IQIPS v 2.0 GAP ANALYSIS REQUIREMENTS

1. Introduction

Any Physiological Sciences Service(s) wishing to gain UKAS accreditation will need to demonstrate compliance against the requirements of the Improving Quality in Physiological Sciences (IQIPS) Standard v2.0.

The accreditation standard is split into domains, which cover leadership and management, clinical, facilities, resource and workforce, safety and risk and patient experience requirements. If an organisation is looking to cover multiple disciplines the majority of management system requirements will be the same and can be managed centrally.

A copy of the IQIPS Standard v 2.0 is available on the UKAS website.

2. Objective

This document is aimed at providing all potential IQIPS applicants with a mechanism to identify gaps between their current documented management system and supporting evidence against the standard requirements.

3. UKAS requirements for applicant IQIPS organisations

Please complete this Gap Analysis form and confirm compliance with each clause. If you are currently compliant please indicate where in your management system the clause is addressed. If your management system is currently non-compliant please detail what actions you plan to take to address the gap and the associated timescale for completion.

Annex 1

Gap Analysis and Transition Plan

Name of Organisation	Click here to enter text
Technical Discipline	Click here to enter text
Date of Submission	Select a date from the calendar

GAP ANALYSIS

SECTION	CLAUSE	COMPLIANT			EVIDENCE WHICH SUPPORTS COMPLIANCE STATEMENT (e.g. Reference to Procedure/Clause, Reference Material, Reports, agreements, minutes of meetings)	ACTIONSPLANNED TO ADDRESS ANY GAPS (e.g. Update specific Procedure, develop Work Instruction, design/implement quality checks)
		YES	NO	N/A		
Leadership & Management						
Legal entity	LM1					
	1.1					
	1.2					
	1.3					
	1.4					
Roles & Responsibilities	LM2					
	2.1					
	2.2					
	2.3					
	2.4					
	2.5					
	2.6					
	2.7					
	2.8					

SECTION	CLAUSE	COMPLIANT			EVIDENCE WHICH SUPPORTS COMPLIANCE STATEMENT (e.g. Reference to Procedure/Clause, Reference Material, Reports, agreements, minutes of meetings)	ACTIONSPLANNED TO ADDRESS ANY GAPS (e.g. Update specific Procedure, develop Work Instruction, design/implement quality checks)
		YES	NO	N/A		
Quality Policy & Objectives	LM3					
	3.1					
	3.2					
	3.3					
QMS	LM4					
	4.1					
	4.2					
	4.3					
	4.4					
Document control	LM5					
	5.1					
	5.2					
	5.3					
	5.4					
	5.5					
	5.6					
Subcontracting	LM6					
	6.1					
	6.2					
	6.3					
	6.4					
	6.5					
	6.6					
Advisory Services	LM7					
	7.1					
	7.2					
	7.3					
	7.4					
Corrective Actions	LM8					
	8.1					
	8.2					
	8.3					
	8.4					
	8.5					
	8.6					

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		YES	NO	N/A		
	8.7					
	8.8					
	8.9					
Preventative Actions	LM9					
	9.1					
	9.2					
	9.3					
	9.4					
	9.5					
	9.6					
Internal audit	LM10					
	10.1					
	10.2					
	10.3					
	10.4					
Major Incidents	LM11					
	11.1					
	11.2					
	11.3					
	11.4					
	11.5					
	11.6					
Clinical						
Pathways	CL1					
	1.1					
	1.2					
	1.3					
	1.4					
	1.5					
Referrals	CL2					
	2.1					
	2.2					
	2.3					
Technical Quality	CL3					
	3.1					
	3.2					

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		YES	NO	N/A		
	3.3					
	3.4					
	3.5					
	3.6					
	3.7					
	3.8					
Quality of records & results	CL4					
	4.1					
	4.2					
	4.3					
	4.4					
	4.5					
	4.6					
	4.7					
	4.8					
	4.9					
Release of reports	CL5					
	5.1					
	5.2					
	5.3					
	5.4					
	5.5					
	5.6					
	5.7					
	5.8					
Clinical Information Systems	CL6					
	6.1					
	6.2					
	6.3					
	6.4					
	6.5					
	6.6					
	6.7					
	6.8					

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		YES	NO	N/A		
	6.9					
	6.10					
Patient experience						
Patient/client focused care	PE1					
	1.1					
	1.2					
	1.3					
	1.4					
	1.5					
	1.6					
	1.7					
	1.8					
Information for users & stakeholders	PE2					
	2.1					
	2.2					
	2.3					
	2.4					
	2.5					
	2.6					
Consent	PE3					
	3.1					
	3.2					
	3.3					
	3.4					
	3.5					
	3.6					
Feedback & complaints	PE4					
	4.1					
	4.2					
	4.3					
	4.4					
Safety & Risk Management						
All service risks	SR1					

SECTION	CLAUSE	COMPLIANT			EVIDENCE WHICH SUPPORTS COMPLIANCE STATEMENT (e.g. Reference to Procedure/Clause, Reference Material, Reports, agreements, minutes of meetings)	ACTIONSPLANNED TO ADDRESS ANY GAPS (e.g. Update specific Procedure, develop Work Instruction, design/implement quality checks)
		YES	NO	N/A		
	1.1					
	1.2					
	1.3					
	1.4					
	1.5					
	1.6					
Facilities, Resource & Workforce						
Facilities & Environment	FR1					
	1.1					
	1.2					
	1.3					
	1.4					
	1.5					
	1.5.1					
	1.5.2					
	1.5.3					
External service/suppliers selection	FR2					
	2.1					
	2.2					
	2.3					
	2.4					
Storage of reagents, drugs, medicinal products & consumables	FR3					
	3.1					
	3.2					
	3.3					
	3.4					
	3.5					
	3.6					
Procurement &	FR4					

SECTION	CLAUSE	COMPLIANT			EVIDENCE WHICH SUPPORTS COMPLIANCE STATEMENT (e.g. Reference to Procedure/Clause, Reference Material, Reports, agreements, minutes of meetings)	ACTIONSPLANNED TO ADDRESS ANY GAPS (e.g. Update specific Procedure, develop Work Instruction, design/implement quality checks)
		YES	NO	N/A		
installation of equipment						
	4.1					
	4.2					
	4.3					
	4.4					
	4.5					
	4.6					
Calibrate & maintain equipment	FR5					
	5.1					
	5.2					
	5.3					
	5.4					
	5.5					
	5.6					
	5.7					
	5.8					
	5.9					
	5.10					
	5.11					
	5.12					
	5.13					
Recruitment, training & competence	FR6					
	6.1					
	6.2					
	6.3					
	6.4					
	6.5					
	6.6					
	6.7					
	6.8					
	6.9					
	6.10					