.

Continuing development programs

Include:

1. Advanced training on global databases such as:
2. Derwent Innovation, SciFinder, STN etc.
3. Specialized workshops on analyzing technical documentation and assessing novelty and inventive step.
4. AI programs to support the automation of examination processes.
5. Availability of a digital library platform offering training materials and global research resources.
6. Participation in international conferences and courses to enhance technical knowledge and share experiences.

Training program on the work of International Searching and Preliminary Examining Authorities

When SAIP was appointed as an International Searching and Preliminary Examining Authority in July 2023, a two-stage integrated training program was launched:

Phase I:

Training by WIPO experts and experts from the Republic of Korea, including:

1. Prior art search skills
2. Assessment of novelty and inventive step under the PCT System
3. Practical application to examination procedures and the issuance of reports
4. ePCT training

Examiners are divided into groups to ensure focused and effective training.

Phase II:

A five-day specialized program held in partnership with Clarivate to foster examiners' technical abilities in conducting international examinations.

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.

(v) The Heads of Examination ~~Divisions~~ Department set up applications forecasts, and targets based on examiners' productivity and availability to manage resources, workload, and performance as per SAIP quality standards, and report such information to top management. To monitor these targets, SAIP uses its EIP internal system to manage and supervise examiners' actual productivity and workload against targets. The EIP system issues performance reports on a monthly and quarterly basis.

Resources are evaluated based on these reports and stated actual performance, in case of needed additional resources to manage workload, and all necessary actions are taken based on the recommendation from generated reports to top management so as not to compromise quality standards of search and examination.

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) SAIP established a service level agreement (SLA) for each process and procedure to manage application requests. These SLAs are connected to the search and examination system where it allows Divisions' heads to monitor and control the examiners' performance in each request. Division heads can also access and monitor the number of pending requests, compliance with SLA of each request, as well as the chain of approval and time consumed in each activity. The system issues notifications for new applications received to examiners and application deadlines.

Furthermore, the search and examination system has a dashboard that shows performance oversight of compliance with request deadlines, examination Divisions' productivity & performance, number of processed applications, and number of pending applications. This dashboard is accessible to all examination heads and SAIP executives.

(ii) The system shows each examiner's productivity rate and time consumed to process each request, including number of applications handled and pending on the examiner's request pipeline. Through this system, Divisions' heads can manage the fluctuation in demand manually based on each examiner workload and performance. As per the workload of each examiner, applications can be transferred from one examiner to another via electronic re-assignment through the system.

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.

SAIP has established quality assurance measures to manage and ensure search and examination reports are performed in high quality standards and in a timely manner. These measures are applied as well in the PCT and international applications.

(i) As part of SAIP's Internal Quality Policy, examination and QC procedures, S&E staff follow a self-assessment process through a chain of quality control layers. Both formality and substantive examiners have their own examination checklists that are strictly followed by examiners and reviewed by supervisors or Division heads to ensure that all applications have been processed in a highly efficient way and as per SAIP quality standards. Quality control is carried out before returning an application to the client and/or accepting an application.

(ii) As part of SAIP's QMS, after the Examination ~~Division~~ Department conducts quality control, the ~~Operational Quality Division~~ IP Operations Quality Department conducts quality assurance, whereby data is collected automatically through the system. Upon that, reports are generated and reviewed by the ~~Operational Quality Division~~ IP Operations Quality Department. Based on the generated reports, the Head of the ~~Operational Quality Division~~ IP Operations Quality Department identifies challenges and sets corrective action items – when needed. Also, it is worth noting that throughout the system, the Heads of the Examination Divisions can manage the S&E work and trigger any deficient work and act accordingly. The system allows for continuous improvements by utilizing feedback channels between staff and their supervisors/heads to ensure a seamless and efficient process.

(iii) The periodic reviews of the results and the common issues work well to eliminate the causes and avoid recurrence. This is accomplished via ongoing workshops with examiners to facilitate alignment and allow for an effective and continuously improved process.

6. COMMUNICATION

Inter-Authority communication:

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

(Note: These points are 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.

SAIP has assigned a designated point of contact who also represents the organization with other authorities. Details are provided below:

Name: Mr. Mohammed Althrowi

Position: Supervisor of the PCT Department at SAIP

Email: pct@saip.gov.sa

Phone: 00966566888388

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 website, guidance literature.

Indicate where and how the Authority makes its quality objectives publicly available for the users.

(i) SAIP has a Customer Centricity Department that focuses on the customer journey to ensure customer satisfaction and enhance customer experience. SAIP has an appropriate ticketing system for handling complaints and customer inquiries. Complaints are received and processed in line with ISO 10002 on the handling of customer complaints to ensure fairness, responsiveness and transparency, and do the utmost to meet beneficiaries' expectations. The system receives requests from ~~customers~~ beneficiaries through multiple channels and automatically reflects them in the form of support tickets that can be tracked and transferred to the responsible department to be resolved. SAIP receives tickets/complaints through a call center, the website, social media, and its HQ. Tickets are handled by front-line support and processed and resolved within agreed and approved Service Level Agreements (SLAs) and Operational Level Agreements (OLAs).

(ii) SAIP's Customer Centricity Department measures the performance and monitors customer satisfaction and takes required preventive and corrective actions. The department follows best practices in terms of measuring customer satisfaction and getting customer feedback. The department frequently runs customer surveys via multiple channels, including phone calls and online forms, with a structured methodology for questions asked to get solid information, which are then analyzed in-depth afterward. In addition, they conduct focus groups using a systematic approach in terms of questions asked, attributes to measure, led by experienced focused group facilitators. Moreover, the department applies the mystery shopping method for multiple services, including the call center, in-person services, and the overall customer journey. An independent mystery shopper experiences the actual journey of the customers to capture the legitimate needs and expectations of customers. The results of these tools and techniques are all analyzed in-depth, by experts in data analysis in the department, to eventually come up with recommendations to enhance the customer experience. In 2021 (up to Q3), the department launched 11 surveys along with 22 focus groups and workshops that resulted in +80 recommendations to enhance the overall customer experience. They also have an internal dashboard that shows SAIP's performance in terms of customer experience and satisfaction to monitor the ongoing recommendations progress and set priorities.

(iii) SAIP publishes informative materials about its quality objectives on its website and social media accounts. SAIP's Corporate Communications Department ensures that messages are delivered to customers in a simplified and detailed manner, using

infographics and videos, and preparing services directories. SAIP also conducts several workshops within the year, on multiple topics, including PCT, to enhance users' awareness of its S&E process. SAIP has an IP academy that targets users, to support them in understanding and increasing their knowledge about IPs in general, as well as the patents granting process.

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

SAIP has assigned a designated point of contact to address and promote all feedback and to represent the organization with WIPO and elected offices. Details are provided below:

Name: Mr. Mohammed Althrowi

Position: Head of the PCT Department at SAIP

Email: PCT@saip.gov.sa

Phone: 00966112805976

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: These points are 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.

SAIP's Internal Quality Policy, processes and procedures are the main reference for staff and management to conduct any activity including classification search, examination, and related administrative work. All staff are obligated to follow these documents' instructions and guidelines to maintain high work quality.

Internal Quality Policy:

The Quality Policy illustrates SAIP's legal obligation to perform all its service operations in a high-quality manner.

Examination processes and procedures:

The processes and procedures are a list of documents, which is the main reference for all SAIP examiners to execute all related search and examination activities, where SAIP Quality Policy demands and obligates all SAIP staff to follow and perform their duties as per the processes and procedures.

(a) The Internal Quality Policy, processes and procedures documents are distributed and explained to all staff. It is stored and kept up to date in its internal portal, which is accessible to all employees. Once an update or changes are amended to these references, all staff are in turn notified.

(b) The Internal Quality Policy is published through internal emails and during awareness sessions. As for the examination processes, procedures, and guidelines, they are published in SAIP's internal publication via emails and SAIP's processes and procedures portal.

(c) SAIP takes all documents control measurements for all its Quality Policies, Processes, and Procedures. The ~~Organization Excellence Department~~ Executive Department for Quality and Institutional Excellence keeps all these documents up to date in the internal processes and procedures portal. In case any changes or updates arise, the ~~Organizational Excellence Department~~ Executive Department for Quality and Institutional Excellence will update the document version and take documents control measurements and assure they are available in the portal.

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.

(i)

SAIP's commitment towards QMS is stated in its Internal Quality Policy. The Quality Policy summarizes SAIP and its employees' commitment to following the highest quality standards in all IP operations and all services.

(ii)

The Internal Quality Policy clearly illustrates the scope of the QMS and shows the details of roles and responsibilities in reference to clause 21.04 (b).

(iii)

The organizational structure is available for all staff along with the role charter for each department and each position; the organization structure is also available on SAIP's public website.

(iv), (v), & (vi)

All processes and procedures to carry out any activity are registered in SAIP's processes and procedures internal portal; each procedure's authority matrix is documented within the

process. All examiners have access to the portal and are encouraged to constantly review the processes and procedures.

Management also applies the principles of ISO 30401 on knowledge management systems to ensure the building and transfer of institutional knowledge and ongoing documentation and updating of processes and procedures in line with global best practices.

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

(i) a definition of which documents are kept and where they are kept;

(ii) results of management review;

(iii) training, skills and experience of personnel;

(iv) evidence of conformity of processes, resulting products and services in terms of quality standards;

(v) results of reviews of requirements relating to products;

(vi) the search and examination processes carried out on each application;

(vii) data allowing individual work to be tracked and traced;

(viii) records of QMS audits;

(ix) actions taken re. non-conforming products, e.g., examples of corrections;

(x) actions taken re. corrective action;

(xi) actions taken re. preventative action; and

(xii) search process documentation as set out in Section 7.

(i)

SAIP has a Documentation and Archiving Division that is responsible for developing documentation, in addition to archiving all documentation including SAIP Quality Policy, Examination procedures and guidelines using a unique coding based on documents' type.

(ii)

SAIP always maintains and documents Management reviews and resolutions, as per its archiving coding for record safekeeping.

(iii)

Training records, skills, and the experiences of employees are stored in SAIP's database and continuously updated within the HR department database.

(iv)

In reference to clauses 21.04 & 21.17, SAIP's QA and QC reports are raised to SAIP's top management, where they continuously review report findings to ensure conformity of quality standards for all IP application along with the results.

(v)

The review results are stored in SAIP's Next Cloud.

(vi)

Examiners register each process during conducting search and examination processes in the application form, where all records of conducted search will be stored in the application form.

(vii)

Each process during the search and examination is recorded in the workflow sheet in the system.

(viii), (ix), (x), & (xi)

The result of QMS along with non-conformity and corrective actions, as well as preventive actions are addressed in the quarterly reports which are reviewed by SAIP's top management, as mentioned in clause 21.09, where all related documents and reports are well maintained and archived in SAIP's Next Cloud.

(xii)

The conducted search documentation is stored manually in each application and recorded.

8. SEARCH PROCESS DOCUMENTATION

21.26 For internal purposes the Authority should document its search process.

The Authority should indicate

(a) which of the following are included in this record:

(i) the databases consulted (patent and non-patent literature);

(ii) the keywords, combinations of words and truncations used;

(iii) the language(s) in which the search was carried out;

(iv) the classes and class combinations searched, at least according to the IPC or equivalent;

(v) a listing of all search statements used in the databases consulted.

(b) which other information relevant to the search itself is included in this record e.g., a statement of the subject of search; details of special relevance to internet searching; a record of documents viewed; on-line thesaurus, synonym or concept databases, etc.

(Explanatory note: The IA is requested to list other information it may collect to monitor and improve the search process)

(c) which special cases are documented and whether records are kept denoting any:

(vi) limitation of search and its justification

(vii) lack of clarity of the claims; and

(viii) lack of unity.

(a)-(c)

Each application's records are maintained with each application having a reference number, submitting and filling dates, search databases used, keywords, and language used to conduct searches, where each search is classified as per IPC classification.

These data are manually plugged in by examiners in each application where examiners are required to fill this information. To ensure that this information is well recorded by examiners, the ~~Division~~ Department head checks each application to make sure the examiners filled these requirements as part of the application approval process.

Whenever an examiner faces a limitation on search, justifications are mentioned, documented and recorded in the application, including if there is any lack of clarity of the claims and lack of unity.

Furthermore, as SAIP's QA process mentioned in clause 21.06, the Quality Division checks conformity of records availability in sampled applications while conducting QA checks.

SAIP is also upgrading the current system to maintain all mentioned required records automatically in all applications, to improve SAIP's database, and to improve search and examination quality.

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.

SAIP will conduct regular audits as described in preceding paragraphs: 21.04, 21.06, 21.08, 21.16 and 21.17.

10. ARRANGEMENTS FOR AUTHORITIES TO REPORT TO THE MIA

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

This is the first ~~initial~~ annual report.

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