



EUROPEAN COMMISSION
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Directorate F - Food and Veterinary Office

DG(SANCO) 2012-6633 - MR FINAL

FINAL REPORT OF A FACT-FINDING MISSION

CARRIED OUT IN

FRANCE

FROM 26 TO 30 NOVEMBER 2012

IN ORDER TO GATHER INFORMATION ON THE SYSTEMS PUT IN PLACE TO
IMPLEMENT ARTICLE 8(3) OF REGULATION (EC) NO 882/2004 OF THE EUROPEAN
PARLIAMENT AND OF THE COUNCIL

In response to information provided by the Competent Authority, any factual error noted in the draft report has been corrected; any clarification appears in the form of a footnote.

Executive Summary

The report describes the outcome of a fact-finding mission carried out by the Food and Veterinary Office (FVO) in France from 26 to 30 November 2012. The objective of the mission was to gather information on the system put in place to implement article 8(3) of regulation (EC) No. 882/2004 of the European Parliament and of the Council on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules. This was the first of two pilot missions to be carried out in 2012 in order to prepare for the series of systems audits on the same subject, planned for 2013

The scope of the mission was limited to the procedures put in place by the two Central Competent Authorities (CCAs) responsible for the majority of official controls falling under Regulation 882/2004:

- the Food Directorate General (DGAL) of the Ministry of Agriculture, Agri-food and Forestry (MAAF); and
- the Directorate General for Competition, Consumer Affairs and Fraud Repression (DGCCRF) of the Ministry of Economy, Finance and Industry (MINEFI);

as well as the procedures put in place by the regional and departmental competent authorities (CAs) responsible for implementing those official controls.

The mission team concluded that central competent authorities included in the scope of this mission, and the regional and departmental services dealing with the official controls falling under their responsibility, have procedures in place to verify the effectiveness of official controls, although in some cases these procedures are not always formalised in written procedures.

All competent authorities demonstrated their ability to take corrective action when issues were identified that could undermine the effectiveness of official controls, including, where necessary, up-dating of written procedures, all demonstrated a strong commitment to continuous improvement.

Given the fact-finding nature of this mission, no recommendations were made.

Table of Contents

1	<u>INTRODUCTION</u>	1
2	<u>OBJECTIVES</u>	1
3	<u>LEGAL BASIS</u>	2
4	<u>BACKGROUND</u>	2
4.1	<u>SYSTEMS AUDIT</u>	2
4.2	<u>VERIFICATION OF EFFECTIVENESS</u>	2
4.3	<u>PREVIOUS AUDITS</u>	3
5	<u>FINDINGS AND CONCLUSIONS</u>	3
5.1	<u>LEGAL REQUIREMENTS</u>	3
5.2	<u>COMPETENT AUTHORITIES</u>	3
5.2.1	<i>FINDINGS</i>	3
5.2.2	<i>CONCLUSION</i>	5
5.3	<u>VERIFICATION PROCEDURES</u>	5
5.3.1	<i>VERIFICATION PROCEDURES IN DGAL</i>	5
5.3.2	<i>VERIFICATION PROCEDURES IN DGCCRF</i>	11
5.4	<u>DIFFICULTIES ENCOUNTERED BY THE MEMBER STATE IN IMPLEMENTING ARTICLE 8(3)</u>	18
5.4.1	<i>FINDINGS</i>	18
6	<u>OVERALL CONCLUSIONS</u>	18
7	<u>CLOSING MEETING</u>	19
8	<u>RECOMMENDATIONS</u>	19
	<u>ANNEX 1 - LEGAL REFERENCES</u>	20

ABBREVIATIONS AND DEFINITIONS USED IN THIS REPORT

Abbreviation	Explanation
ANSES	National Agency for Food Safety, Environment and Labour <i>Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail</i>
BOP indicators	Performance indicators used by DGAL to monitor implementation of official controls <i>Indicateurs du budget opérationnel de programme</i>
CA	Competent Authority
CCA	Central Competent Authority
COFRAC	French accreditation body <i>Comité Français d'Accréditation</i>
CPPM	Controls at the point of first placing on the market <i>Contrôle de la première mise sur le marché (DGCCRF)</i>
CRAQ	<i>Chargé de mission régional assurance qualité</i>
DD(CS)PP	Departmental Directorate for (social cohesion and) protection of the population <i>Direction départementale (de la cohésion sociale et) de la protection des populations</i>
DGAL	Directorate-General for Food <i>Direction Générale de l'Alimentation</i>
DGAL-OI	DGAL's ' <i>Organisme d'inspection</i> ': the inspection body made up of DGAL and the services at regional and departmental level implicated in the steering and performance of official controls falling under DGAL's responsibility
DGCCRF	Directorate General for Competition, Consumer Affairs and Fraud Repression <i>Direction Générale de la Concurrence, de la Consommation et de la Répression des fraudes</i>
DIRECCTE	Regional Directorate for Enterprise, Competition, Consumers and Employment <i>Direction régionale des entreprises, de la concurrence, de la consommation, du travail et de l'emploi</i>
DNO	DGCCRF's national policy guidelines directive <i>Directive nationale d'orientation</i>
DRAAF	Regional Directorates of food and feed, agriculture and forestry <i>Direction régionale de l'alimentation, de l'agriculture et de la forêt</i> (DAAF – in overseas Departments/regions)

DTL	Local (departmental) technical manager <i>Dirigent technique local</i>
DTN	National technical manager <i>Dirigent technique national</i>
DTR	Regional technical manager <i>Dirigent technique régional</i>
EU	European Union
FROS	In DGAL's quality management system, a form for reporting problems with instructions <i>Fiche de revue d'ordre de service</i>
FVO	Food and Veterinary Office
GRP	Regional programming group meetings <i>Groupes régionaux de programmation</i>
IGS	General inspectorate of services <i>Inspection général des services</i>
IRIS	DGCCRF information system ('data warehouse' using data from SORA and other databases)
JTR	Regional technical days (technical training days organised at the level of the Pôle C of DIRECCTE) <i>Journées techniques régionales</i>
MAAF	Ministry of agriculture, agri-food and forestry <i>Ministère de l'agriculture, de l'agroalimentaire et de la forêt</i>
MINEFI	Ministry of Economy, Finance and Industry <i>Ministère de l'économie, des finances et de l'industrie</i>
OIV	A surveillance programme targeted on the holiday period <i>Opération Interministérielle Vacances</i>
PCRC	Regional control plan <i>Plan cadre régional de contrôle</i>
PNI	DGAL's national inspection plan <i>Plan national d'inspection</i>
PSPCs	DGAL's surveillance and control plans <i>Plans de surveillance et plans de contrôle</i>
QMS	Quality Management System
RASFF	Rapid Alert System for Feed and Food

RESAQ	Quality Assurance Network <i>Réseau Assurance Qualité</i>
RTN	In DGAL, the person responsible for the area at national/central level <i>Responsable technique national</i>
SA	Systems Audit
SIGAL	Information management system for all tasks of the Directorate-General for Food <i>Système d'Information de la Direction Générale de l'Alimentation</i>
SORA	Information management system of the DGCCRF, used for data in relation to controls and related management of documents, correspondence and tasks
SRAL	Regional Food Services <i>Service régional de l'alimentation (partie de la DRAAF)</i>
TL	Locally programmed tasks (at departmental level) <i>Tache local</i>
TN	National programmed tasks (DGCCRF) <i>Tache national</i>
TR	Regionally programmed tasks (DIRECCTE) <i>Tache régional</i>
UAS	Health Audit Unit <i>Unité d'Audit Sanitaire</i>

1 INTRODUCTION

This fact-finding mission took place in France from 26 to 30 November 2012, as part of the planned audit programme of the Food and Veterinary Office (FVO). The mission team comprised 2 officials from the FVO.

The mission team was accompanied throughout the mission by representatives from the Central Competent Authorities (CCAs).

An opening meeting was held in Paris on 26 November with the CCAs. At this meeting the mission team confirmed the objective of, and itinerary for the mission, and additional information required for its satisfactory completion was requested.

2 OBJECTIVES

The objective of the mission was to gather information on the system put in place to implement article 8(3), on control and verification procedures, of Regulation (EC) No 882/2004 of the European Parliament and of the Council, on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules¹:

Competent authorities shall have procedures in place:

(a) to verify the effectiveness of official controls that they carry out; and

(b) to ensure that corrective action is taken when needed and that the documentation referred to in paragraph [8](1) is updated as appropriate.

The scope of the mission was limited to the procedures put in place by the two CCAs responsible for the majority of official controls falling under Regulation 882/2004:

- the Food Directorate General (DGAL) of the Ministry of Agriculture, Agri-food and Forestry (MAAF); and
- the Directorate General for Competition, Consumer Affairs and Fraud Repression (DGCCRF) of the Ministry of Economy, Finance and Industry (MINEFI);

as well as the procedures put in place by the regional and departmental competent authorities (CAs) responsible for implementing those official controls.

In pursuit of these objectives, the itinerary included meetings with the following CAs:

Competent Authorities	No.	Comments
Central	2	DGAL and DGCCRF
Regional	4	SRAAL and DIRECCTE Pôle C in Rhône Alpes and Nord-Pas de Calais
Departmental	2	Drôme and Pas de Calais

¹Regulation (EC) No 882/2004 of the European Parliament and of the Council of 29 April 2004 on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules, OJ L 165, 30.4.2004, p. 1, Corrected and re-published in OJ L 191, 28.5.2004, p. 1

3 LEGAL BASIS

The mission was carried out in agreement with the CCAs.

4 BACKGROUND

4.1 SYSTEMS AUDIT

It has become evident that many problems and non-compliances found during FVO sectoral audits find their root cause in deficiencies in, or incorrect implementation of, core control management systems. FVO is developing the Systems Audit (SA) approach in order to better focus upon and address these core issues.

The objectives of the SA are to:

- examine the operation of selected "horizontal" control system elements across the EU;
- identify good practice as well as difficulties encountered in their implementation;
- promote and contribute to a coherent EU-wide approach towards systems aspects of official controls, without imposing excessive burden on Member States;
- contribute to a more systems-based approach alongside sectoral audits;
- provide useful additional input into the SANCO prioritisation process for FVO audits by further expanding our specific MS knowledge base;
- provide useful background information to FVO sectoral audit teams on the overall progress made by the Member state in the operation of the selected "horizontal" control system element.

The SA model consists of an initial phase of desk analysis, followed by a short and targeted series of audits of a representative sample of Member States for each selected topic, enabling the FVO to draw valid conclusions for the European Union-wide situation and to issue recommendations applicable to all Member States, which could be followed up in the usual way.

The number of SAs in a series and the specific scope are determined as part of the overall FVO audit programme planning. Each audit requires careful preparation and review of all information available in FVO (Multi-Annual National Control Plans, Member State Annual Reports, FVO reports and Country Profiles, and other sources of information).

This fact-finding mission is one of two pilots (the other took place in Austria) carried out by the FVO in 2012. The purpose of the pilots is to gather information and test the SA model so that it can be adapted as necessary in preparation for the SA series starting in 2013.

4.2 VERIFICATION OF EFFECTIVENESS

Regulation (EC) No. 882/2004 sets out a number of over-arching requirements in relation to the operation of control systems, including, in Article 8(3), on control and verification procedures.

The "verification" requirement features as an issue in almost all FVO reports, across all Member States, although, more often than not, in terms of "verification of compliance with planned

arrangements” rather than “verification of effectiveness of official controls”.

Investigation of this theme in recent FVO General Follow-up audits shows that CCAs do gather control data, but there is only limited on-going evaluation of that data. Instead, data is collated at year end for the purpose of compiling the Annual Report and even at that stage, the degree of evaluation, in terms of effectiveness of the official controls performed, varies greatly. Based on these findings of previous FVO audits, it was decided to focus on procedures to verify the effectiveness of official controls in the first round of SAs.

4.3 PREVIOUS AUDITS

FVO has carried out numerous inspections and audits in France, the reports of which can be found at:

http://ec.europa.eu/food/fvo/ir_search_en.cfm

While the topic of the current audit, procedures to verify the effectiveness of official controls, has not been the specific objective of any previous FVO audit, the subject has been considered within the scope of numerous sectoral audits carried out since 2006 as well as the general audit carried out in 2011 (reference number DG(SANCO)/2010-8627).

At the time of writing, the FVO was continuing to follow-up action taken in response to recommendations in relation to verification of the effectiveness of official controls arising from sectoral audits/inspections on animal welfare (2010-8390) and feed ban controls and compliance with requirements for organic fertilisers and soil improvers (2009-8350).

5 FINDINGS AND CONCLUSIONS

5.1 LEGAL REQUIREMENTS

Article 8(3) of regulation (EC) No 882/2004 requires that:

Competent authorities shall have procedures in place:

(a) to verify the effectiveness of official controls that they carry out; and

(b) to ensure that corrective action is taken when needed and that the documentation referred to in paragraph 1 is updated as appropriate.

The paragraph 1 referred to above is Article 8(1) of the Regulation, which states:

"Competent authorities shall carry out official controls in accordance with documented procedures. These procedures shall contain information and instructions for staff performing official controls including, inter alia, the areas referred to in Annex II, Chapter II".

5.2 COMPETENT AUTHORITIES

5.2.1 Findings

Detailed information on the structure and organisation of the French competent authorities can be found in the Country Profile for France at:

http://ec.europa.eu/food/fvo/controlsystems_en.cfm?co_id=FR

For the two CCAs falling within the scope of this audit, the division of competences is summarised in the following table:

DGAL	DGAL, DGCCRF (some controls also shared with other CCAs)	DGCCRF
Primary production (animal and plant) Animal welfare Slaughterhouses	Processing Restaurants Direct sale By products Animal feed Transport and storage	Processing (food of non-animal origin) Non-food products

The CCAs are responsible, *inter alia*, for developing the programmes of official controls and setting control priorities and objectives.

France is divided into 27 regions (22 in metropolitan France and 5 in the overseas departments) and 101 departments (96 in metropolitan France and 5 overseas).

At regional level, under DGAL, the Regional Food Service (SRAL) of the Regional Directorate for Food, Agriculture and Forestry (DRAAF) is responsible for implementation of the national programme number 206 - Food safety and quality- steered by DGAL. These regional CAs are responsible for coordinating the implementation of the official controls within their regions and also for the performance of certain official controls (e.g. phytosanitary controls and on-farm controls on pesticide use are performed by SRAL).

Under DGCCRF, "Pôle C" of the Regional Directorate for Enterprise, Competition, Consumers and Employment (DIRECCTE) is in charge of coordinating investigations conducted at departmental level and defined by regional guidelines or annual regional variants of the National Guideline Directive (*Directive Nationale d'Orientation, DNO*). It is also in charge of coordinating the actions of the DGCCRF which require supra-departmental intervention or organisation of controls (interregional competition investigation teams, interregional winegrowing investigation teams, LME (*loi de modernisation de l'économie* (Economic Modernisation Act)) teams, the coordination of national or interregional sectoral control networks, etc.) and investigations into commercial relations between businesses."

The department Prefect is the representative of the government with responsibility for the implementation, administrative control and co-ordination of government policies. The department Prefect has sole responsibility for public order, protection of the population and compliance with the law. Twenty-two prefects in metropolitan France and five in the overseas departments exercise a dual role, namely that of prefect of their own department and also the designated region prefect. The Department Prefects are linked to the hierarchical structure with the region prefect. The role of the latter is to provide co-ordination across the Departments which comprise the region.

Within the Departments, the official controls falling within the scope of this mission are carried out by the staff of the Departmental Directorate for social cohesion and protection of the population (DDCSPP) for Departments with populations under 400 000, and by the Departmental Directorate for protection of the population (DDPP) for Departments with populations over 400 000, with the exception of the Department of Ille-et-Vilaine which, although it has over 400 000 inhabitants, has a DDCSPP.

5.2.2 Conclusion

Competences of the CAs are clearly defined and responsibility has been allocated for the activities necessary for the development and implementation of programmes of official controls.

5.3 VERIFICATION PROCEDURES

5.3.1 Verification procedures in DGAL

5.3.1.1 Findings

DGAL decided to structure their control system, including those elements carried out by the regional and departmental services (*Organisme d'inspection DGAL – DGAL OI*) based on the norm ISO/CEI 17020. Their accredited quality management system (QMS) fixes the criteria for the organisation and management of DGAL OI, specifies the methods of inspection and formalises inspection reporting as well as fixing requirements for the competence of inspectors.

As a result of the implementation of the QMS, activities related to the management of official controls are covered by detailed procedures described in the National Quality Manual and implemented in the form of quality plans and operating procedures. While there is no specific written procedure dedicated to describing how the requirements of article 8(3) of Regulation 882/2004 are to be met, procedures have been put in place at each of the stages of management of official controls, and for the activities which support them, which aim to ensure the effectiveness of the official controls. Within these processes, there are a number of activities which also verify effectiveness of the official controls. These are detailed in the following sections.

In the management of controls extensive use is made of the information management system SIGAL at central, regional and departmental level.

5.3.1.1.1 Development of the programme of official controls

The French budget is allocated in specific programmes. DGAL is responsible for programme 206, food safety and quality (*sécurité et qualité sanitaires de l'alimentation*) under which actions in the fields of food safety, plant health and animal health and welfare fall. At national level surveillance and control plans (*plans de surveillance et plans de contrôle – PSPCs*) and a national inspections plan (*plan national d'inspection – PNI*) are developed.

The PSPCs are made up of random sampling for surveillance purposes (aimed at identifying the prevalence level of certain risks) and targeted sampling for control purposes (aimed at detecting problems in the areas where risk is considered to be highest). They are developed taking into account previous non-compliance detected, alerts, scientific studies and a national risk assessment. Methods of sampling are laid down in specific national instructions (*ordres de service*). The control plans can be up-dated as necessary with specific additional *ordres de service* (e.g. following alerts).

The PNI is a programme of inspections based on establishment risk and concerns inspections which can be programmed (MIPA - *missions d'inspection programmables par l'administration*) but does not include demand-led activities such as:

- *missions de service publique* – undertaken in response to demand from public, such as requests for establishment approval, inspection in abattoirs, certification. These are activities that must be carried out as and when required; and

- *mission de support technique*: essential technical activities, such as performance of epidemiological enquiries, contingency planning, technical management.

The PNI defines national control frequency, which is adapted at department level according to establishment risk. It is multi-annual, running over 5 years for food safety.

The process of developing the PSPCs and PNI involves the identification of national priorities, based on information from results of previous programmes, emerging risks, feedback from departments and regions and input from the national risk assessment body ANSES. DGAL proposes the chosen priorities to the Minister and following approval, translates these priorities into provisional control plans. The provisional plans are the subject of internal co-ordination, to ensure coherence, and external co-ordination with other state services involved in the field, such as DGCCRF. They are communicated to the regions which in turn communicate with the departments. Based on the provisional national plans and the feedback from the departments, each region develops regional control plan frameworks (*plan cadre régional de contrôle* - PCRC) and activity plans. DGAL holds meetings (*dialogues de gestion*) with the DRAAF to discuss and agree the activity plan for each region. Following these meetings, a contract (*contrat budgétaire*) is issued to each DRAAF, defining the human resources to be made available to the region for the implementation of the official controls set out in the contract (activity plan – *plan d'activité*) and the regional targets to be achieved in relation to the budget allocated (*budget opérationnel de programme* – BOP).

Within DRAAF, SRAL is then responsible for allocating the controls among the departments. This is done through meetings with the department directors and takes into account the specificities of each department, such as the type of agriculture, number and nature of establishments and geographical features. Through these meetings resources are matched with demands and local knowledge can be taken into account. In addition to the national controls specified in the PSPCs and PNI, regional and departmental control plans can be developed to address particular risks identified in the area or in response to requests from the regional or departmental Prefect.

5.3.1.1.2 Implementation of the programme of official controls

Following development of the national, regional and departmental plans, in each department and for each area of activity, the local technical manager (*dirigent technique local* – DTL) is responsible for allocating inspections/controls to the appropriately qualified (see section 5.3.1.1.8) departmental staff. In general, methodologies for programmed controls are provided in *ordres de service* which also specify reporting methods and how data is to be recorded in SIGAL. The DTL can modify the programming if new priorities are identified, *ordres de service* are modified, human resource availability changes or the results of inspections justify it.

The DTL monitors progress by compiling regular overviews of controls carried out (*bilan*) derived from data in SIGAL, so that any problems with implementation of the planned controls can be detected and addressed. The official responsible for the area at regional level (*responsable technique régional* – RTR) also monitors the '*Bilan*' and communicates with the relevant department when implementation is delayed or anomalies in the data are noted.

SRAL organises technical meetings with the DTLs and monitors the performance of the controls requested in *ordres de service*. In addition, SRAL must address any problems notified (*dysfonctionnements* - see section 5.3.1.1.6) and assess *Bilan* of controls performed and their results.

Phytopsanitary controls, including controls on the use of plant protection products, are carried out by SRAAL. National targets for controls and samples are shared out among regions according to production levels.

Progress with PCRC is discussed at regular meetings at regional level of regional and departmental directors and decisions are taken in relation to problems with implementation, e.g. sharing of qualified staff where required competence is not available in a department. These meetings also review quality of inspections using data extracted from SIGAL (see section 5.3.1.1.4) and review quality of data entered into SIGAL.

For plant health, the IT application is called GEUDI and fulfils the same functions.

5.3.1.1.3 Monitoring performance – use of indicators

Each year, under programme 206, “security and sanitary quality of food”, high level objectives are set and indicators are defined. More detailed indicators are used (BOP indicators– *indicateurs du budget opérationnel de programme*) to monitor implementation of the official controls. National and regional targets based on the BOP indicators are set annually. The performance for the BOP indicators is reviewed each year and targets adjusted as necessary. Individual BOP indicators are also amended periodically, based on how useful they have been found to be as a tool to monitor performance.

Most of the BOP indicators are mainly 'quantitative' in nature, providing an oversight of the extent to which planned activities have been carried out. However, recently DGAL has sought to introduce more 'qualitative' BOP indicators in an effort to monitor the effectiveness of official controls, in particular where it has been found that targets in relation to frequency of controls are being met. In 2012 an indicator monitoring the level of follow-up control visits following detection of non-compliance was used with a target of 50%. For 2013, this indicator will be retained with an increased target (60%).

DGAL can also use BOP indicators to target certain types of controls to increase the level of activity. An example was provided to the mission team of controls on the use of plant protection products, where controls actually performed only reached 60% of the target in 2006. The introduction of a BOP indicator for this type of control led to much improved performance in this area, with 98% of planned controls carried out in 2011.

Data in relation to BOP indicators is collected and collated using the SIGAL database (see section 5.3.1.1.4).

In addition, indicators, called INFONAQ (Indicator of the functioning of quality assurance), are used to monitor implementation of the QMS (see also section 5.3.1.1.7). Although these indicators are primarily intended as a tool for monitoring adherence to the QMS procedures, some of them can also give an indication of progress with actions aimed at verifying the effectiveness of official controls. For example, INFONAQ 7 for 2012 monitors the level of implementation of the requirement for supervision of staff carrying out official controls (see section 5.3.1.1.5).

5.3.1.1.4 Monitoring performance – use of SIGAL and QMS tools

In addition to providing data to monitor the BOP indicators, the level of detail in relation to official controls in the data held in SIGAL is such that it allows the person responsible for the area at

national level (*responsable technique national* - RTN) to monitor details of individual controls, such as samples taken and time to submit to lab. An example was demonstrated of detection of problems (the wrong fish species collected for histamine analysis, and samples not being stored and submitted to the laboratory in accordance with the required conditions, which undermined the effectiveness of the sampling programme). This led to a number of corrective actions being taken:

- a *fiche de réclamation* (see section 5.3.1.1.6) was issue to the department services, pointing out the error and asking for corrective action;
- the department provided feedback in the form of FROS (see section 5.3.1.1.6) providing details of why sampling requirements could not be met;
- the department also provide feedback in the form of FLAM (see section 5.3.1.1.6) highlighting lack of clarity in the *ordre de service* laying down the sampling instructions;
- ANSES was consulted regarding the best approach to sampling;
- additional training was provided to officials carrying out these controls;
- the scientific data gathered in relation to the presence of histamine in fish species was forwarded to the European Commission to consider with a view to possible implications for changes in the relevant legislation.

Such oversight is also possible at departmental and regional level. The DTL, DTR or RTN can see the record of findings for each control point identified in an establishment. This information can indicate problems with effectiveness of official controls. An example was provided to the mission team of a control point which gave rise to few observations, which the CCA considered indicated a need for further training of officials to ensure correct assessment of the issue on the spot.

5.3.1.1.5 *Supervision*

As part of the QMS, supervision of inspection takes place in line with ISO 17020 requirements. It comprises supervision by an appropriately qualified and designated person based on documentation and based on site visits, with a set frequency for each type of supervision and recording of the supervisions completed. The procedures are set out in a national quality plan.

Examples of supervision records seen by the mission team demonstrated that such activities could detect problems that could undermine the effectiveness of controls and evidence was seen of follow-up actions to address the deficiencies detected.

However, for a variety of reasons, problems have been encountered at departmental level in achieving the required supervision frequency. As a result of analysis of the non-compliances found during internal quality audits (see section 5.3.1.1.7), frequency of supervision was identified as an area for improvement. An INFONAQ target has been set for the level of achievement of the required frequency and achievement of this target is systematically monitored. As a result this issue is discussed during *dialogues de gestion* and at CODIR meetings, as well as being considered during management reviews. This has resulted in departments programming overdue supervisions to improve performance levels of this activity.

5.3.1.1.6 *Feedback and corrective action*

In addition to the departmental, regional and central monitoring based on SIGAL described above, two other mechanisms that permit the identification of issues undermining effectiveness of controls and their correction were highlighted:

- Management reviews (*Revue de Direction*)
- procedures for treatment of “*Dysfonctionnements*”

As part of the QMS, management reviews take place in line with ISO 17020 requirements, at central, regional and departmental level. At these meetings progress against performance indicators is discussed, internal quality audit findings and INFONAQs are reviewed, previous corrective actions are assessed, treatment of notified discrepancies (*dysfonctionnements* - see below) is reviewed and any necessary corrective actions are decided.

Procedures have been put in place for dealing with problems encountered with implementing instructions or controls (*traitement des dysfonctionnements*). Modalities for notifying issues such as failure to properly implement *ordres de service (fiche de réclamation)*, problems with achieving the activities requested by an *ordre de service (fiche de revue d'ordre de service - FROS)*, difficulties in interpreting an *ordre de service (fiche de lecture et d'application de méthode - FLAM)*, as well as for problems with external suppliers and service providers, are described. In addition, actions to be taken to address the problems notified are defined. The mission team saw examples at central, regional and departmental level of how the use of these procedures led to the identification of issues undermining the effectiveness of official controls and their correction.

5.3.1.1.7 *Internal audit*

DGAL considers that the internal audit arrangements they have in place contribute to the implementation of article 8(3) of Regulation 882/2004, through the role they play in their continuous improvement procedures.

DGAL's internal audit arrangements are formalised in written procedures within the QMS. There is a system of internal audits of the QMS at central, regional and local level and a system of technical audits, carried out by the UAS (Health Audit Unit - *Unité d'Audit Sanitaire*). A detailed description of the audit system is provided in the country profile at: http://ec.europa.eu/food/fvo/controlsystems_en.cfm?co_id=FR

The implementation of the QMS by each SRAL is monitored through annual internal audits by the quality control agent (*chargé de mission régionale assurance qualité - CRAQ*) at each site in the region. In addition, exchanges can occur whereby the CRAQ from one region may audit another region.

Quality audits are carried out once per year in all departments and regions and in DGAL's central seat. These audits cover all the requirements of standard ISO/CEI 17020, many of which correspond to those set out in Regulation (EC) No 882/2004, such as organisational structures, the competence of inspectors, the existence of risk-based control programmes, the performance of inspections, the drafting of inspection reports and supervision, at regional and department levels. During these audits the INFONAQs are re-calculated, based on the findings.

In addition, DGAL uses the services of an external service provider (*prestataire de service*) to carry

out a number of 'COFRAC-type' audits each year to support their own internal audit activity. DGAL-OI is also subject to regular evaluations by COFRAC in the context of maintenance of their accreditation.

The technical audits carried out by the UAS are intended to meet the requirements of article 4(6) of Regulation 882/2004. The UAS comprises 9 part-time auditors, all of whom have undergone training on internal audit (IFACI). The five year audit programme is risk-based and is presented by the Internal Audit Committee to the Director General for Food for approval. The plan is reviewed annually. The annual plan is based on 2-4 themes and visits to 20-30 sites. The site/theme selection for UAS audits is based on, *inter alia*, results of quality audits.

The mission team was presented with an example to demonstrate that internal audit can detect issues undermining the effectiveness of official controls. An audit by UAS in 2011, on implementation of the PSPCs in 4 regions, 8 departments, 2 import control points, 2 labs and DGAL central, led to actions at a national level to address the findings. A *note de service* collating the general provisions in relation to PSPCs and providing detailed instructions for use in 2013 for programming controls, sample taking, performance of analyses, reporting results and managing non-conformities was developed to address the difficulties identified. This *note de service* specifies the actions the DTL for each sector should take to monitor adherence to requirements at specified 'control points', some of which have a bearing on the effectiveness of the official controls. e.g. the appropriateness of the selection criteria used for sampling, the suitability of the sample taken and the storage and transport of samples. In addition, the *note de service* specifies the frequency for such monitoring actions, the measures to take when non-conformities are identified and how these should be recorded. Equivalent instructions are provided for the relevant personnel at regional level covering their monitoring activities.

In addition to these two areas of audit activity, two further areas are subject to specific audit/verification. Import controls are evaluated through a regular programme of audits on Border Inspection Posts and Designated Entry Points and controls at slaughterhouses are subject to a specific programme of audits. Although these two areas of activity were not examined in detail during this mission, the mission team noted that this demonstrated that DGAL could use their audit capacity to scrutinise particular areas of activity more closely where the need to do so was identified.

5.3.1.1.8 *Training and competence management*

A national quality plan defines the competence required for staff carrying out official controls. In addition a system of on-the-job training is in place to develop junior inspectors until they become senior inspectors. Annual staff dialogues allow identification of further training needs.

Matrices of competences must be drawn up and maintained so that departments and regions have an overview of competence available. These matrices allow regions to co-ordinate the sharing of competent staff between regions (*mutualisation de compétence*) in the case of 'rare' competences or where competence shortages exist, for example due to staff movements.

As part of the quality process, at central administration level there are RTN responsible for each technical area, while at regional or department level there are 45 "*référénts nationaux*" (34.8 FTE) as well as a further 111 "*personnes ressources*", equivalent to 21.2 FTE, who have a particular expertise. They make up various national technical networks which provide a bridge between officers in the field and the central administration, bringing expertise to the working community and contribute to the development of training and the preparation of documented procedures (*vade mecum, notes de service*).

5.3.1.2 Conclusion

DGAL, and the regional and departmental services involved in delivery of the official controls falling under DGAL's remit, have written procedures in place which allow verification of the effectiveness of official controls both at an individual and sectoral level. In addition, procedures are in place to ensure that corrective action is taken where problems undermining the effectiveness of official controls are identified, including up-dating of documented procedures where appropriate. The implementation of these procedures is supported by the accredited quality management system and the powerful IT tools available to the services.

5.3.2 Verification procedures in DGCCRF

5.3.2.1 Findings

DGCCRF has three quality programmes:

- Laboratory performance, based on ISO/CEI 17025;
- The programme of sampling, analysis and follow-up (*Chaîne PAS*); and
- The permanent control procedure on the first placing on the market (*contrôle des premiers metteurs sur le marché* – CPMM).

Both *Chaîne PAS* and CPMM controls are based on the relevant parts of ISO/CEI 17020.

The laboratory service (*service commun des laboratoires* – SCL) is accredited but the PAS chain and CPMM controls are not. Although work is on-going to develop quality procedures for other areas of work, such as the design, execution and use of national investigations, management of alerts and answers to written questions from the public, at present no QMS is in place at central level.

While there is no specific written procedure describing explicitly how the requirements of article 8(3) of Regulation 882/2004 are to be met, procedures have been put in place at each of the stages of management of official controls, and in relation to activities which support them, which aim to ensure the effectiveness of the official controls. Within these processes, there are a number of activities which also verify effectiveness of the official controls. These are detailed in the following sections.

5.3.2.1.1 Development of the programme of official controls

Each year DGCCRF publishes the *Directive nationale d'orientation* (DNO), a document which defines the national priorities for the 'enquiries' (*enquêtes*) and the national guidelines for performance of CPMM. The DNO is drawn up in two stages, the modalities and timetable for which are described in a *note de service*. The first stage is a reflection on the broad themes for controls. Issues are identified at central level, together with SCL, taking into account political issues, EU obligations, sectoral factors and other relevant information, such as results of previous enquiries, consumer complaints, alerts etc. Following a consultation with departments, regions and other institutional partners, areas upon which to focus national controls are identified. In consultation with the regions, complementary regional enquiry themes are identified. In the second

stage the final list of DNO enquiries is drawn up and the finalised DNO is approved by the Minister. Enquiries are then allocated to regions and departments (cf. performance of TNs below). They are performed on the basis of formal instructions in standardised summaries setting out the reasons for the enquiry and specifying the operating procedure for investigations and the follow-up to be carried out. A model summary is attached to the form, to be sent to the office requesting the enquiry.

The DNO 2012 sets out three objectives:

- to meet France's EU obligations in terms of market surveillance;
- to contribute to ensuring that markets function competitively and that trade relations are balanced; and
- to assist in consumer protection by verifying the compliance and safety of products and services and monitoring the fairness of transactions.

All controls undertaken by DGCCRF in application of the Multi-annual official national control programme (MAONCP) are covered by the first and third objectives above, although the scope of the programmes falling under these objectives goes beyond the MAONCP (covering also non-food products, price display etc.).

The controls falling under the scope of Regulation (EC) No 882/2004 for which DGCCRF has responsibility are carried in two manners:

- enquiries or national tasks (*tâches nationales*, TN);
- controls at the point of first placing on the market (CPMM).

Performance of tâches nationales

The DNO list of the enquiries to be performed (*tcâche national* - TN), is developed at central level, for implementation by regional and departmental services. The regional and departmental directors participate in the planning of national activities, as well as in the planning of the additional activities for their respective regions/departments. Participation by regions in individual TN, as well as additional regional tasks (*tache régional* - TR), is determined based on the regional risk analysis. National and regional programmes may be supplemented by additional enquiries at departmental level (*tâche local* - TL).

For each TN a detailed document which provides relevant background material explaining, inter alia, the reason for the enquiry, targeting and coverage requirements, sampling methodology, instructions on actions to be taken during the course of the enquiry and reporting requirements is drawn up at central level. Where sampling methodology is prescribed by legislation, this is used. In cases where sampling methodology is not prescribed in law, a suitable methodology is identified in consultation with the SCL. TN involving samples are performed in strict compliance with the described, formalised procedures of the *Chaîne PAS* (Sample-Analysis-Monitoring).

TN run for at least 3 months. It should be noted that the surveillance and control plans generally run for one year. Depending on the nature of a TN, certain regions/departments may be requested to participate (e.g. where a target sector is particularly large in the region), but regions and departments may also volunteer to participate in a TN where they consider it important for their territory.

CPMM

DGCCRF has established a common methodology to be used for the control of feed and food at the point of first placing on the market. The selection of establishments and frequency of visits is determined by the application of risk analysis criteria using common evaluation grilles (*grilles d'évaluation*) for products and establishments.

A theoretical risk rating (based on five criteria including microbiological, physical and chemical contamination) is established at national level for each category of establishment. This is supplemented by the application of standard risk criteria to individual establishments (including the previous compliance record of the company) at regional and departmental level. The frequency of control is defined by the combination of the results for both risk elements.

Control visits take place:

- once per year for establishments at high risk;
- once every 2-3 years for establishments at medium risk;
- once every 3-5 years for establishments at low risk.

Other controls

Supplementary controls are performed in response to regional and departmental requests and to unprogrammed events, such as alerts. Other targeted operations, such as the interministerial holidays operation and the end-of-year operation, focus controls on specific high-risk periods for certain sectors.

Chaîne PAS

In order to guarantee the legal certainty and effectiveness of the samples taken as part of the enquiries, the DGCCRF has adopted a quality approach for the Sampling-Analysis-Monitoring (*Prélèvements-Analyses-Suites* - PAS) chain. National procedures lay down the principles concerning sampling, the management of samples (transport and storage), relations with the laboratories responsible for analyses and the follow-up to be given to samples. Registration forms ensure the traceability of operations and guarantee compliance with the regulatory obligations by those taking the samples. Lastly, a system for identifying, processing and monitoring malfunctions has been established to ensure the effectiveness of the “*chaîne PAS*”.

Management

Meetings (*dialogues de gestion*) are held between the central level and the regions (Pôle C of DIRECCTE) to determine resource needs and performance objectives for the delivery of the programmes. At regional level, the performance objectives for the departments are approved in regional operational committees that bring together the "Pôles C" of the DIRECCTEs and the DD(CS)PPs of the region, with the department directors.

The data in information management system SORA2 includes full details of all the enquiries, including non-conformities detected and follow-up action taken, in real time. SORA2 can send user-specific reminders to complete data entry and alerts in relation to overdue tasks and over- or under-sampling. It is also used to register in-coming and out-going correspondence in relation to enquiries.

The SORA and IRIS information systems

An information system, "IRIS" acts as a data warehouse, drawing on data in SORA and other databases and is used to identify, on the basis of suitable criteria, the data necessary for monitoring the implementation of control programmes. It tracks and registers control activities and follow-up actions, and the results of controls and analytical results are available throughout the DGCCRF services by intranet. IRIS facilitates programming of controls at national, regional and departmental level through provision of data on targeting and coverage.

Sanctions

DGCCRF considers that the effectiveness of controls is supported by a policy of effective,

proportionate and dissuasive sanctions. The policy is to prioritise the most effective follow-up actions and, to the this end, in recent years this has involved encouraging the use, where appropriate, of administrative measures (*des mesures de police administrative*), since such enforcement actions can be significantly quicker than litigation. Targets have been set for the level of use of these administrative actions and these targets are monitored as part of the assessment of the effectiveness of official controls (see section 5.3.2.1.3). DGCCRF is currently drafting a law on administrative sanctions to replace the penal sanctions currently in place, with a view to further increasing the effectiveness of enforcement action. .

5.3.2.1.2 *Implementation of the programme of official controls*

After the development of the programme of TN, TR and TL, and the determination of risk rating of establishments to be controlled in the context of CPMM, departments are responsible for implementing the planned controls. Pôle C of DIRECCTE is responsible for overseeing progress with implementation of the controls and intervening when problems are encountered with performance of those controls. Pôle C is also responsible for co-ordination with the regional services of DGAL, SRAL.

Pôle C monitors progress with performance indicators (through the use of IRIS) on a monthly basis. The 'quality' of the enquiries can also be monitored using the information systems (see section 5.3.2.1.4) and discussion of the results of the regional monitoring takes place at regular meetings between regional and departmental services at heads of service level (*groupes régionaux de programmation* - GRP) and technical level (*journées techniques régionales* – JTR).

Pôle C is also responsible for coordinating availability of competence – where departments do not have appropriately qualified staff for the performance of certain controls, they may call upon the region for technical support (see also section 5.3.2.1.8) or staff with the necessary competences may be shared between departments (*mutualisation des moyens*).

Regions can communicate with the central level during the course of a TN if problems are encountered with implementation, which allows any necessary adjustments to be made. Following completion of every TN, TR and TL, the responsible official at departmental level must prepare a summary (*compte-rendu*) of the actions, findings and outcome, including, where possible, an evaluation of the impact of the enquiry and a recommendation regarding whether the enquiry should be continued, and submit it to the region. A model has been provided by the central level which includes, for this purpose, a heading entitled "Assessment of the impact of the actions taken. Once all departmental summaries have been received, for TN and TR the responsible official at regional level must prepare a regional summary based on the departmental summaries and submit it to central level. The same model as that mentioned above is used to draft the regional summary. At central level the regional summaries are analysed and the outcome of the enquiry assessed. The assessment will determine if an enquiry is to be repeated, modified or give rise to other actions to address any risks identified.

For controls in relation to CPMM, the inspection method is defined centrally and a report covering the establishments internal controls and all the checks performed by the inspector must be prepared and sent to the establishment operator within 2 months of the inspection. The risk categorisation of the establishment is reviewed in the light of the findings.

5.3.2.1.3 *Monitoring performance – use of indicators*

The DGCCRF procedure for managing performance is supported by the SORA2 information

management system. Each level, central, regional and departmental has its own 'activity dashboard' (*tableau de bord de l'activité*) that allows them to see the state of progress of their official controls programmes. At national level, performance indicators in relation to the coverage of risk activities, the implementation of policies in relation to follow-up on non-conformities, efficiency of controls and respect of deadlines are monitored. For each sector, the responsible official can also monitor completion of programmed controls (number of controls, samples taken, results of analyses, follow-up actions, sanctions etc.).

The performance indicators agreed for regional and departmental levels and the progress with programmed controls can also be monitored by the responsible officials at those levels.

While certain performance indicators are quantitative in nature, measuring delivery of the programme and efficiency, others are of a more qualitative nature and can give an indication of effectiveness of controls. In particular, indicators measuring the level of use of administrative measures for follow-up of non-conformities, the level of verification of corrective action in establishments that were the subject of administrative measures and the average time taken for the treatment of files to go to the prosecutor were used by DGCCRF to measure the success of their enforcement policy.

5.3.2.1.4 Monitoring performance – use of SORA2 and IRIS

In addition to providing data to monitor the performance indicators, the level of detail in relation to official controls in the data held in SORA2 and IRIS is such that it allows responsible staff at central, regional and departmental level to view data that could indicate issues undermining effectiveness of the controls performed, such as reports, non-conformities identified, samples taken and follow-up action implemented and completed.

The data in SORA2 is also used by the internal auditors (see section 5.3.2.1.6).

5.3.2.1.5 Supervision

At departmental level, the departmental managers and local supervisors of the officials carrying out controls are responsible for supervising performance. The nature of this supervision is not defined in a specific written procedure but falls under the normal range of duties for line-managers. Normally such supervision involves monitoring performance of control tasks through scrutiny of data recorded in SORA and IRIS. The IRIS system can be used to monitor the activity of officials (targeting, area coverage, effectiveness of follow-up, monitoring of administrative measures and logbook).

Such supervision is usually limited to documentary checks and does not routinely include an on-site supervision of officials carrying out controls. On-site supervision of official controls may, however, take place during internal audits (see section 5.3.2.1.7).

5.3.2.1.6 Feedback and corrective action

While no specific written procedure describes the process, following completion of each TN, the responsible official at central level is responsible for analysing the *compte-rendus* submitted by the regions and proposing further actions to be taken. Such actions may include further enquiries, information actions aimed at the general public or at professional organisations or proposals for further developments in controls or regulation. This analysis provides an opportunity to assess how

effective the enquiry was at detecting non-conformity as well as the type and effect of follow-up actions taken at departmental level as a result of findings made.

An example was provided on how the analyses of results of TN can lead to the identification of practical problems undermining the effectiveness of controls and the provision of solutions: following the first year of a TN in relation to controls on quality labelling, it was determined that due to the level of detail that must be evaluated on labels, a camera was an essential tool for the performance of such controls. In addition, an information system tool was developed, with all approved labels, to assist inspectors in the performance of the controls.

The mission team was provided with an example of how performance indicators could be used to address issues undermining effectiveness of official controls. At central level DGCCRF had identified that the imposition of appropriate administrative measures was the most effective enforcement action that could be taken in many circumstances, but that officials were not using this option very frequently. This was attributed to the greater familiarity officials would usually have with litigation procedures. In order to encourage the greater use of administrative measures, the rate of imposition of administrative measures as a proportion of overall measures taken was chosen as a performance indicator and a target set. The level in 2010 was found to be 7.2% while an improvement to 8.2% was achieved in 2011. The mission team was shown a draft of a revision of *note de service* providing guidance on follow-up actions, which was being revised in order to update and clarify criteria to be used to select the appropriate follow-up actions, which was intended to support and harmonise enforcement action and ensure that staff used the most effective options available to them.

5.3.2.1.7 Internal audit

As part of the quality initiative, a network of internal auditors is in place to carry out checks on the compliance of official controls with quality assurance procedures of *Chaine* PAS and CPMM. In principle, either the former or the latter is audited in each department each year, giving a coverage of both areas over a two year period, although this target is not always achieved. The local structure is responsible for organising the monitoring of any non-conformities. Corrective actions are evaluated at subsequent audits. The global findings are considered at central level with the view to identifying any systematic or general issues undermining effectiveness that need to be addressed.

SCL Laboratories have their own internal audit system and are subject to accreditation audits.

The internal General Inspectorate of Services (IGS) is responsible for performing internal audits required by article 4(6) of Regulation 882/2004 and aim to evaluate the global effectiveness of controls. Their procedures require that all sites and sectors be audited at least once every five years. The audit reports are presented to the Director General and Deputy Directors.

IGS takes account of the results of the internal audit of the quality system when developing their own audit programme. The programme includes both 'transverse' audits, on different structures and activities of DGCCRF, and 'sectoral' audits based on a risk analysis.

In 2011 the transverse audits included an evaluation of the organisation and management of the Pôles C, which gave rise to recommendations and an action plan which is the subject of a follow-up audit in 2012.

The sectoral audits carried out in 2011 were on animal feedstuffs, nutritional supplements and olive oil.

IGS audits evaluate, *inter alia*, technical elements of the controls performed and can involve on-site visits to evaluate controls as they are performed. Audit reports seen by the mission team

demonstrated that IGS auditors were able to detect issues that could undermine the effectiveness of official controls and make recommendations to correct the issues identified.

A more detailed description of the IGS audit system is provided in the country profile at: http://ec.europa.eu/food/fvo/controlsystems_en.cfm?co_id=FR

IGS also performs an annual audit of the quality of data held in SORA2, as certain indicators based on this data are communicated to the national Parliament (*Assemblée Nationale*) in the context of the Finance law.

5.3.2.1.8 *Training and competence management*

The National School for Competition, Consumers and Fraud Repression (*École nationale de la concurrence, de la consommation et de la répression des fraudes*) provides initial training to staff and participates in the delivery of continuous training. All staff recruited to work for DGCCRF undergoes an initial one year training aimed at providing a common basic set of competences. Further training is undertaken as necessary to maintain and up-date the competences acquired and develop specialisation.

The Training Office at central level draws up continuous training programmes based on a survey of training needs at central level and in the regional or department services. Training needs to be coordinated with the TN to ensure that the necessary expertise to carry out the enquiries is available. Training is delivered by ENCCRF, Regions, laboratories or specialised institutes.

Joint training may be organised. For example, in 2011 national joint training was provided by DGCCRF and DGAL in relation to animal nutrition. Also in 2011, MAAPRAT organised 3 seminars on the management of food alerts, where DGCCRF staff also participated.

Part of the regional role of managing the implementation of control programmes involves maintaining an overview of competences available within the region and departments and, where gaps are identified, addressing the shortfall. This may be accomplished by the organisation of regional technical training days, JTR, at which the technical staff can develop their competence through an exchange of practices and which may also be attended by experts from central level or other regions or, where applicable, the laboratory service.

In general, when an inspector begins working in a sector at departmental level, they undergo a period of supervised on-the-job learning (*tutorat*) before becoming a fully-qualified inspector for that sector.

Annual evaluation interviews (*entretien d'évaluation*) take place between agents and their hierarchical superiors, during which, *inter alia*, any additional training needs are identified.

5.3.2.1.9 *Joint Laboratory Service – Service commun des laboratoires*

The 11 laboratories of the *Service commun des laboratoires* (SCL) (nine in metropolitan France and two overseas) perform analyses on samples collected, except in special cases which call for technical competence which the SCL does not have. In such cases, the analyses are sub-contracted to laboratories approved by the Ministry of Economic Affairs and Finance. The samples are allocated according to the specialisations of the individual laboratories. Each metropolitan laboratory is specialised in one or more analytical fields. Laboratories located overseas are local laboratories and, as such, have a more general field of competence with no particular specialisation. For each analytical field identified in the SCL, there are one or more reference laboratories, called

"Pôle de Compétence National (PCN, national competence centre)". Some of these laboratories may also be a National Reference Laboratory within the meaning of Regulation (EC) No 882/2004. The laboratory accreditation by COFRAC covers the main analyses performed. In the reports, the results of analyses are interpreted according to the rules in force and conclusions drawn on the conformity, or non-conformity, of the product and, in the latter case, on the risk posed. This allows the investigation service, in cooperation with the sector office, to evaluate the level of seriousness and of occurrence of this risk and consequently decide on the follow-up.

Performance indicators are in place for laboratory performance in relation to time limits for completion of analyses. Indeed, the two supervisory Directorates-General for the SCL (DGCCRF and DGDDI) have set it a number of objectives in the form of an objectives and performance contract (contrat d'objectifs et de performance, COP). The various objectives set include, apart from the establishment of indicators and accreditation, the reorganisation of laboratory activities in order to reduce the number of sites performing the same type of analyses and bring them all into line with one standard of expertise, verification of the satisfaction rate of the contracting services using satisfaction questionnaires, etc.

The SCL participates in the development of the DNO and individual enquiries, and assists with risk assessment and interpretation of data resulting from the enquiries. It contributes to investigations and court proceedings as an expert.

5.3.2.2 Conclusion

DGCCRF, and the regional and departmental services involved in delivery of the official controls falling under the DGCCRF's remit, have procedures in place which allow verification of the effectiveness of official controls both at an individual and thematic level although these procedures are not always documented and supervision of individual controls is based mainly upon records of controls undertaken. Similarly, while the CAs demonstrated their ability to ensure that corrective action is taken, including up-dating of written procedures where necessary, where problems undermining the effectiveness of official controls are identified, not all processes involved were the subject of formally documented procedures. The implementation of procedures to verify the effectiveness of official controls is supported by the powerful IT tools available to the services.

5.4 DIFFICULTIES ENCOUNTERED BY THE MEMBER STATE IN IMPLEMENTING ARTICLE 8(3)

5.4.1 Findings

Neither DGAL nor DGCCRF reported any particular difficulties in relation to implementing article 8(3) of Regulation 882/2004, however, they stated that they would like the Commission to explain the meaning of the word "effectiveness" in Regulation (EC) No 882/2004.

6 OVERALL CONCLUSIONS

The central competent authorities included in the scope of this mission, and the regional and departmental services dealing with the official controls falling under their responsibility, have procedures in place to verify the effectiveness of official controls, although in some cases these procedures are not always formalised in written procedures.

All competent authorities demonstrated their ability to take corrective action when issues were identified that could undermine the effectiveness of official controls, including, where necessary, up-dating of written procedures, all demonstrated a strong commitment to continuous improvement.

7 CLOSING MEETING

A closing meeting was held on 30 November with the two CCAs, DGAL and DGCCRF. At this meeting the FVO mission team presented their findings and preliminary conclusions and advised the CCAs of the relevant time limits for production of the report and their response.

The representatives of the CCA acknowledged the findings and conclusions presented by the FVO audit team and suggested that future FVO systems audits could consider the theme of 'continuous improvement', taking in the topics of internal audit systems (article 4.6 of Regulation 882/2004) together with article 8(3).

8 RECOMMENDATIONS

Given the fact-finding nature of this mission, no recommendations were made.

ANNEX 1 - LEGAL REFERENCES

Legal Reference	Official Journal	Title
Reg. 882/2004	OJ L 165, 30.4.2004, p. 1, Corrected and re-published in OJ L 191, 28.5.2004, p. 1	Regulation (EC) No 882/2004 of the European Parliament and of the Council of 29 April 2004 on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules