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| **IQIPS v 2.1 2023 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:2023.

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:2023 v2.1 is available on the [UKAS website](https://www.ukas.com/accreditation/standards/iqips/).

1. **Objective**

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

1. **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**

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| **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** |  |  |
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| **Leadership & Management** |  |  |  |  |  |  |
| **Legal entity** | LM1 |  |  |  |  |  |
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| **Governance including Roles & Responsibilities** | LM2 |  |  |  |  |  |
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| **Quality Policy & Objectives** | LM3 |  |  |  |  |  |
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| **QMS** | LM4 |  |  |  |  |  |
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| **Document control** | LM5 |  |  |  |  |  |
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| **Subcontracting** | LM6 |  |  |  |  |  |
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| **Advisory Services** | LM7 |  |  |  |  |  |
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| **Non-conformity management** | LM8 |  |  |  |  |  |
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| **Internal audit** | LM9 |  |  |  |  |  |
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| **Major Incidents** | LM10 |  |  |  |  |  |
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| **Clinical** |  |  |  |  |  |  |
| **Pathways** | CL1 |  |  |  |  |  |
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| **Referrals** | CL2 |  |  |  |  |  |
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| **Technical Quality** | CL3 |  |  |  |  |  |
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| **Quality of records & results** | CL4 |  |  |  |  |  |
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| **Release of reports** | CL5 |  |  |  |  |  |
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| **Clinical Information Systems** | CL6 |  |  |  |  |  |
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| **Patient experience** |  |  |  |  |  |  |
| **Patient/client focused care** | PE1 |  |  |  |  |  |
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| **Information for users & stakeholders** | PE2 |  |  |  |  |  |
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| **Consent** | PE3 |  |  |  |  |  |
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| **Feedback & complaints** | PE4 |  |  |  |  |  |
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| **Safety & Risk Management** |  |  |  |  |  |  |
| **All service risks** | SR1 |  |  |  |  |  |
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| **Facilities, Resource & Workforce** |  |  |  |  |  |  |
| **Facilities & Environment** | FR1 |  |  |  |  |  |
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| **External service/suppliers selection** | FR2 |  |  |  |  |  |
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| **Storage of reagents, drugs, medicinal products & consumables** | FR3 |  |  |  |  |  |
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| **Procurement & installation of equipment** | FR4 |  |  |  |  |  |
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| **Calibrate & maintain equipment** | FR5 |  |  |  |  |  |
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| **Recruitment, training & competence** | FR6 |  |  |  |  |  |
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