



Quality & Impartiality Management Policy

A Preamble

1 Introduction and purpose of the policy

This document establishes the policies and procedures related to quality and impartiality management within the IOAS.

2 Scope

The policy provides a quality statement, quality objectives and the means by which quality is developed and maintained within the IOAS. It does not describe the requirements and procedures for internal audit which are detailed in [PL0106](#) nor does it describe the procedures to ensure that the quality policy is understood and implemented by all personnel which form [PR0101](#).

3 Definitions

Reference is made to the IOAS General Operating Manual for definitions.

4 Distribution

This document is distributed to the Board and Accreditation Committee annually or available in the IOAS web site 'client area'. Staff are informed of changes as soon as they have been finalized. Interested parties may obtain a copy on request.

5 Authority and revision

This policy is approved by the IOAS Board of Directors. It is the responsibility of the Executive Director and the IOAS board to review the appropriateness of the policy from time to time. It may be revised when the need arises. Its effectiveness in meeting the quality policy of the IOAS will be assessed during Internal Review and any measures for improvement notified to the Executive Director and the Board.

B Quality Statement

The IOAS is committed to provide an effective assessment and accreditation service of high quality that complies with relevant international norms, is of high integrity and provided at the lowest possible cost to certification bodies active in sectors relevant to the IOAS mission.

1. The IOAS offers voluntary accreditation to certification bodies worldwide.
2. It is the only sector specific, international, accreditation body operating in this field.
3. This specificity, global scope and the expertise so developed, means that the IOAS enjoys a high reputation within the trade and regulatory sectors.
4. IOAS is committed to:

- **Worldwide equivalency** - ensuring that the accredited certification bodies enforce equivalent standards and operate according to the same scheme criteria wherever they may be in the world.
- **Compliance with international norms** – maintaining compliance as verified by peer review or other third parties with the current version of ISO/IEC 17011: Conformity assessment –Requirements for accreditation bodies accrediting conformity assessment bodies
- **Close cooperation and satisfactory service to scheme owners** – working closely with scheme owners to ensure scheme owners objectives are met and providing feedback to assist in continuous improvement
- **Rigor and empathy**- implementing its accreditation services to the highest quality standard possible, taking into consideration the size of the applicant, its resources and the intricacies of organic certification programme accreditation.
- **Integrity at reasonable cost** - providing a quality service of high integrity at the lowest possible cost to certification bodies.

5. To achieve this, IOAS assesses itself against the following parameters:

- Competence
- Independence
- Objectivity
- Responsibility
- Continuous improvement

6. The IOAS has developed a quality system of documented policies, procedures, criteria and other related documents to assure and demonstrate that it adheres to the objectives listed above.

7. To ensure that these objectives are met is the responsibility of the Executive Director(s).

8. The mechanism for carrying out this responsibility is the annual internal audit and management review (PL0106) and the management and staff performance reviews (PL0302)

C Quality Objectives

1. The IOAS sets itself the following objectives which are developed as measurable factors at C7 below:

Competence

- The corporation has adequate human and financial resources.
- The Board of Directors, committee members and management have been selected from the most distinguished in relevant sectors to ensure professional competence and expertise.
- Standards and criteria are comprehensive.



- A quality system is in place and all personnel understand its requirements and their responsibilities.

Independence

- The corporation is so structured to enable it to operate without undue influence from vested interests.
- The Board of Directors and respective committees within the corporation are constituted to ensure a well-balanced representation of the different sectors within the industry without any one sector being dominant.

Transparency

- The quality system operated by the IOAS is fully documented.
- Standards and criteria for accreditation, as well as organisational structures, financial sources, policies & procedures, etc. are publicly available to interested parties upon request.

Objectivity

- The services of the corporation are provided impartially.
- Review and evaluation activities are based on an objective assessment of relevant factors, following a comprehensive protocol.
- Application is open to all certification bodies engaged in organic, sustainable and related sector certification without regard for membership or any other extraneous factors.
- The corporation maintains a record system that is able to demonstrate the way in which each accreditation policy and criteria are applied.
- The corporation has procedures for the consideration of appeals.

Responsibility

- The corporation assumes full responsibility for any activities or tasks related to the accreditation system which are subcontracted or in any other way are carried out by another body, agency or individual.

Continuous improvement

- The corporation recognizes a dynamic development in the sectors in which it works, the field of accreditation and the regulatory environment in which its clients operate, and strives for continuous quality improvement through periodic review and on-going self assessment.

C Quality Management & Quality Team

1. The realisation and maintenance of these quality objectives is achieved through ensuring an understanding of IOAS quality objectives amongst all personnel, encouraging a quality culture throughout the organisation and by designation of senior personnel as responsible for the quality function.



2. A Quality Manager is appointed by the Executive Director and the duties of that person are described in a job description (PL0315). Other personnel may support the Quality Manager in performing these tasks.

3. The IOAS Board may also designate quality responsibilities to a member of the Board of Directors including participation in the internal audit.

4. The Quality Manager reports through the Executive Director to the Board of Directors

5. The Quality Manager shall ensure that the quality system has been effectively understood and implemented at all levels of the system. It shall do so by checking that all policies and procedures have been followed by staff; contracted personnel; committees and the Board of Directors. It shall also check training requirements have been met and that the training has provided to personnel the necessary understanding of the quality system.

6. The Quality Manager shall ensure that the procedures for ensuring that the quality policy is understood, maintained and implemented at all levels (PR0101) have been followed.

7. It is the function of the Quality Manager and Executive Director to ensure that the internal audit and all personnel reviews are carried out in a planned and systematic manner and according to the policies and procedures for these tasks. To assure that the objectives stated above are met, the Quality Manager and Executive Director shall, through the mechanisms described in PL 0106, specifically check whether:

I) Competence

- Any deficiencies are caused by insufficient human or financial resource and if so recommend appropriate remedies (record number of noncompliances at internal audit that are attributable to insufficient resources)
- The criteria for appointment of all personnel have been followed in appointments (verify most recent appointment)
- Training has occurred according to stated policies (verify induction and assessor competence process)
- Deficiencies noted by the personnel reviews have been appropriately dealt with (record number of unresolved deficiencies at following performance review)
- The procedures on distribution of documents have been followed (record number of noncompliances at internal audit)
- The accreditation process and complaints and appeals have been dealt with in a timely manner (record average time between notification of complaint/appeal and its resolution)

II) Independence

- The conflict of interest declarations are on file and that the exclusions specified in conflict of interest policies have occurred accordingly (record number of noncompliances at internal audit)
- The Board and Accreditation Committee compositional criteria have been met. (record number of noncompliances at internal audit)

III) Transparency

- The quality system has been maintained and that all policies and procedures are fully documented (record number of noncompliances at internal audit)
- Forms are up to date (record number of noncompliances at internal audit)
- The document register is up to date and that access is defined for all documents. (record number of noncompliances at internal audit)
- The annual report has provided sufficient and accurate information to the public. (verify that annual report has been published and contains information required by international norms)

IV) Objectivity

- The assessment and decisions on accreditation have been based on the relevant requirements and been applied in an impartial and consistent manner (record number of noncompliances at internal audit)
- The records of assessment and decisions are up to date and complete and that any conditions of accreditation have been monitored effectively and the monitoring recorded in a transparent manner. (record number of noncompliances at internal audit)

V) Responsibility

- The contracts with contracted parties are up to date and that all appropriate measures have been included (record number of noncompliances at internal audit)

VI) Continuous improvement

- The internal audit, quality system review and the personnel reviews have been carried out in the time and manner specified in policies. (record number of noncompliances at internal audit)
- Accurate reports, reflecting any deficiencies found and with recommendations for corrective actions, are brought before the Board of Directors. (verify agenda and minutes of Board meetings)
- The Executive Director has taken those measures within their power to correct deficiencies noted in personnel reviews (record number of unresolved deficiencies at following performance review)
- The appropriateness and efficiency of policies and procedures are assessed periodically (verify coverage of management review)
- All corrective actions resulting from the internal audits and personnel reviews are carried out in an effective and timely manner. The Quality Manager shall report on such corrective actions to the subsequent Board meetings (record delays in resolution of noncompliances and verify Board minutes)
- All corrective actions resulting from appeals, complaints and disputes have been effectively implemented (record number of noncompliances at internal audit)
- The comments contained in the evaluation feedback forms are considered and acted upon as appropriate (verify that feedback forms are placed before the Board and that any actions are taken)



8. It is the policy of the IOAS that the internal audit covers all procedures, the above measures notwithstanding.