

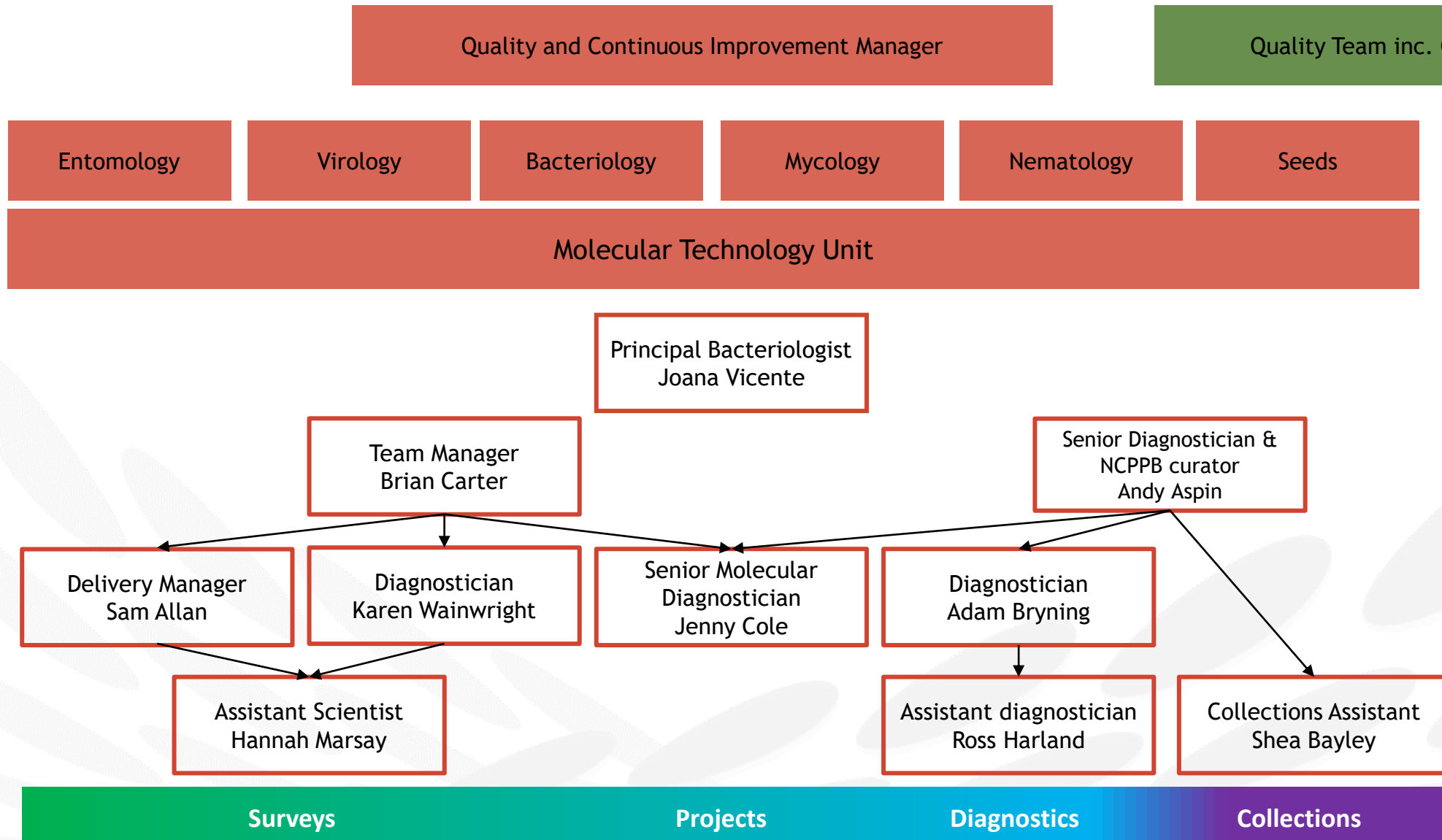
# Our transition to ISO/IEC 17025:2017 at Fera Science Ltd.

EPPO Training  
Workshop  
14/12/2020

Brian Carter  
Bacteriology Team  
Manager



# Team structure & Quality thread



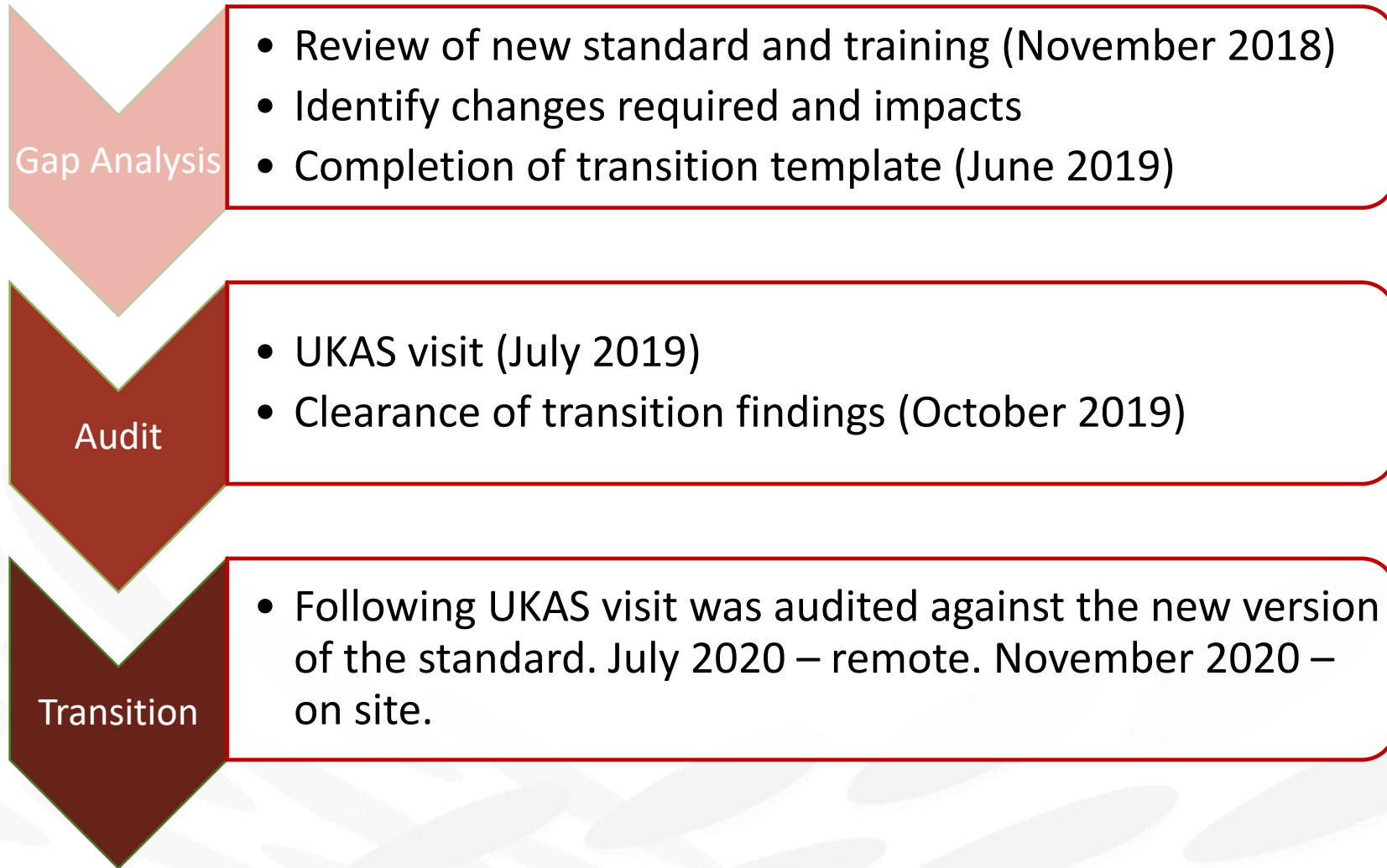
# Team structure & Quality thread

## Key components

- Good lines of communication
- Co-ordination of overarching elements
- Joined up approach
- Efficiency
- Monthly meetings



# ISO 17025:2017 transition process



# Transition findings

- **8 findings** – requirements in the new standard can be addressed by clearance of the mandatory findings.
- **Impartiality** – although this is embedded when people start work in the organisation, we need to actively re-visit and confirm the impartiality responsibilities of staff.
- **Personnel** – documenting competence; although training records are in place we are not consistently documenting ongoing competence and the objective supporting evidence (except in the Plants Programme).
- **Equipment** – insufficient recording of software versions.
- **Reporting results** – need to ensure consistent implementation of the requirements of the new standard.
- **Complaints** – processes are in place but we need to include an independent review prior to the final customer response.

# Bacteriology audits

- September 2018 – External ISO/IEC 17025:2005 – Surveillance – Ring rot/Brown rot
  - July 2019 – External ISO/IEC 17025:2005 to 2017 – Transition assessment – Ring rot/Brown rot
  - August 2019 – Internal Vertical audit – Fatty Acid Profile analysis
  - October 2019 – Internal Vertical audit – Ring rot/Brown rot
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- Excellent opportunity to discuss both accreditation requirements and areas for improvement.
  - Ensure to make the most of assessment meetings/discussions with assessors.



# Staff Competency & Internal Proficiency

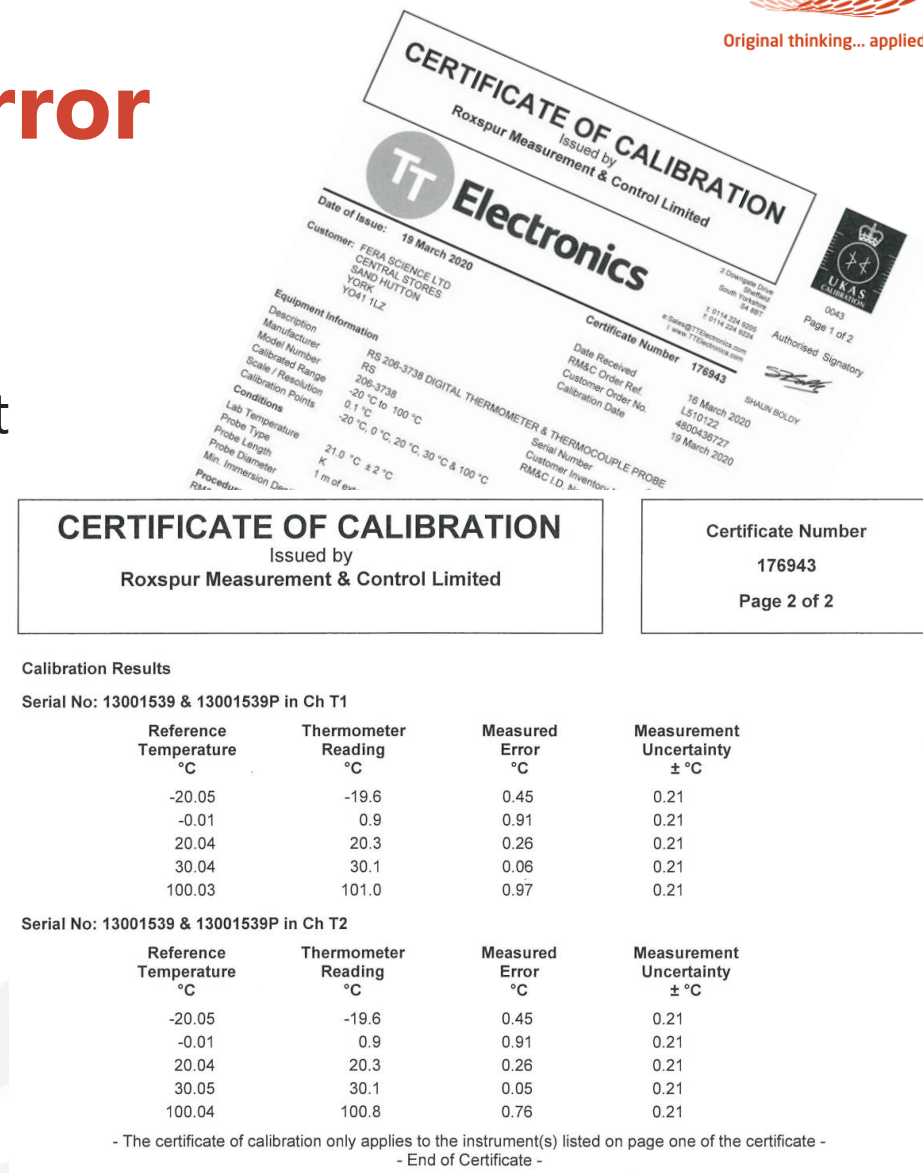
## Internal Proficiency Test Programme (Demonstration of Ongoing Test Assurance) 2020

Documented procedure	Discipline	Owner	Proposed Delivery Month(s)												Current status	Comments	
			J	F	M	A	M	J	J	A	S	O	N	D			
PLH/018, 019 & 020 - FAP analysis	Bacteriology	B. Carter														Completed	HM to sign off
PLH/164, 165 & 166 - Brown rot screen	Bacteriology	B. Carter														Pending	
PLH/164, 165 & 166 - Ring rot screen	Bacteriology	B. Carter														Pending	
PLH/102 - ID of Bemisia tabaci puparia	Entomology	M. Delaney														Completed	
PLH/155 - ID of Thrips palmi adults	Entomology	M. Delaney														Completed	
PLH/135 - Real-time PCR for qualitative diagnostics	Molecular	L. Laurenson														Pending	
PLH/899 - Screening for authorised GMO(s) using Real-time PCR	Molecular	L. Laurenson														Pending	
PLH/900 - Quantification of authorised GMO(s) using Real-time PCR	Molecular	L. Laurenson														Pending	
PLH/903 - Detection of H. fraxineus using LAMP	Molecular	L. Laurenson														Pending	
PLH/055 - Molecular diagnosis of P. ramorum & P. kernoviae	Molecular	L. Laurenson														Pending	
PLH/035 - Detection and ID of Colletotrichum acutatum	Mycology	A. Barnes														Pending	
PLH/056 - Detection and ID of P. ramorum & P. kernoviae (morphological)	Mycology	A. Barnes														Pending	
PLH/015 - Morphological ID of Potato cyst nematodes	Nematology	B. Lawson														Completed	
PLH/113 - Molecular ID of PCN using Real-time PCR	Molecular	L. Laurenson														Pending	
PLH/049 - Image analysis system for digital capture and measurement of nematodes	Nematology	B. Lawson														Completed	
PLH/104 - Morphological ID of D. dipsaci	Nematology	B. Lawson														Completed	
PLH/199 - The detection of CLVd by real-time PCR	Virology	A. Skelton														Completed	
PLH/809 - The detection of CSVd by real-time PCR	Virology	A. Skelton														Completed	
PLH/077 - The detection of PSTVd by real-time PCR	Virology	A. Skelton														Completed	
PLH/853 - Detection of virus by ELISA (TBRV)	Virology	A. Skelton														Completed	
PLH/901 - Detection of PepMV by ELISA	Virology	A. Skelton														Completed	

- Each accredited method within the plant protection program requires yearly internal proficiency checks to assess competency of newly trained staff and continued competence.
- Internal systems ensure that all staff members are checked, but do lack external input.
- External proficiency tests and ILC's are participated in where available.

# Measurement Uncertainty & Error

- External calibration of digital thermometer to UKAS standard.
- Measured error and measurement uncertainty must be added to determine possible max. deviation from readout.
- All thermocouples must be checked against calibrated.
- Equipment utilised for temperature maintenance must have tolerance parameters set in consideration of potential uncertainty & error.
- Documentation of process within SOP prevents confusion, minimises risk and provides clear evidence of consideration at audit.



**CERTIFICATE OF CALIBRATION**  
Issued by  
Roxspur Measurement & Control Limited

**TT Electronics**

Date of Issue: 19 March 2020  
Customer: FERA SCIENCE LTD  
CENTRAL STORES  
YORK  
YO41 1LZ

Equipment Information  
Description: RS 208-3738 DIGITAL THERMOMETER & THERMOCOUPLE PROBE  
Model Number: RS  
Calibrated Range: -20 °C to 100 °C  
Scale / Resolution: 0.1 °C  
Calibration Points: -20 °C, 0 °C, 20 °C, 30 °C & 100 °C  
Conditions: Lab Temperature: 21.0 °C ± 2 °C  
Probe Type: K  
Probe Length: 1 m of ex-  
Probe Diameter: 1 m of ex-  
Min. Immersion Depth: 1 m of ex-  
Procedure: RSR

Certificate Number: 176943  
Date Received: 16 March 2020  
RM&C Order Ref: LS10123  
Customer Order No: 4800450727  
Calibration Date: 19 March 2020  
Authorised Signatory: SHAWN BOLDY

**CERTIFICATE OF CALIBRATION**  
Issued by  
Roxspur Measurement & Control Limited

Certificate Number  
176943  
Page 2 of 2

Calibration Results

Serial No: 13001539 & 13001539P in Ch T1

Reference Temperature °C	Thermometer Reading °C	Measured Error °C	Measurement Uncertainty ± °C
-20.05	-19.6	0.45	0.21
-0.01	0.9	0.91	0.21
20.04	20.3	0.26	0.21
30.04	30.1	0.06	0.21
100.03	101.0	0.97	0.21

Serial No: 13001539 & 13001539P in Ch T2

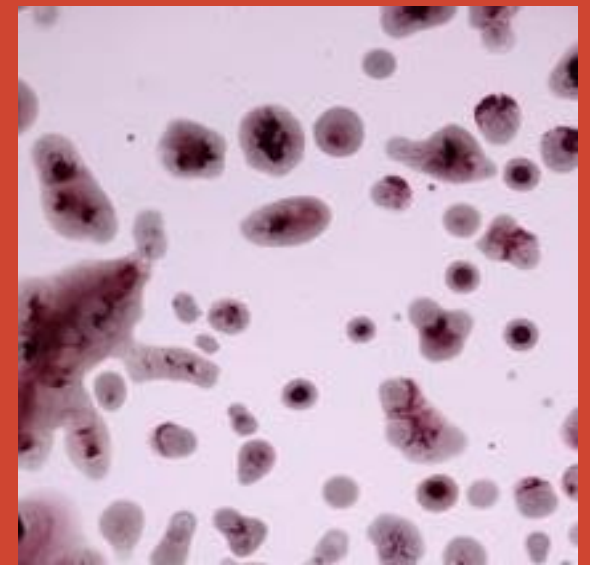
Reference Temperature °C	Thermometer Reading °C	Measured Error °C	Measurement Uncertainty ± °C
-20.05	-19.6	0.45	0.21
-0.01	0.9	0.91	0.21
20.04	20.3	0.26	0.21
30.05	30.1	0.05	0.21
100.04	100.8	0.76	0.21

- The certificate of calibration only applies to the instrument(s) listed on page one of the certificate -  
- End of Certificate -



# Media Productivity & Selectivity Challenge

- Semi-selective media productivity & selectivity should be determined for each media batch.
- Dilution plating of target organism suspension on semi-selective and non-selective media allows calculation of productivity ratio ( $P_R$ ).
- Dilution plating of 'challenge' organism suspension on semi-selective and non-selective media allows calculation of selectivity factor ( $S_F$ ).
- Media batches must meet set parameters.
- Recording of results allows identification of failures and trends prior to use.



# Handling of Control Cultures

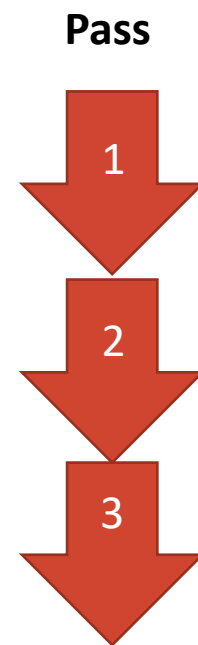
**Reference strain** – Obtained directly from a reference culture collection e.g. NCPPB.

**Reference stock** – Prepared directly from a single sub-culture from the reference strain e.g. creation of multiple PROTECT vials.

**Stock cultures** – Prepared directly from the reference stock.

**Working culture** – Sub-cultured from the stock culture.

Formalised terminology and procedure protects against lab adaptation and aids user understanding, in turn minimising risk.

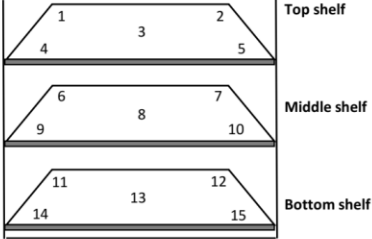


# Temperature Profiling of Equipment

**Incubator Temperature Profiling Record Sheet**

Model: \_\_\_\_\_ Equipment File No.: \_\_\_\_\_  
 Tolerance: \_\_\_\_\_ Location: \_\_\_\_\_

Probe/shelf locations within incubator:



Top shelf
Middle shelf  
Bottom shelf

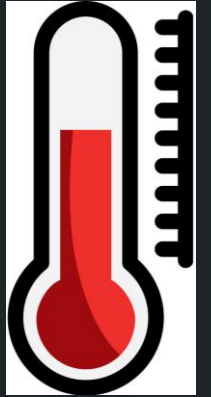
Probe standardisation				Profiling			
Standardisation Date	Calibrated probe (°C)	Probe ID	Variation (°C)	Location	Monitoring readings (°C)	Adjusted readings (°C)	Pass/Fail (P/F)
				1			
				2			
				3			
				4			
				5			
				6			
				7			
				8			
				9			
				10			
				11			
				12			
				13			
				14			
				15			

Equipment set point: \_\_\_\_\_

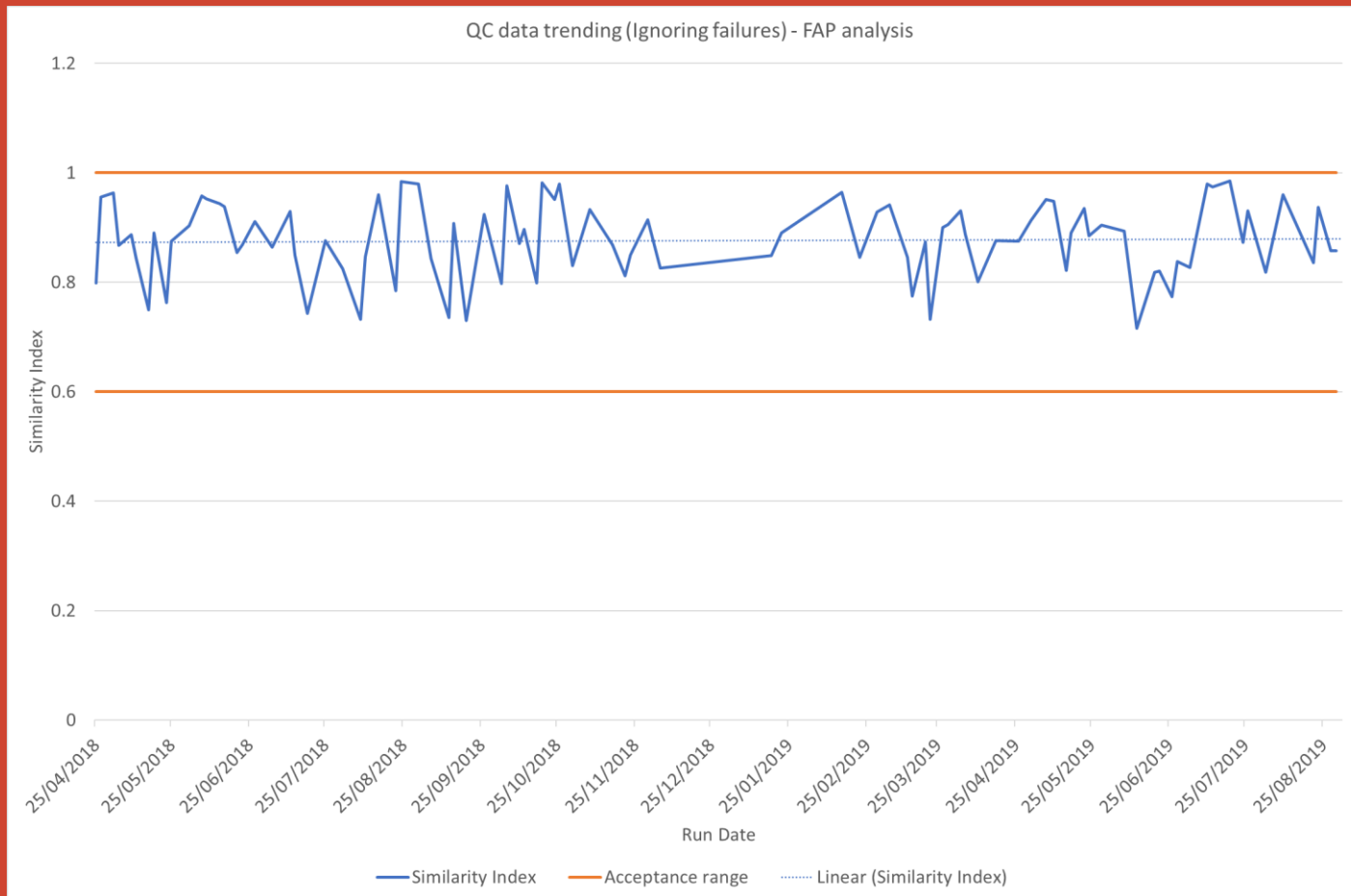
Comments: \_\_\_\_\_

Date profiled: \_\_\_\_\_ By: \_\_\_\_\_  
 Thermometer UKAS number: \_\_\_\_\_

- Formalised procedure implemented via SOP, record sheets and training.
- Carried out to ensure whole equipment chamber meets set temperature tolerances.
- Number of required check points are determined by size and shelving.
- Checks are required:
  - On all new equipment
  - Yearly
  - After equipment moves
  - When set points are changes
  - After any remedial action



# Trend Analysis



- Trend analysis identifies potential issues early.
- Allows remedial actions.
- Presentation of data in a meaningful manner.
- Assists in the monitoring of ongoing quality.

As part of Fera's commitment to quality we also remain committed to ensuring the impartiality of our laboratory activities. To ensure that any risks to Fera's impartiality are identified we will perform regular reviews and request that all staff consider whether there are any personal risks to impartiality or conflicts of interest that should be discussed further.



### What do we mean by impartiality and conflicts of interest?

Our 17025 and 17043 accreditation states impartiality means "The presence of objectivity" and we must ensure that all our personnel are not under any conflicts of interest that could influence their activities in the laboratory. Threats to impartiality could include but not be limited to:

- Internal and/or external pressures such as:
  - A special commission to favour the customer's wants or provide a bias in results
  - Bonuses or incentives for producing specific results



# Impartiality

- Embedded when people start work in the organisation
- Part of Fera's commitment to quality is to ensure impartiality of lab activities and associated results
- A one page poster is available and circulated to all staff for acknowledgement yearly via QPulse.
- Impartiality is important in protecting objectivity
- Avoidance of conflicts of interest
- Ensure test results are correct and not intentionally or unintentionally influenced.
- Protect reputation alongside maintenance of accreditation.

### Conflicts of Interest

When we say '*conflict of interest*', these are the 'personal interest' that tends to conflict with our responsibilities and decision making in relation to the laboratory activities. This can be an outside activity or within the company activity.

Below are some situations where Conflict Of Interest could arise:

If you work with a customer which is an associate or a partner in business, an interest of associate

If you accept a gift from a customer that is "too much" in value (usually secretly)

When you misuse any information from your job for personal gain

If you're an employee that works with a supplier which is your relative, then there is an interest of relative

### Why is Impartiality so important?

Situations of undue influence, conflicts of interest can lead to test results being either intentionally or unintentionally incorrect! If this is discovered after the results have been issued, it could be devastating to Fera's reputation and the business as a whole!



### What you need to do...

Consider the above information and if you have any concerns about a potential conflict of interest or threat to impartiality flag this to your line manager. It's worth remembering that not all conflicts of interest result in a risk to impartiality. It may be that the procedures already in place remove any risk.

# Areas we are improving:

- **Internal proficiency tests** – we have implemented an annual programme of tests. A set of blind samples to test the diagnostician’s ability to correctly perform a particular test. Evidence is recorded in training file and a process has been put in place to deal with failed tests. This process will be shared across the organisation.
- **Impartiality risks and conflicts of interest** – risk logs are being used to identify and analyse risks. High level and project management risk logs are in place to capture issues around impartiality and conflict of interest. We will be rolling out an annual reminder to all staff to review and declare any potential conflicts of interest.
- **Adoption of best practice across a large and diverse organisation** - some areas were already compliant with the new requirements, but implementation was not consistent across the whole organisation. More effective use of internal auditors to focus on particular areas and help implement best practice (e.g. reporting results and internal proficiency tests).



Original thinking... applied

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Original thinking... applied

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