



# Modernisation of the IPR System

**Gap analysis**  
**Recommendations**



**Project Component Number: C3**

**Activity Cluster:**

**Key Activity Code:**

**Title: Gap analysis, Recommendations**

**Beneficiary/ies: MANAGEMENT AND STAFF ROSPATENT**

**Subject(s): QUALITY MANAGEMENT**

**Proposed Location(s): Russia**

**Timing: July - August 2014**

# SUMMARY

This document proposes a gap analysis and number of recommendations to consider for modernisation (improvement) of Quality Management in relation to the ROSPATENT.



# 1. INTRODUCTION

The gap analysis and recommendations presented in this document have been prepared as a result of the Fact Finding Mission which took place in July 2014.

# 2. GAP ANALYSIS

Having regarded the findings from the Questionnaire on Quality Management ROSPATENT, the strengths, weaknesses, opportunities and threats in the office have been evaluated as follows:

## Strengths

- High number of trade mark and design applications

Year	2010	2011	2012	2013
TM applications	56848	59717	61923	64928

Year	2010	2011	2012	2013
Design applications	3997	4197	4640	4994

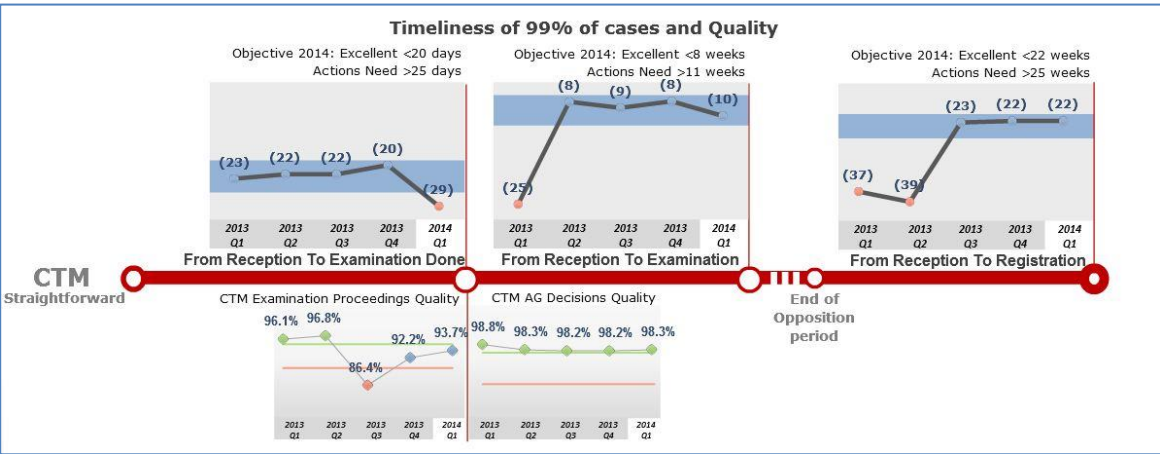
- Large number of examiners:
  - 86 examiners for trademark examination
  - 43 examiners for design examination
- Annual and long-term action plans aimed at examination quality improvement, optimization of the technology for processing of applications and use of new IT developments
- Formal Quality controls in place – internal and external
- Quarterly monitoring of quantitative indicators
- Monitoring of Quality of state services provided:
  - Level of satisfaction with timeliness for provision of state services
  - Level of satisfaction with working hours in ROSPATENT
  - Level of satisfaction with communication with staff members
  - Level of satisfaction with quality and accessibility of provision of state services
  - Level of satisfaction with the costs related to provision of state service.

- Indicators available to the public:
  - Number of applications/registrations
  - Number of complaints

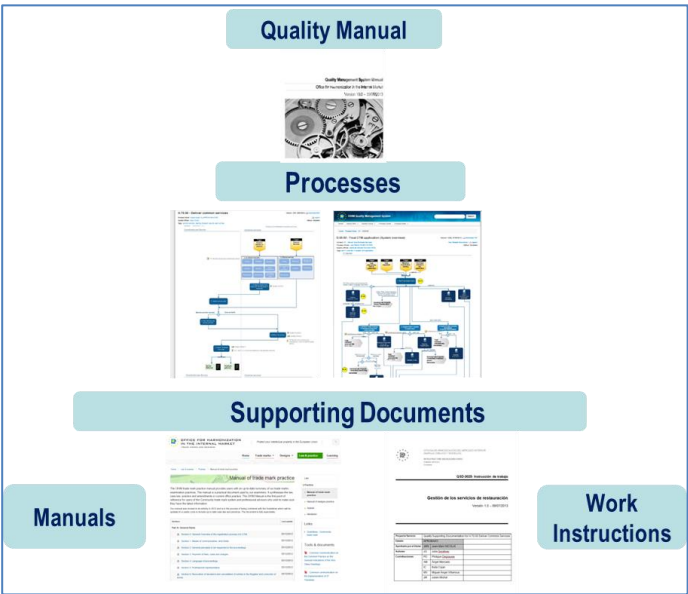
### Opportunities

- Establishment of Quality objectives (e.g. Time from Reception to Examination)

Relevant data are measured internally and eventually published online (<https://oami.europa.eu/ohimportal/en/quality>)

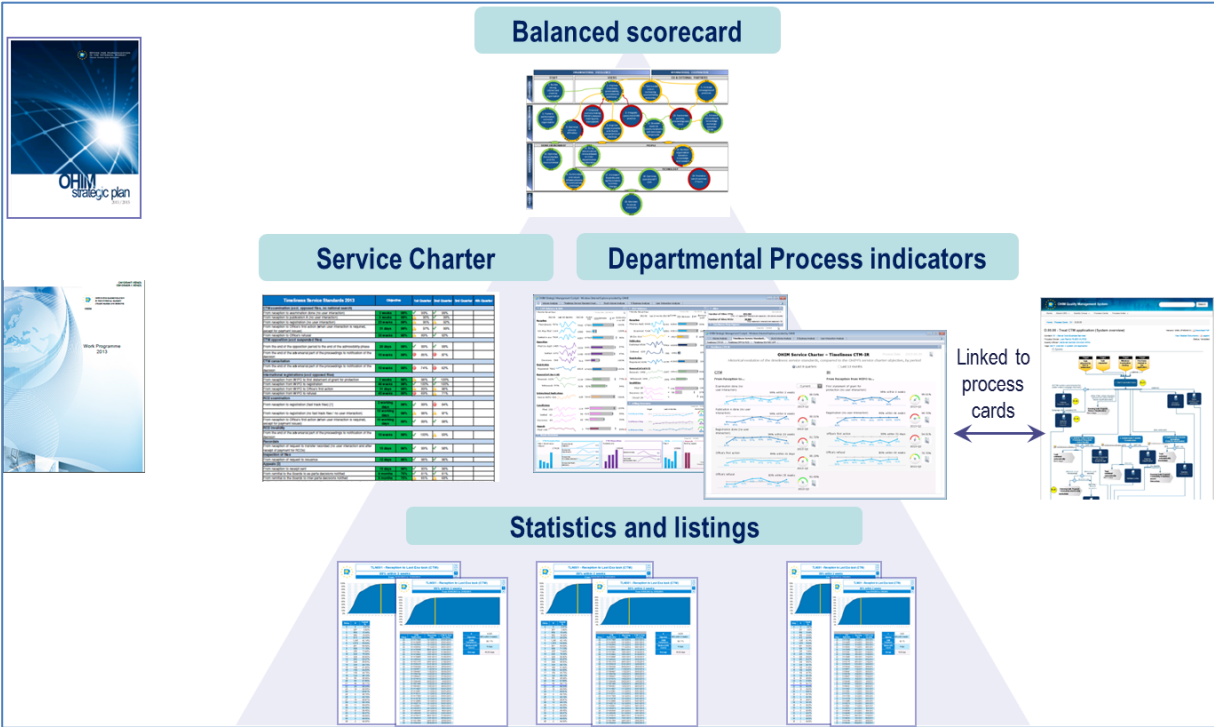


- Process mapping and restructuring of process documentation: having the Quality Manual as basic document explaining the structure of the system, the documentation can be restructured using a hierarchy.



- Performance management (KPIs and statistics)

As for the process documentation structure, also performance may follow a hierarchy for reporting:



- Improve customer feedback tools:
  - customer satisfaction surveys
  - customer group meetings
  - complaints process
- Formal corporate risk management
- ISO 9001 or any other standard for management system can be used as international best practice reference. Certification is optional.



**Quality Management System (ISO 9001)**

Our commitment to continually improve our practices across the office, ensuring that working methods are thoroughly documented and analysed via a strong management commitment to quality.



**Information Security Management System (ISO 27001)**

Our assurance that we follow best practice in information security, so our users can have total confidence in our systems.



**Occupational Health and Safety (OHSAS 18001)**

Our control over health and safety risks, that help us foster an efficient and rewarding work environment.

**Eco-Management and Audit Scheme (EMAS)**

Our pledge to reduce our impact on the environment. This includes the activities we carry out and those done by contractors. Every year, we produce a report setting out whether we met our objectives, as well as any future plans to improve our environmental performance.



**Universal Accessibility (UNE 170001)**

Our commitment to make OHIM accessible to everyone, no matter their age or disability. For example, this relates to access to elevators, corridor widths, stairs and better signposting, information channels and much more.



**Complaints Handling (ISO 10002)**

Our endeavor to handle complaints efficiently and offer comprehensive analysis and reporting, so that we can continually improve the system.



### 3. RECOMMENDATIONS

Following the results from Questionnaire on Quality Management and other findings from the mission in the Office, there are several recommendations for building a strong and effective Quality Management Systems.

**Recommendation 1**  
To develop a Quality Manual

The initial Quality Manual will set out the Quality Policy and objectives of the organization and it is also a reference for all stakeholders who want to understand the fundamental principles of Quality Management System. Use language easy to understand. Define specific and key words that need to be defined.

More information on Quality Management System you can find in the [Quality Manual](#).

**Recommendation 2**  
To establish a Quality Policy

The initial Quality Policy will set out the organisation's intentions to improve its quality management in the future. Review and agree the Quality Policy with the management team. Publish the Quality Policy. Communicate about the Quality Policy. It should reassure customers, inspire the staff and challenge the management team to drive forward the performance of the Office. Follow-up to ensure that the Quality Policy is understood and those management actions are aligned to it.



The fundamental principles of the Quality Policy are contained in the [Quality Manual](#).

**The OHIM Quality Policy**

The main role and mission of OHIM is the fast, efficient and reliable delivery of Intellectual Property rights, while taking into consideration the need to promote further harmonization and convergence of practices within the European Union and with external partners, and to increase quality, predictability, consistency, timeliness and accessibility to the trade mark and design system.

In order to fulfil its role, OHIM's efforts are focused through a Strategic Plan that states the Goals of the Office, sets Lines of Action and identifies Key Initiatives to be followed in order to achieve the Strategic Goals.

While all the Key Initiatives of the Strategic Plan have as their ultimate objective to enhance the quality delivered by the Office to all its stakeholders, in particular the initiatives related to Line of Action 5: "Improvement and Broadening of Quality (Holistic Quality)" focus more closely on improving specific aspects of the user's experience when interacting with OHIM.

OHIM is committed to complying with the ISO 9001 requirements and to continually improve the effectiveness of its Management Systems.

In terms of quality and improvement, OHIM will especially focus its attention on the following quality objectives:

- **Optimising process efficiency**
- **Empowering users by making OHIM's decision making processes transparent**
- **Aligning first instance practices with Boards of Appeal and European Court practices**
- **Integrate users into OHIM practices**



































**Recommendation 3**  
To establish Quality  
Objectives

The Quality Objectives will be defined to assess the implementation of the Quality Policy. This involves identifying the set of objectives, reviewing the current performance levels, and establishing appropriate target levels of performance. Review and agree the Quality Objectives with the management team. Communicate about the Quality Objectives. Follow-up to ensure that they are understood, monitored, reported and responded to with management action

Some examples of quality objectives can be found in our Balanced Scorecard 2014:

## 2. Improve timeliness, predictability, consistency and additional dimensions of quality as perceived by users

Code	Indicator Name	Area	Unit	Milestone Q2	Q1	Q2
2.1.1	CTM timeliness from reception to registration (no user interaction)	OD	weeks	22	 22	 23
2.1.2	CTM OPPO decision timeliness	OD	weeks	10	 24	 21
2.1.3	CTM Cancellation decision timeliness	OD	weeks	10	 11	 12
2.1.4	AG refusal decision timeliness from re-examine AG objection (after first AG objection has been notified) to notification of the AG refusal decision	OD	weeks	10	 16.57	 25
2.1.5	IR TM registration timeliness from reception from WIPO to registration	OD	weeks	46	 45	 44
2.1.6	RCD Examination timeliness fast track files	OD	working days	2	 4	 1
2.1.7	RCD Invalidity decision timeliness (excluding Appeals)	OD	weeks	10	 7.12	 8.9
2.1.8	Ex-parte Appeal decision timeliness for 100% of cases	BOA	months	16	 8.6	 9.3
2.1.9	Inter-partes Appeal decision timeliness for 100% of cases	BOA	months	16	 14.5	 13.3
2.1.10	RCD Examination timeliness from reception to registration (no fast track / no user interaction files)	OD	working days	10	 19	 10
2.1.11	Ex-parte Appeal decision timeliness for 75% of cases	BOA	months	8	 6.4	 4.03
2.1.12	Inter-partes Appeal decision timeliness for 75% of cases	BOA	months	8	 6.7	 5.6
2.1.13	Appeal reception timeliness	BOA	days	10	 13	 8.5
2.1.14	CTM & RCD Records timeliness (excluding user interaction)	OSD	days	10	 15	 13
2.1.15	IR TM Registration Examination timeliness	OD	days	20	 20	 21



**Recommendation 4**

To establish a Service Charter

The Service Charter will set out the organisation's commitments to its customers. This includes specifying the services provided, the performance levels that the organisation is committed to providing, the current performance levels provided (if these are known, otherwise the date by which they will be reported in the Service Charter), and the customer service channels available to customers to make complaints, request information, enquire about the progress of applications, etc.

Review and agree the Service Charter with the management team. It should reassure customers, encourage the staff and challenge the management team to improve service delivery performance, improve customer service and raise customer satisfaction.



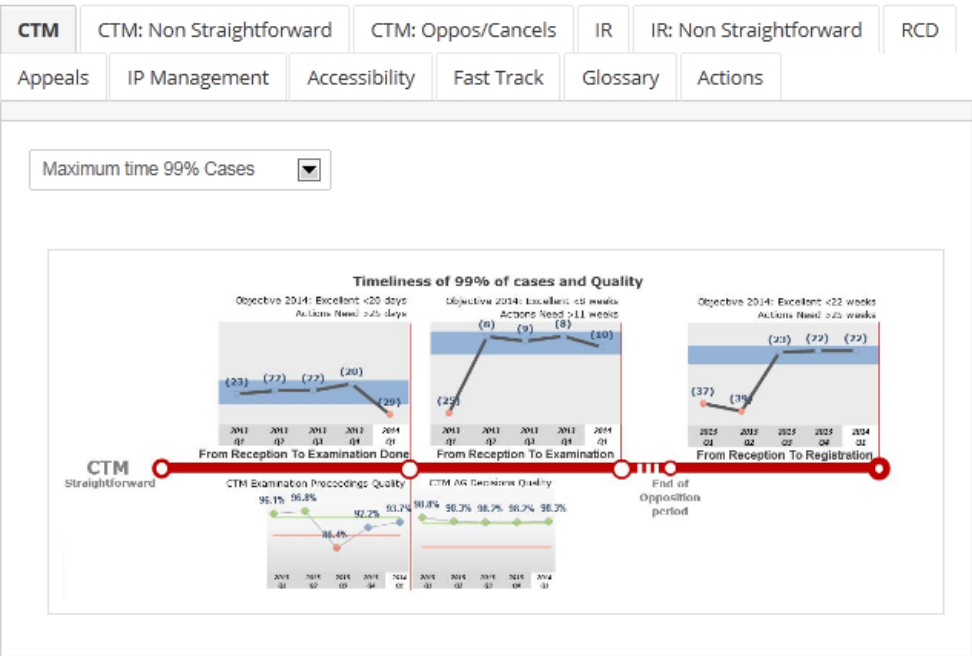
## OHIM Service Charter

OHIM's Service Charter defines what users of our services can expect from us. It sets measurable standards in three areas

- **Timeliness:** the time it takes to deliver such services as registration, opposition, cancellation or appeals
- **Accessibility:** how quickly and how well we make services available to users via phone and email, and the availability of our e-business services. We have also set up a dedicated User Contact Service to handle user queries, incidents, suggestions and complaints
- **Quality of decisions:** how the quality of our decisions measures up against agreed quality criteria

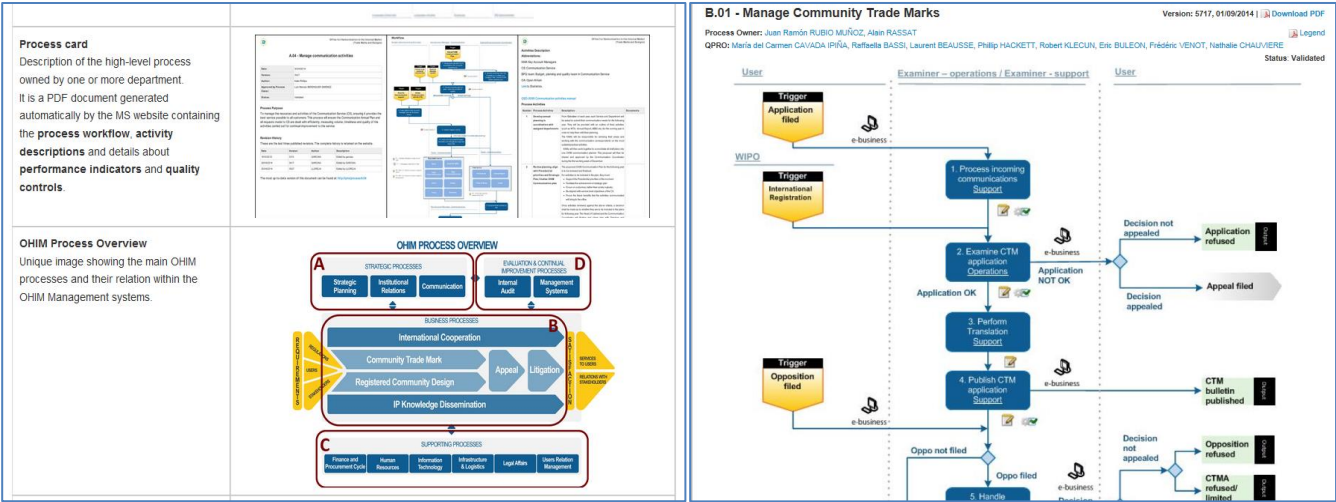
The Service Charter measures our performance against the standards on a quarterly basis. We revise our standards annually to reflect feedback from users.

In the Service Charter, the performance of the Office against each individual standard is represented by a colour. Red means that actions need to be implemented to get the performance back on track; blue means that we comply with the expected performance level; and green means that the performance is achieving our excellence level.





Process mapping at OHIM:



**Recommendation 6**  
Review KPIs and link  
indicators/quality controls to  
processes to monitor efficiency  
and quality

Performance indicators are used to manage the process. There should be at least one indicator that is concerned with process effectiveness. Achievement against goals is monitored through them and communicated to Users. This then leads to a fresh User input, thus creating a cycle in which the Office continually improves in the direction that its Users demand.

Some examples of the performance indicators register linked to processes:



Home / Performance Indicators

Search

Search

Type

0  
quality  
time  
volume

Process

A.00.01  
A.00.02  
A.00.03  
A.00.04  
A.00.05  
A.01

Work Instruction

QSD-0002  
QSD-0003  
QSD-0004  
QSD-0005

reset

1090 performance indicators available.

Displaying 4 results

Process Code	Work Instruction	ID	Performance Indicator / Measurement	Performance Type	Reported to	M b)
A.01		P1	Strategy Implementation rate (OHIM Tubes)	time	Strategy Implementation Team	Strategy Implementation Team
A.01		P2	Balanced Scorecard	volume	QMSERVICE/Departments	QMSERVICE/Departments
A.01		P3	Service Charter	time	QMSERVICE/OD/OSD/BITA	QMSERVICE/OD/OSD/BITA
A.01		P4	Work Programme overview	time	QMSERVICE	QMSERVICE

excel

Excel

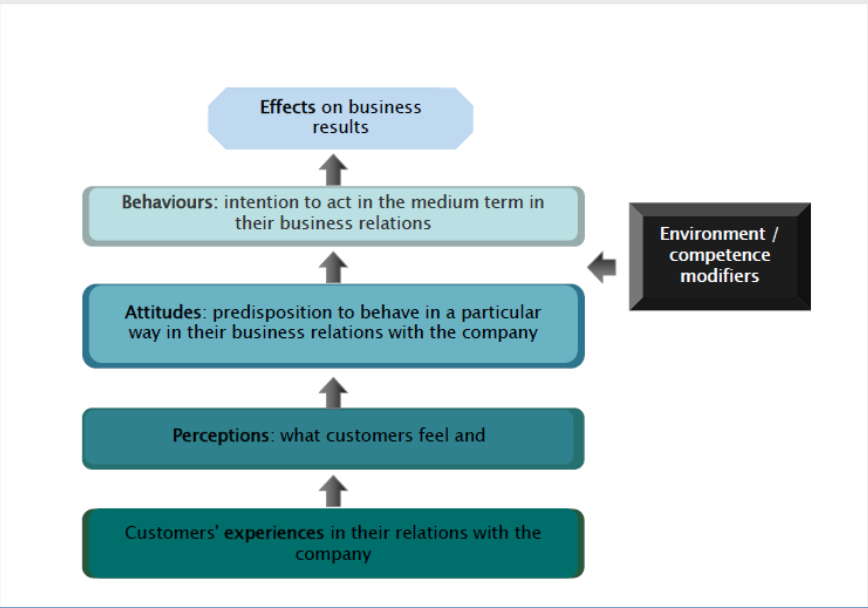
**Recommendation 7**  
To initiate customer satisfaction  
surveys/customer group  
meetings

The organisation will carry out a customer satisfaction survey, with the intention of repeating the survey on a regular basis. The survey should provide for communication in advance to customers, analysis of results, a considered management response including actions to make improvements in performance, and communication of the outcome to customers.

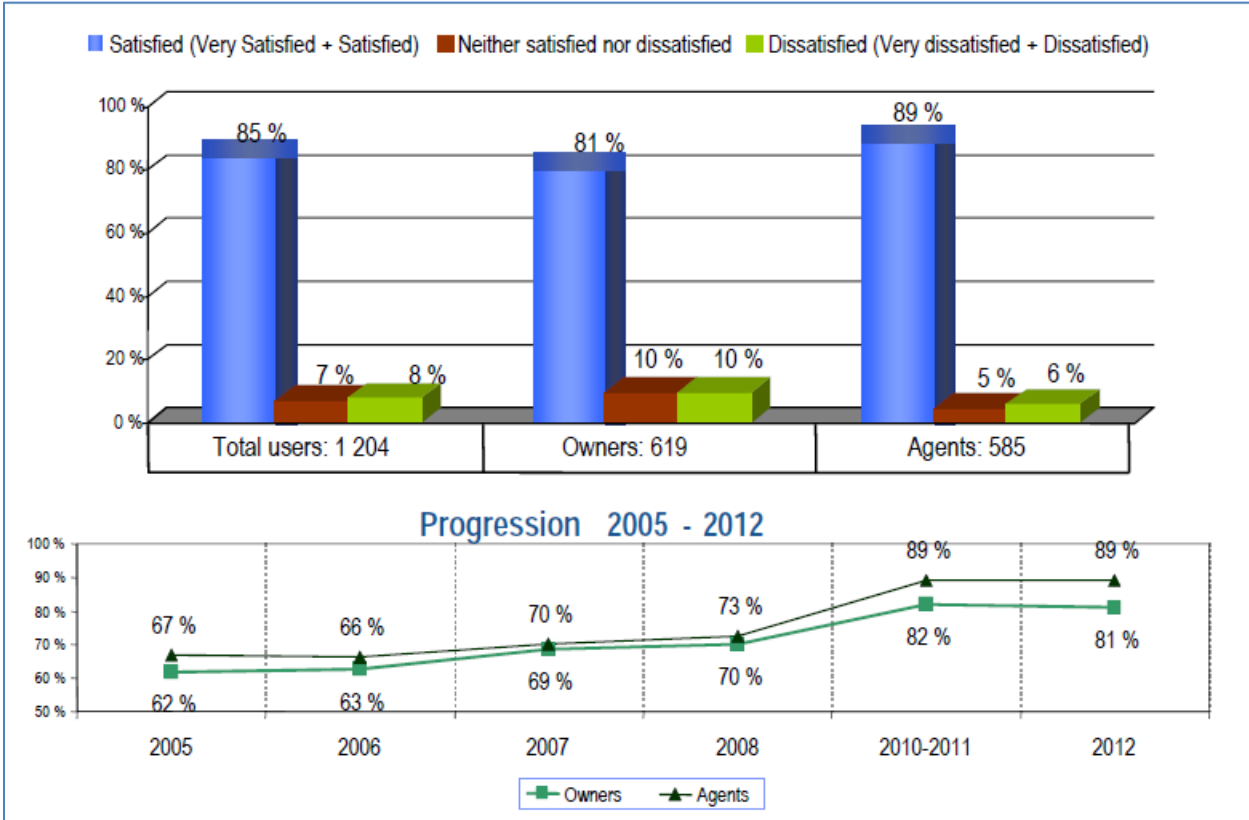
For better illustration, you can find the example of User satisfaction survey published in the OHIM website:  
[https://oami.europa.eu/tunnel-web/secure/webdav/guest/document\\_library/contentPdfs/about\\_ohim/quality/uss\\_executive\\_summary\\_2012\\_en.pdf](https://oami.europa.eu/tunnel-web/secure/webdav/guest/document_library/contentPdfs/about_ohim/quality/uss_executive_summary_2012_en.pdf)

## Methodology

The methodology applied make it possible to ascertain the level of user satisfaction and the priority action areas, as well as users' degree of commitment to the OHIM.







#### 4. OTHER SUGGESTIONS

There are many other ways how to bolster a Quality Management System:

- Publish quality objectives and main indicators on the website.
- Build a separate intranet where to publish Quality Management System (QMS) documentation to be accessible to all staff.
- Include QMS in staff training programs.
- Establish a Corporate Risk Management.

#### 5. ANNEXES

- B.01 - Manage Community Trade Marks process
- Draft of “Examine CTM application work instruction” flow