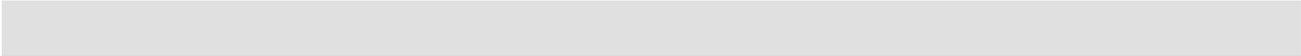




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Asbestos testing: change in assessment focus



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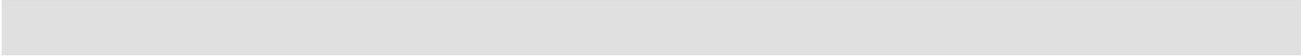
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Asbestos testing: change in assessment focus

What is the change?

NATA accreditation for asbestos testing will no longer involve the granting of approval to individual counters and identifiers.

The focus of delivering a robust alternative has been one of ensuring that a NATA assessment team obtains the broadest possible picture of how the asbestos laboratory operates rather than how a subset of individuals operates. After all, NATA's role is to accredit the laboratory entity, not the individuals within it.

In addition to a number of counters or identifiers, NATA needs the technical peer-assessors to speak extensively with the staff in a laboratory who are key to ensuring that its outputs are reliable. While the same types of questions currently asked will continue to be put, the scope of the questioning will be extended and answers sought from a broader range of personnel.

In considering the options, an imperative has been to ensure that the strengths of the existing approved identifier and counter process are accounted for in a revised accreditation model.

Why is NATA doing this?

NATA's approach to the assessment and accreditation of laboratories performing asbestos identification and counting evolved over many years. The assessment process entered an area not consistent with any other field within NATA and, even when compared to those fields that have traditionally relied on signatory approval, accreditation of asbestos testing laboratories has placed requirements on approved identifiers and counters well beyond the expectations of signatories.

An analysis of this process for approving identifiers and counters demonstrates that it is aligned far more with the requirements for personnel certification – described in ISO/IEC 17024¹ - than that of laboratory accreditation built around ISO/IEC 17025².

This analysis clearly identifies two reasons why NATA's approach needs to change.

1. Personnel certification is an activity that is itself subject to accreditation: that is, a personnel certification body gains accreditation³.

With the Commonwealth's recognition of NATA as being the national authority for laboratory accreditation come a number of obligations. NATA must:

- maintain signatory status to international mutual recognition arrangements that facilitate regulatory and industry acceptance of test data and thus facilitate trade;
- as part of its MRA obligations, comply with the international standard ISO 17011⁴ which does not allow accreditation bodies to accredit an activity that could be undertaken by an accredited organisation.

Complying with ISO/IEC 17011 means that NATA is not able to conduct an activity that so closely parallels personnel certification. As a result, individual recognition of counters and identifiers cannot be undertaken by NATA.

Hence, the move away from the approval of counters and identifiers is not an arbitrary decision by NATA but a considered response to the constraints of internationally accepted accreditation protocols.

¹ ISO/IEC 17024:2004 Conformity assessment – General requirements for bodies operating certification of persons

² ISO/IEC 17025:2005 General requirements for the competence of testing and calibration laboratories

³ In Australia, accreditation of personnel certification bodies is undertaken by the Joint Accreditation System for Australia and New Zealand (JAS-ANZ)

⁴ ISO/IEC 17011:2004 Conformity assessment - General requirements for accreditation bodies accrediting conformity assessment bodies

2. There is also an accreditation criteria-based reason to change the approach. NATA's approval of individuals actually misses the point of ISO/IEC 17025 clauses 5.2.1 and 5.2.5.

Clause 5.2.1 states:

The laboratory management shall ensure the competence of all who operate specific equipment, perform tests and/or calibrations, evaluate results, and sign test reports and calibration certificates....

Clause 5.2.5 states:

The management shall authorise specific personnel to perform particular types of sampling, test and/or calibration, to issue test reports and calibration certificates, to give opinions and interpretations, and to operate particular types of equipment....

Why is NATA fulfilling a role that ISO/IEC 17025 requires of the laboratory? NATA's role as an accreditation body is to determine that these clauses are being fulfilled by the laboratory management (not by NATA's assessment team).

NATA's role means that it is obliged to determine the competency of a range of individuals to perform specific tasks that their management has authorised them to do. The key point is that the NATA assessment is a means of demonstrating that:

- the laboratory management themselves are capable of determining competency;
- the laboratory's processes ensure that only competent individuals are being authorised; and
- the system of authorisations will function when a NATA assessment team is not present.

It must be noted that the change of approach is most definitely not a denigration of the processes that have been developed over a long period. Nor is NATA being dismissive of the wisdom contributed by the many technical assessors and advisors through assessments and technical committees. Indeed, many of the processes developed from this wisdom were established prior to the context provided by the international standards and accreditation protocols.

The challenge is to move to processes compliant with international standards that will deliver equivalent outcomes in terms of both laboratory competence and end user confidence.

What does this mean in practice?

NATA will no longer be the approving authority for counters and identifiers – the laboratory will be.

The peer assessment process is designed to get an overall picture of all aspects of the testing process from customer request to the release of results. Where sample collection is accredited this also forms part of the assessment.

A selection of staff engaged in counting and identifying asbestos will be spoken to by the assessment team. The staff selected will be expected to be able to explain key elements of the counting and identification processes to the satisfaction of the peer assessor – they will still need to demonstrate competence. The focus of this demonstration of competence will, however, shift:

- from being used for the purposes of gaining NATA approval as a fibre counter or identifier;
- to being used as evidence that the systems in place work, and the laboratory management is competent to train, evaluate, authorise and monitor their staff for the tasks they are assigned and authorised to perform.

The assessment team will identify individuals employed in the various tasks required to generate a result and through discussion and observation determine if they are performing their duties as required and with the requisite level of competence.

The assessment team may not speak to every counter and identifier in the laboratory (as has been the case) but they will definitely talk to a wider range of people with various levels of responsibility and particularly those who have key roles. The most obvious would be those having

responsibilities for 'qualifying' or 'authorising' counters and identifiers as a shortcoming in these activities would clearly undermine the credibility of the entire organisation.

The revised approach is based upon what NATA has determined to be the 'best practice' in its other accreditation programs including some that are very much health and safety related.

There is an important advantage in moving the focus of the accreditation process to the competence of the organisation to qualify and approve its counters and identifiers. It provides NATA – and the laboratory's customers - with more confidence that an accredited laboratory can deal effectively with changes of personnel that might occur between reassessment, that is, what a NATA assessment team sees at assessment reflects what happens between assessments.

Is NATA taking less responsibility for asbestos laboratory accreditation?

The short answer is a categorical 'no'. NATA is recognised by the Commonwealth as the national authority for the accreditation of laboratories, a recognition taken very seriously and one that is accompanied by a substantial responsibility.

NATA remains responsible for its accreditation activities and most certainly the level of technical rigour that is applied by its peer-assessment based accreditation system. Making the laboratory the approving authority is not a shifting of responsibility but of function. NATA's responsibility remains to ensure that the collective competence of the laboratory staff is sufficient to provide their customers with confidence.

What about Proficiency Testing?

Proficiency testing is one of many elements used by NATA in the evaluation of technical competence. Proficiency testing in itself is only an indicator of laboratory performance but, when used in conjunction with the peer assessment process, can provide a useful snapshot of an accredited laboratory's capability.

In the case of asbestos, each accredited laboratory is required to be enrolled in an appropriate proficiency testing program. NATA's assessments review the processes in place to select and participate in proficiency testing to ensure that the program chosen matches the range of testing detailed in the scope of accreditation (or proposed scope for applicant laboratories) and that all counters and identifiers participate over a defined period.

It is important to note that proficiency testing is not used by NATA to monitor the performance of individuals. Rather it assists NATA in assessing the ability of the laboratory to effectively employ and train competent staff.

Accredited facilities are also required to establish an internal program such that, over a defined period, all staff that undertake the counting and identification activities participate in appropriate quality assurance activities.

During an assessment the results of proficiency testing undertaken since the last assessment are reviewed. This also includes the performance in internal activities. Where results have met the expected outcomes, this is recorded by the assessment team as part of the assessment findings.

Where results have not met the expected outcomes, applicant and accredited facilities are required to undertake an investigation of the root cause(s), determine any implications to customers and implement appropriate corrective action. In such cases the assessment team reviews the action taken and forms an opinion as to whether the action taken has addressed the issue. Proficiency testing data are also reviewed to look for trends which may indicate a bias in results that requires investigation.

This approach to proficiency testing programs is common across all of NATA's accreditation activities.

Further assistance

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AMENDMENTS

The table below provides a summary of changes made to the document with this issue.

Section	Amendment
All	New document