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Proficiency Testing Provider Accreditation Requirements

Applies to providers seeking accreditation for the design, preparation, operation, evaluation and reporting of defined proficiency testing schemes.

Primary standard	**ISO/IEC 17043:2023**
Document owner	International Services for Certification Bodies
Review trigger	Standard, scheme, regulatory or ISCB process change

Document status and use

This ISCB applicant guide states the evidence and operating controls normally expected for this programme. It does not reproduce or replace the applicable ISO or ISO/IEC standard. Applicants must hold an authorised current copy and comply with all applicable requirements, legislation, scheme rules and formally issued ISCB criteria.

References to IAF or ILAC publications identify technical criteria that may be relevant. They do not by themselves state or imply that ISCB is an IAF or ILAC arrangement signatory.

01

Applicable framework

The assessment hierarchy begins with the primary standard and includes applicable normative, regulatory, scheme-owner and ISCB documents. ISCB will identify the controlling criterion if requirements conflict.

- ISO/IEC 17043:2023 is the primary competence and impartiality standard.
- ISO/IEC 17011:2017 governs ISCB's accreditation process and decisions.
- Relevant statistical, measurement, reference-material, safety and regulatory requirements apply to each scheme.

02

Core organisational requirements

Legal status and responsibility

Be a legally identifiable entity, or a defined part of one, that can be held responsible for conformity-assessment activities, contracts and decisions.

Impartiality and independence

Identify, analyse, treat, monitor and record threats from ownership, finance, relationships, consultancy, commercial pressure and self-review.

Confidentiality and information security

Protect confidential information, personal data, intellectual property and electronic records; control any legally required disclosure.

Organisation and governance

Define authority, responsibilities, reporting lines and safeguards; assign technical work, review and decisions to competent and appropriately independent functions.

Competence and resources

Set role-specific competence criteria; evaluate, authorise, monitor and re-evaluate personnel; control facilities, equipment, software and external resources.

Controlled operations

Accept work only after confirming capability; use controlled methods and records; handle deviations; review outputs; base decisions on sufficient objective evidence.

Management system

Maintain document and record control, risks and opportunities, complaints, appeals, nonconforming work, corrective action, internal audit, management review and improvement.

Accreditation claims

Limit certificates, symbols and claims to the granted scope and amend them immediately after suspension, reduction, withdrawal or expiry.

03 Service-specific technical requirements

1. Define each PT scheme by measurand or characteristic, matrix or item, participant population, frequency, statistical design and assigned-value approach.

2. Demonstrate competence for scheme planning, item production, homogeneity and stability studies, assigned values, statistical evaluation and technical interpretation.

3. Control subcontracted activities and identify activities that may not be subcontracted under the applicable requirements.

4. Protect participant confidentiality and impartiality while managing collusion, falsification, data integrity and information security risks.

5. Establish criteria for performance evaluation, handling of outliers, uncertainty of assigned values and reporting limitations.

6. Monitor scheme effectiveness, participant feedback, nonconforming work and improvement across scheme cycles.

04 Minimum application and readiness evidence

Submit current, approved documents and representative implementation records. Templates without operational evidence are not sufficient.

01	Legal identity, organisation and impartiality controls
02	Scheme catalogue and proposed scope
03	Scheme plans, statistical designs and assigned-value procedures
04	Homogeneity, stability and item-production records
05	Coordinator and technical personnel competence records
06	Representative scheme cycle, participant data and reports
07	Subcontractor and externally provided service controls
08	Internal audit, management review, complaints and corrective actions

05

Assessment, decision and continued accreditation

Application and scope review

ISCB reviews legal identity, requested scope, locations, resources, readiness and applicable criteria before quotation and assessment planning. Acceptance of an application is not a promise of accreditation.

Assessment

Assessment may include document review, office or remote assessment, on-site technical assessment, witnessing, interviews, record tracing and evaluation of representative activities. The mix depends on scope and risk.

Nonconformities and decision

The applicant must determine causes, correct the issue, implement proportionate corrective action and provide evidence of effectiveness within the notified period. Accreditation decisions are independent from assessment and limited to demonstrated competence.

Maintenance

Accredited bodies must remain competent, comply with surveillance and reassessment, notify significant changes without delay, cooperate with witnessing and record access, address complaints and nonconformities, and control all accreditation claims.

06

Principal references

- ISO/IEC 17043:2023
- ISO/IEC 17011:2017
- ISO 13528, where applicable
- Relevant ILAC policy and guidance documents

External editions can change. The edition stated in the accreditation agreement, transition notice or other formal ISCB communication controls the assessment. Verify current editions before use.

Prepare	Complete the readiness assessment and organise objective evidence.
Apply	Submit the application and proposed scope for formal review.