

**Proficiency Testing Provider
Accreditation Program (PTPAP)**

Program Overview

Version 2

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Proficiency Testing Provider Accreditation Program (PTPAP): Program Overview

SCC accreditation is granted against the ISO 17043:2023 standard - General requirements for the competence of proficiency testing providers. Proficiency testing providers are organizations which take responsibility for all aspects of the development and operation of proficiency testing programs.

Accredited proficiency testing providers produce proficiency testing samples which compare results from similar testing laboratories allowing laboratories to:

- Assess and demonstrate the reliability of the data they produce.
- Identify areas where improvement in their testing and measurement methods is needed.
- Identify further training needs of staff.
- Foster confidence in the performance of their testing and measurements.
- Assure laboratory competence and confidence in results.

1. Accreditation Program Requirements

ACCREDITATION REQUIREMENTS (SCC is a signatory to ILAC and APAC for this accreditation program)

- ISO/IEC 17043:2023 – Conformity assessment – General requirements for the competence of proficiency testing providers
- ISO/IEC 17043:2010 – Conformity assessment — General requirements for proficiency testing (until May 31, 2026)
- ILAC P8:11/2023 ILAC Mutual Recognition Arrangement (Arrangement): Supplementary Requirements for the Use of Accreditation Symbols and for Claims of Accreditation Status
- ILAC P10:07/2020 ILAC Policy on Traceability of Measurement Results
- SCC Guidance for the Presentation of Laboratory Scopes of Accreditation
- Related bulletins

2. Accreditation Cycle Requirements

Upon initial accreditation, each accredited proficiency testing (PT) provider will be subject to regular reassessment activities. The due date for the first reassessment is twelve months after the PT provider is granted accreditation, or two years after the assessment visit, whichever comes first. Reassessments will then occur every two years after that date. With every activity, the PT provider is required to demonstrate that the accredited proficiency testing schemes are operating within established frequency and with enough participation. If during a reassessment activity, the assessment team establishes that some PT schemes have not been operational, the team has the responsibility to ask the PT provider to withdraw them from the scope of accreditation.

In the event some PT schemes ceased to operate as planned it is the responsibility of the PT provider to inform SCC and request voluntary suspension when necessary.

In the year between reassessment years, the PT provider is required to complete a Surveillance Questionnaire to provide confirmation that the assessed quality management system and accredited activities continue to meet the requirements of accreditation. The laboratory will be required to identify any significant changes that have been made to the quality management system, key staff, procedures, facilities and equipment, but not limited to these. The Surveillance Questionnaire is then reviewed by SCC staff who would confirm if the information provided is acceptable. If deficiencies are identified, SCC staff will follow-up with the laboratory.

3. Partner Organization

As per Program Overview LAP.

Revision History

VERSION	DESCRIPTION OF CHANGE(S)	APPROVED DATE
1	<ul style="list-style-type: none"> Initial Release Separating program-specific content out of the ASB Program Overview International recognition Added clarity on frequency and operation of proficiency testing schemes Referenced LAP POV in applicable sections Added applicable ILAC accreditation requirements 	2024-04-02
2	<ul style="list-style-type: none"> Added accreditation requirements (bulletins) and guidelines for scope presentation 	2025-04-01