The principal function of accreditation is to recognize high-quality, efficient diagnostic services. Medical diagnostic service providers are required to provide objective evidence of quality goals, management commitment, communication within and outside the service, client satisfaction, continual improvement through effective QC/QA/quality management and sound reporting practices. Accreditation ensures that diagnostic services meet explicit quality management criteria and recognizes the facility’s competency and integrity through conformity to the explicit requirements.

**IMPARTIALITY and OPERATING PRINCIPLES POLICY**

The IQMH Board, senior managers and all employees recognize and understand the importance of conducting the activities of the Centre for Accreditation impartially. We are committed to maintaining the trust that stakeholders and clients have in our accreditation services.

IQMH is a not-for-profit corporation and is organized to ensure impartiality is not compromised by any commercial or financial pressures.

Where there are factors which may, in fact or perception, create a risk to impartiality, IQMH: Centre for Accreditation will implement and maintain effective structural, process, resource or other controls to adequately mitigate and minimize such risk.

IQMH: Centre for Accreditation operates the ISO 15189 Plus™ program within the context of a quality management system and the documentation requirements thereof. Accreditation policies, processes and procedures are documented, accessible and controlled. Opportunities for improvement of the program are identified and monitored. Our protocols are designed to ensure that, among other key principles, accreditation activities are conducted objectively and independently without undue influence. Risks to impartiality are minimized or eliminated when identified.

Staff, volunteer assessors and consultants are required to declare any potential conflicts of interest, adhere to confidentiality rules and do not provide consultation services. Records of qualifications are maintained. Agreements with assessors are completed for each assessment visit. Recipient services confirm that assessors appointed, including the Team Leader, do not have conflicts that may compromise their impartiality.

Consultants advise on all accreditation policies, processes and procedures, including the methods of conformity assessment.

Accreditation requirements are developed impartially and with the input of relevant stakeholders. Accreditation requirements define quality expectations, set the desired standards of best practice, and serve as the benchmark against which the service’s quality and competency are assessed.

The assessment program includes regular on-site assessment and ongoing surveillance. The assessment process is non-discriminatory and impartial. Accreditation decisions are based on objective evidence and are made by independent and competent persons.

Program information is available publicly on our website and contains relevant information about the requirements, assessment process, criteria for assessment and necessary information/documentation to be provided by the recipient diagnostic service. Complaints from clients or stakeholders are reviewed according to IQMH: Centre for Accreditation procedures for complaints and appeals.

All applications for accreditation which fall into the scope of our services are reviewed and considered, regardless of size or complexity.
The Centre for Accreditation is committed to upholding the following values in the delivery of the accreditation program.

**Responsible:**

We will ensure that operations comply with ISO standard 17011 Conformity assessment – Requirements for accreditation bodies accrediting conformity assessment bodies.

We will ensure that our requirements are consistent with international and national standards, national, regional or local consensus guidelines, government regulations and generally accepted principles of good practice.

**Objective:**

We will ensure our requirements are vetted by stakeholders, that a reference source is identified for each, and that requirements, reference source and guidance information are reviewed regularly.

We will ensure that assessors and Advisory Panel members are free from any commercial, financial or other pressures that could compromise impartiality, and that they have not provided consultancy to the participating service.

We will ensure our assessments are impartial and based on the factual evidence presented.

We will ensure that decisions on accreditation status are made by persons different from those who carried out the assessment.

**Consistent:**

We will ensure that our assessors are trained and certified, that they are provided with guidance information for each requirement, and current assessment procedures.

We will ensure that standard processes are applied with each accreditation assessment.

**Transparent:**

We will communicate our requirements, guidance information and assessment processes with participants.

We will communicate the agenda, checklist, and names of the assessment team members in advance of an assessment.

We will communicate assessment findings with participants throughout the assessment visit.

**Open-Minded:**

We will ensure that assessment team members strive to understand the participating service’s unique needs and that they consider those needs in decisions on conformance.

**Respectful:**

We will treat every person with dignity and courtesy.