

ASF STANDARDS · LABORATORY · STANDARD 11

Standard 11 — Sustainable Care

5 criteria · 1 core · 4 standard-level · Version 1.0 · Aligned to ISQua EEA
Principle 6, 6th Edition

Environmental conditions for testing accuracy, physical hazard separation, and hazard-class waste segregation are addressed in Standard 5. This standard addresses genuine environmental sustainability — reagent waste, equipment energy use, and cold-chain efficiency.

CRITERIA IN THIS STANDARD

- 11.1 — Reagent and Chemical Waste Is Genuinely Minimised, Not Accepted as Fixed
- 11.2 — Energy-Intensive Equipment Use Is Genuinely Reviewed for Efficiency
- 11.3 — Cold-Chain Continuity Genuinely Balances Sample Integrity and Energy Use
- 11.4 — Staff Are Genuinely Engaged in Sustainability Practice
- 11.5 — Sustainability Commitments Are Genuinely Reviewed, Not Static

11.1

Reagent and Chemical Waste Is Genuinely Minimised, Not Accepted as Fixed

CORE

The laboratory genuinely reviews reagent and chemical consumption for opportunities to reduce waste — expired stock, over-ordering, unnecessary repeat testing — not

In plain terms: The lab actually looks at where reagents and chemicals get wasted — expired stock, over-ordering — rather than treating this waste as just an unavoidable cost of doing business.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Reagent and chemical waste is marked Core because it is genuinely one of the largest, most tangible environmental impact areas for a laboratory — expired stock and over-ordering represent both real financial waste and a real, avoidable environmental cost. A laboratory that has never genuinely examined this is very likely losing real value, not just environmental standing.

WHAT GOOD LOOKS LIKE

- Consumption is genuinely reviewed for waste reduction.
- Expired stock is genuinely tracked and its cause investigated.
- A real instance shows ordering practice genuinely adjusted.

COMMON FAILURE MODES

- Expired reagents are simply discarded and reordered, with no genuine review of why expiry keeps happening.

WORKED EXAMPLE

IN PRACTICE

A laboratory with a recurring pattern of reagent expiry.

BEFORE

A particular reagent expired unused on a regular basis, and was simply reordered each time with no genuine investigation of the cause.

ACTION

A review found order quantities were set well above actual usage; order volume was genuinely

AFTER

The Monitor reviewed expiry tracking data showing a real reduction. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Pull expiry/discard records for the past six months and look for a genuine recurring pattern.

The most common mistake: Treating reagent expiry as an unavoidable, unexamined cost rather than a signal worth genuine investigation.

SELF-ASSESSMENT QUESTIONS

1. Is reagent consumption genuinely reviewed for waste reduction?

— *A real, documented review.*

Evidence: Consumption review

2. Is expired stock genuinely tracked and its cause investigated? —

A real, investigated pattern.

Evidence: Expiry tracking log

3. Is there a real, documented instance of ordering genuinely adjusted to reduce waste? — *A concrete, real example.*

Evidence: Procurement adjustment record

COMMON REASONS FOR A PARTIAL ANSWER

- **Expiry is tracked for inventory purposes but never actually analysed for root cause.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Review expiry/discard records for the past six months.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Expiry log review	Reviews expiry tracking and any resulting procurement adjustment.

- **Ask for the actual expiry/discard rate over the past six months, by reagent.**

EVIDENCE BASE

Clinical and Laboratory Standards Institute. Laboratory Design; Approved Guideline. Wayne: CLSI; 2019.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

11.2

Energy-Intensive Equipment Use Is Genuinely Reviewed for Efficiency

STANDARD

The laboratory genuinely reviews the energy use of freezers, incubators, autoclaves, and other continuously-running equipment for efficiency opportunities — not an unexamined assumption that this equipment’s real energy cost is simply unavoidable and therefore not worth genuine attention.

In plain terms: The lab has actually looked at whether its energy-hungry equipment — freezers, incubators, autoclaves — could run more efficiently, not just assumed nothing can be done.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Laboratory equipment running continuously genuinely represents a significant, often overlooked energy cost — but equipment is also where sample integrity concerns can make efficiency measures feel genuinely risky to even consider. Explicit review, with integrity protected throughout, is what separates real opportunity from assumed risk.

WHAT GOOD LOOKS LIKE

COMMON FAILURE MODES

• Equipment energy use has genuinely been reviewed.

- Consolidation or scheduling options are genuinely considered.
- A real instance shows an efficiency measure implemented.

• Equipment energy use has simply never been examined at all.

WORKED EXAMPLE

IN PRACTICE

A laboratory running two partially-full freezers continuously.

BEFORE	Two freezers ran at partial capacity continuously, with no genuine review of whether consolidation was possible without compromising sample integrity.
ACTION	A genuine review confirmed consolidation into one freezer was safe, and the second was decommissioned.
AFTER	The Monitor reviewed the consolidation decision and confirmed sample integrity was genuinely maintained. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Review continuously-running equipment for genuine consolidation or efficiency opportunities.

The most common mistake: Assuming any efficiency measure is automatically a safety risk, without ever genuinely reviewing whether that’s actually true.

SELF-ASSESSMENT QUESTIONS

1. Has equipment energy use been genuinely reviewed? — *A real, documented review.*
Evidence: Equipment energy review

2. Has consolidation of scheduling been genuinely considered?

where safe? — *A real, considered option.*

Evidence: Documented consideration

3. Is there a real instance of an efficiency measure genuinely implemented? — *A concrete, real example.*

Evidence: Implementation record

COMMON REASONS FOR A PARTIAL ANSWER

- A review was discussed informally but never actually documented or acted on.

IMPLEMENTATION PLAN

When	What
Week 1-2	Review continuously-running equipment for genuine efficiency opportunities.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Equipment review	Reviews the documented equipment efficiency review.

SUPERVISOR TIPS

- **Ask whether equipment consolidation has ever genuinely been considered, not just assumed off the table.**

EVIDENCE BASE

My Green Lab. Freezer Challenge Best Practices Guide. Los Angeles: My Green Lab; 2022.

ASF training courses on GMJ Academy →

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

11.3	Cold-Chain Continuity Genuinely Balances Sample Integrity and Energy Use	STANDARD
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Cold-chain and refrigeration practice genuinely balances the real, non-negotiable requirement of sample and reagent

sample integrity is never compromised, but energy use within that safe requirement is genuinely reviewed, not left unexamined on the assumption that any efficiency measure is automatically a safety risk.

In plain terms: Sample integrity always comes first — but within that non-negotiable requirement, the lab has actually looked at whether cold-chain energy use could be more efficient.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Cold-chain requirements are genuinely non-negotiable for sample and reagent safety, but this real necessity can become an excuse to never genuinely examine energy use at all. Proactive maintenance and efficient equipment selection achieve both goals simultaneously — safety is never actually a reason to skip genuine efficiency review.

WHAT GOOD LOOKS LIKE

- Energy use is genuinely reviewed within safe bounds.
- Equipment is genuinely maintained for efficiency, not just function.
- A real instance shows an efficiency measure implemented without compromising integrity.

COMMON FAILURE MODES

- “Sample safety” is used as a blanket reason to never genuinely examine cold-chain energy use at all.

WORKED EXAMPLE

IN PRACTICE

A laboratory with ageing refrigeration units.

BEFORE

Refrigeration maintenance was purely reactive, addressing failures only after they occurred, with no genuine proactive efficiency maintenance.

ACTION	A proactive maintenance schedule including seal checks and coil cleaning was introduced, genuinely improving both reliability and efficiency.
AFTER	The Monitor reviewed the maintenance schedule and its documented effect. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

- 1. Introduce a proactive, scheduled refrigeration maintenance programme.

The most common mistake: Treating “sample safety requires it” as a reason to never genuinely examine cold-chain energy use.

SELF-ASSESSMENT QUESTIONS

- 1. Is cold-chain energy use genuinely reviewed within safe bounds? — *A real, documented review.*
Evidence: Cold-chain review
- 2. Is refrigeration equipment genuinely maintained for efficiency? — *A real, proactive practice.*
Evidence: Maintenance schedule
- 3. Is there a real instance of an efficiency measure implemented without compromising integrity? — *A concrete, real example.*
Evidence: Implementation record

COMMON REASONS FOR A PARTIAL ANSWER

- Maintenance happens but is purely reactive, with no genuine efficiency component.

IMPLEMENTATION PLAN

When	What
Week 1-2	Introduce proactive, scheduled refrigeration maintenance.

Method	What	Detail
DOCUMENT	Maintenance record review	Reviews the maintenance schedule and sample integrity records.

SUPERVISOR TIPS

- Ask whether maintenance is proactive or purely reactive to failures.

EVIDENCE BASE

World Health Organization. WHO Guidance for Climate-Resilient and Environmentally Sustainable Health Care Facilities. Geneva: WHO; 2020.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

11.4

Staff Are Genuinely Engaged in Sustainability Practice

STANDARD

Laboratory staff genuinely understand and participate in the facility’s sustainability practices — not a policy known only to management with no real staff awareness or input into practical, bench-level improvements.

In plain terms: Bench staff actually know what the lab is doing to be more sustainable, and their own practical suggestions genuinely get heard.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Bench staff genuinely know the day-to-day workflow best — where reagents actually get wasted, which equipment genuinely runs unnecessarily — in a way management reviewing reports from a distance may not. Genuine engagement draws on this real, practical knowledge rather than treating sustainability as a policy decided elsewhere.

WHAT GOOD LOOKS LIKE

- Staff can genuinely describe a real practice.
- Staff input is genuinely sought on bench-level measures.
- A real instance shows a staff suggestion implemented.

COMMON FAILURE MODES

- Sustainability is a management-level policy that bench staff have genuinely never been asked about.

WORKED EXAMPLE

IN PRACTICE

A laboratory whose sustainability decisions never reached bench staff.

BEFORE

Sustainability was discussed only in management meetings, with no genuine channel for bench staff to contribute practical suggestions.

ACTION

A suggestion box and regular team discussion were introduced, surfacing a genuine, practical reagent-sharing idea between two testing stations.

AFTER

The Monitor interviewed bench staff who could describe this real, implemented change. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce a genuine channel for bench staff to contribute sustainability suggestions.

The most common mistake: Treating sustainability as a management decision with no genuine channel for bench-level input.

SELF-ASSESSMENT QUESTIONS

1. Can staff describe a genuine sustainability practice? — *Real, demonstrated awareness.*

2. Is staff input genuinely sought on bench-level measures? — *Real, two-way engagement.*
Evidence: Suggestion record

3. Is there a real instance of a staff suggestion genuinely implemented? — *A concrete, real example.*
Evidence: Implementation record

COMMON REASONS FOR A PARTIAL ANSWER

- A suggestion channel exists but has never actually produced an implemented change.

IMPLEMENTATION PLAN

When	What
Week 1	Introduce a genuine bench-level sustainability input channel.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Staff interview	Asks bench staff to describe a specific practice they contributed to.

SUPERVISOR TIPS

- Interview bench-level staff directly, not only laboratory management.

EVIDENCE BASE

My Green Lab. Freezer Challenge Best Practices Guide. Los Angeles: My Green Lab; 2022.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

11.5

Sustainability Commitments Are Genuinely Reviewed, Not Static

STANDARD

The laboratory’s sustainability goals and practices are genuinely reviewed and updated as circumstances change

examined for whether it still reflects actual practice.

In plain terms: The lab’s sustainability goals actually get revisited — not written once and left to go stale.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

A document written once stops genuinely reflecting current practice as equipment, reagent suppliers, or testing volume change. Real, periodic review is what keeps the commitment meaningful.

WHAT GOOD LOOKS LIKE

- Goals are genuinely reviewed.
- A real revision instance exists.
- Responsibility is genuinely assigned.

COMMON FAILURE MODES

- A document was written once and never revisited.

WORKED EXAMPLE

IN PRACTICE	
A laboratory whose sustainability statement predated an equipment upgrade.	
BEFORE	The statement made no mention of a freezer consolidation already in effect.
ACTION	A named person was assigned annual review responsibility.
AFTER	The Monitor reviewed the updated, dated document. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Assign named review responsibility.

The most common mistake: A document nobody is specifically responsible for revisiting.

SELF-ASSESSMENT QUESTIONS

1. Are goals genuinely reviewed? — *A real, periodic review.*

Evidence: Review schedule

2. Is there a real revision instance? — *A concrete example.*

Evidence: Revision history

3. Is responsibility genuinely assigned? — *A real, named accountability.*

Evidence: Assigned responsibility documentation

COMMON REASONS FOR A PARTIAL ANSWER

- **A schedule exists but hasn't been followed consistently.**

IMPLEMENTATION PLAN

When	What
Week 1	Assign review responsibility and conduct the first review.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Revision history review	Reviews the document's revision history.

SUPERVISOR TIPS

- **Ask who is specifically responsible for review.**

EVIDENCE BASE

United Nations Environment Programme. Sustainable Healthcare Facilities Guidance. Nairobi: UNEP; 2022.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

ASF STANDARDS · LABORATORY · STANDARD 12

Standard 12 — Digital Care and Artificial Intelligence

5 criteria · 3 core · 2 standard-level · Version 1.0 · Aligned to ISQua EEA
Principle 7, 6th Edition

Report content, delivery, and turnaround workflow are addressed in Standard 8. This standard addresses the specific governance of artificial intelligence used in diagnostic result interpretation.

CRITERIA IN THIS STANDARD

12.1 — AI-Assisted Diagnostic Tools Are Genuinely Validated Before Clinical Use

12.2 — A Qualified Professional Genuinely Reviews Every AI-Assisted Result

12.3 — AI-Assisted Tool Performance Is Genuinely Monitored on an Ongoing Basis

12.4 — Laboratory Staff Are Genuinely Consulted and Trained Before an AI Tool Is Introduced

12.5 — Accountability for AI-Assisted Diagnostic Decisions Is Explicitly Defined

12.6 — The Ordering Clinician Is Genuinely Informed When a Result Involved AI-Assisted Interpretation

12.1

AI-Assisted Diagnostic Tools Are Genuinely Validated Before Clinical Use

CORE

Any AI-assisted tool used in result interpretation — automated image analysis, pattern recognition in laboratory data — is genuinely validated against the laboratory’s own real patient population and testing conditions before clinical use, not deployed on the strength of a vendor’s general performance claims alone.

In plain terms: Before an AI tool is used to help interpret real results, the lab has actually tested it on its own patients and conditions — not just trusted the vendor’s general performance numbers.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

This is marked Core because a diagnostic tool’s published performance figures are genuinely based on the population and conditions it was trained and tested on — which may differ meaningfully from a specific laboratory’s own real patient population, equipment, and sample preparation practices. Local validation is what actually confirms the tool performs as claimed in this specific laboratory’s real conditions, not just in the vendor’s own testing environment.

WHAT GOOD LOOKS LIKE

- A tool is genuinely validated against the lab’s own population.
- Validation is genuinely documented with real figures.
- Re-validation is genuinely triggered by meaningful change.

COMMON FAILURE MODES

- A tool is deployed based solely on the vendor’s published accuracy figures, with no genuine local validation.

IN PRACTICE

A laboratory adopting an AI-assisted image analysis tool.

BEFORE

The vendor's published accuracy figure was taken as sufficient, with no genuine testing against this laboratory's own sample set.

ACTION

A local validation study was run against a real sample set from this laboratory's own patient population, confirming comparable performance before clinical rollout.

AFTER

The Monitor reviewed the local validation study documentation. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Run a local validation study against this laboratory's own sample set before any clinical use.

The most common mistake: Trusting a vendor's general performance claim as sufficient, without genuine local validation against this laboratory's own real conditions.

SELF-ASSESSMENT QUESTIONS

1. Is a tool genuinely validated against the lab's own population before clinical use? — *A real, local validation.*

Evidence: Validation study documentation

2. Is validation genuinely documented with real performance figures? — *A real, documented record.*

Evidence: Validation report

3. Is re-validation genuinely triggered by a meaningful change? — *A real, triggered re-validation process.*

Evidence: Re-validation protocol

COMMON REASONS FOR A PARTIAL ANSWER

- A validation study was conducted but never actually repeated after a significant equipment change.

IMPLEMENTATION PLAN

When	What
Before any clinical use	Run a local validation study and document results.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Validation study review	Reviews the local validation documentation and figures.

SUPERVISOR TIPS

- Ask for the actual local validation data, not just the vendor’s marketing material.

EVIDENCE BASE

US Food and Drug Administration. Artificial Intelligence and Machine Learning in Software as a Medical Device. Silver Spring: FDA; 2023.

ASF training courses on GMJ Academy →

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

12.2

A Qualified Professional Genuinely Reviews Every AI-Assisted Result

CORE

Every result genuinely involving AI-assisted interpretation is genuinely reviewed by a qualified laboratory professional before release — not an automated interpretation released directly to the clinician with no real human verification step.

In plain terms: A qualified person always actually checks an AI-assisted result before it goes out — the AI never has the final say on its own.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

This is marked Core because a diagnostic error reaching a clinician and patient genuinely carries real, direct harm potential — AI-assisted interpretation, however well-validated, is a support to professional judgement, not a replacement for it. Genuine, meaningful human review is the actual safeguard against the AI tool’s own real limitations and failure modes.

WHAT GOOD LOOKS LIKE

- Every result is genuinely reviewed before release.
- The reviewer can genuinely override the AI output.
- A real instance shows a genuine override.

COMMON FAILURE MODES

- Review has become a formality — the reviewer habitually approves AI output without genuine, independent scrutiny.

WORKED EXAMPLE

IN PRACTICE	
A laboratory whose AI review step had become routine.	
BEFORE	Reviewing professionals had come to approve AI-generated interpretations almost automatically, with genuine independent scrutiny rarely actually happening.
ACTION	A structured review checklist was introduced requiring the reviewer to genuinely document their own independent assessment before approval.
AFTER	The Monitor reviewed a sample of completed checklists showing genuine, substantive review. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce a structured review checklist requiring documented, independent assessment.

The most common mistake: Review becoming a routine, automatic approval rather than genuine, independent professional scrutiny.

SELF-ASSESSMENT QUESTIONS

1. Is every AI-assisted result genuinely reviewed before release? —

Real, genuine verification.

Evidence: Review records

2. Can the reviewer genuinely override the AI output? — *A real,*

functioning override.

Evidence: Override capability documentation

3. Is there a real instance of a professional genuinely overriding an

AI interpretation? — *A concrete, real example.*

Evidence: Override record

COMMON REASONS FOR A PARTIAL ANSWER

- **Review happens but has genuinely become a rubber-stamp rather than independent scrutiny.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Introduce a structured, documented review checklist.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Review record sample	Reviews a sample of completed reviews for genuine, substantive scrutiny.

SUPERVISOR TIPS

- **Ask for a real, specific example of an AI interpretation being genuinely overridden.**

EVIDENCE BASE

Topol EJ. High-Performance Medicine: The Convergence of Human and Artificial Intelligence. *Nature Medicine*. 2019;25(1):44-56.

[ASF training courses on GMJ Academy →](#)

12.3

AI-Assisted Tool Performance Is Genuinely Monitored on an Ongoing Basis

STANDARD

The accuracy of an AI-assisted diagnostic tool is genuinely monitored on an ongoing basis after deployment, with real tracking of discrepancies between AI-assisted and professional interpretation — not initial validation treated as sufficient for the tool’s entire operational lifetime.

In plain terms: The lab keeps actually checking whether the AI tool stays accurate over time, not just trusting the one-time validation done before it was first used.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

An AI tool’s real performance can genuinely drift over time as reagent batches, equipment, or patient population characteristics change — initial validation, however thorough, is a snapshot, not a permanent guarantee. Ongoing monitoring is what actually catches a genuine performance drift before it causes real harm.

WHAT GOOD LOOKS LIKE

- Accuracy is genuinely monitored on an ongoing basis.
- Discrepancies are genuinely tracked.
- A genuine pattern triggers a real response.

COMMON FAILURE MODES

- Initial validation is treated as a one-time check, with no genuine ongoing monitoring afterward.

WORKED EXAMPLE

IN PRACTICE

A laboratory whose AI tool had never been monitored post-deployment.

BEFORE	Initial validation data was treated as sufficient indefinitely, with no genuine ongoing tracking of discrepancies between AI and professional interpretation.
ACTION	A monthly discrepancy log was introduced, genuinely tracking every case of disagreement between AI output and the reviewing professional's final interpretation.
AFTER	The Monitor reviewed the discrepancy log and confirmed it was genuinely being used. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce a discrepancy log tracking AI-versus-professional disagreement.

The most common mistake: Treating a one-time initial validation as sufficient for the tool's entire operational lifetime.

SELF-ASSESSMENT QUESTIONS

1. Is accuracy genuinely monitored on an ongoing basis? — *Real, continuous monitoring.*

Evidence: Monitoring records

2. Are discrepancies genuinely tracked? — *A real, documented log.*

Evidence: Discrepancy log

3. Does a genuine pattern trigger a real response? — *A real, usable escalation process.*

Evidence: Escalation protocol

COMMON REASONS FOR A PARTIAL ANSWER

- A discrepancy log exists but is never actually reviewed for genuine patterns.

When	What
Week 1-2	Introduce a discrepancy log and a regular review schedule.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Discrepancy log review	Reviews the log and evidence it is genuinely analysed over time.

SUPERVISOR TIPS

- Ask when the discrepancy log was last actually reviewed, not just whether it exists.

EVIDENCE BASE

US Food and Drug Administration. Artificial Intelligence and Machine Learning in Software as a Medical Device. Silver Spring: FDA; 2023.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

Laboratory Staff Are Genuinely
12.4 Consulted and Trained Before an AI
Tool Is Introduced

STANDARD

Laboratory staff who will actually use or review AI-assisted tools are genuinely consulted before introduction, with real training on the tool’s genuine limitations — not a tool deployed with staff expected to trust its output without real understanding of where and how it can genuinely be wrong.

In plain terms: Before a new AI tool is introduced, staff get a real say and genuinely understand its specific limitations — not just trained to click “approve.”

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

Staff who will genuinely review AI-assisted output need real, substantive understanding of the tool’s specific, known failure modes to actually catch an error — training limited to “how to operate the software” misses this genuine, more important understanding of when and how the tool can actually be wrong.

WHAT GOOD LOOKS LIKE

- Staff are genuinely consulted before introduction.
- Training genuinely covers specific, known limitations.
- Staff can genuinely describe a real limitation.

COMMON FAILURE MODES

- Training covers only how to operate the software, with no genuine understanding of the tool's actual failure modes.

WORKED EXAMPLE

IN PRACTICE	
A laboratory introducing an AI image-analysis tool.	
BEFORE	Training covered only how to operate the software interface, with no genuine discussion of specific scenarios where the tool was known to underperform.
ACTION	Training was revised to genuinely include documented failure-mode scenarios from the validation study, with staff input incorporated beforehand.
AFTER	The Monitor interviewed a staff member who could correctly describe a genuine, specific limitation. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Build training content around the tool's actual, documented failure modes, not just its interface.

The most common mistake: Training that covers software operation but never genuinely conveys the tool’s actual, specific

SELF-ASSESSMENT QUESTIONS

1. Are staff genuinely consulted before introduction? — *Real, prior consultation.*

Evidence: Consultation record

2. Does training genuinely cover specific, known limitations? — *Real, substantive training.*

Evidence: Training materials

3. Can staff describe a genuine limitation of the tool they use? — *Tests actual, conveyed understanding.*

Evidence: Staff interview

COMMON REASONS FOR A PARTIAL ANSWER

- **Training happened but genuinely covered only interface operation, not limitations.**

IMPLEMENTATION PLAN

When	What
Before any launch	Build and deliver limitation-focused training.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Staff interview	Asks staff to describe a specific limitation of the AI tool.

SUPERVISOR TIPS

- **Ask a staff member what the AI tool is known to get wrong, specifically.**

EVIDENCE BASE

European Commission. Ethics Guidelines for Trustworthy Artificial Intelligence. Brussels: European Commission; 2019.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

12.5

Accountability for AI-Assisted Diagnostic Decisions Is Explicitly Defined

CORE

The laboratory has genuinely considered and documented accountability for a diagnostic decision informed by an AI-assisted tool — who is responsible when the tool is wrong — not leaving this as an unexamined question until an actual misdiagnosis forces an answer.

In plain terms: Everyone knows, in advance, who’s actually responsible if an AI-assisted diagnostic result turns out to be wrong.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

This is marked Core because a genuine diagnostic error carries real, direct patient harm potential — leaving accountability genuinely unexamined until an actual misdiagnosis occurs means the question gets answered under real pressure, potentially poorly, exactly when clarity matters most. Explicit, documented accountability, established before any incident, is what ensures a genuine, prompt, and appropriate response.

WHAT GOOD LOOKS LIKE

- Accountability is explicitly documented.
- Reviewing professionals genuinely understand their own accountability.
- A defined process exists for reviewing accountability in an error.

COMMON FAILURE MODES

- Accountability has never been genuinely examined until an actual diagnostic error forces the question.

WORKED EXAMPLE

IN PRACTICE

A laboratory reviewing its AI governance after a near-miss.

BEFORE	Accountability for an AI-assisted diagnostic error had never been explicitly documented, leaving real ambiguity when a near-miss was reviewed.
ACTION	A clear policy was developed explicitly confirming the reviewing professional retains diagnostic accountability regardless of AI assistance.
AFTER	The Monitor reviewed the policy and interviewed a professional who could clearly describe their own accountability. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Document accountability for AI-assisted diagnostic decisions explicitly, before an incident forces the question.

The most common mistake: Leaving accountability genuinely unexamined until an actual diagnostic error forces an answer under pressure.

SELF-ASSESSMENT QUESTIONS

1. Is accountability for an AI-assisted diagnostic decision explicitly documented? — *A real, clear answer.*

Evidence: Documented accountability policy

2. Do reviewing professionals genuinely understand their own accountability? — *Real, demonstrated understanding.*

Evidence: Staff interview

3. Is there a defined process for reviewing accountability in a diagnostic error? — *A real, usable process.*

Evidence: Incident review protocol

COMMON REASONS FOR A PARTIAL ANSWER

- A policy exists but staff genuinely haven't been told about it.

IMPLEMENTATION PLAN

When	What
Week 1-2	Document accountability explicitly and communicate it to all reviewing staff.

Method	What	Detail
ASK	Staff interview	Asks a reviewing professional to describe their accountability for an AI-assisted result.

SUPERVISOR TIPS

- Ask a reviewing professional directly: “If the AI was wrong and you approved it, who’s responsible?”

EVIDENCE BASE

European Commission. Ethics Guidelines for Trustworthy Artificial Intelligence. Brussels: European Commission; 2019.

[ASF training courses on GMJ Academy →](#)

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12.6

The Ordering Clinician Is Genuinely Informed When a Result Involved AI-Assisted Interpretation

STANDARD

Where AI genuinely assisted in interpreting a diagnostic result, the ordering clinician is genuinely informed of this on or alongside the report — not left to assume every result was generated by human interpretation alone — so that the clinician can, in turn, inform the patient as part of normal clinical practice.

In plain terms: The lab makes sure the doctor who ordered the test actually knows when AI helped interpret the result, so the doctor can tell the patient — since the lab itself usually has no direct relationship with the patient.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

A laboratory genuinely sits one step removed from the patient — the ordering clinician is the actual point of contact who explains results. A patient's genuine right to know when AI was involved in their care can only be honoured here if the laboratory first ensures the clinician genuinely knows, since the lab has no direct channel to disclose to the patient itself. This criterion is the laboratory's own half of an obligation it shares with the ordering clinician.

WHAT GOOD LOOKS LIKE

- The report or an accompanying note genuinely flags AI involvement.
- This disclosure is genuinely clear enough for the clinician to pass along.
- A clinician can genuinely confirm they noticed it.

COMMON FAILURE MODES

- AI involvement is technically logged in an internal system but never genuinely appears on or alongside the report the clinician actually receives.

WORKED EXAMPLE

IN PRACTICE	
A laboratory using AI-assisted image analysis for a pathology result.	
BEFORE	AI involvement was logged internally for quality tracking but genuinely never appeared anywhere on the report the ordering clinician actually saw.
ACTION	A brief standard line was added to the report template: "This result includes AI-assisted image analysis, reviewed by [pathologist name]."
AFTER	The Monitor interviewed an ordering clinician who could genuinely confirm they noticed and understood the note. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Add a standard, brief disclosure line to the report template for any result involving AI-assisted interpretation.

The most common mistake: AI involvement tracked internally for quality purposes but never actually reaching the report the clinician sees.

SELF-ASSESSMENT QUESTIONS

- 1. Does the report genuinely indicate AI involvement? — *A real, standard disclosure on the report.*
Evidence: Report template
- 2. Is this disclosure genuinely clear enough for the clinician to pass to the patient? — *A real, usable note.*
Evidence: Report wording sample
- 3. Can an ordering clinician confirm they genuinely noticed this on a recent report? — *A real, concrete confirmation.*
Evidence: Clinician interview

COMMON REASONS FOR A PARTIAL ANSWER

- **A disclosure line exists in the template but clinicians genuinely don’t notice it among other report text.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Add a standard AI-disclosure line to the report template for any AI-assisted result.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Clinician interview	Asks an ordering clinician whether they noticed AI disclosure on a recent report.

SUPERVISOR TIPS

- **Ask to see a real, recent report with AI involvement and check the disclosure is genuinely visible, not buried.**

EVIDENCE BASE

World Health Organization. Ethics and Governance of Artificial Intelligence for Health: Guidance on Large Multi-Modal Models. Geneva: WHO; 2024.

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← **Laboratory Standards —
all standards**

← **Standard 11 —
Sustainable Care**

**Standard 13 — Supporting
the Care Workforce** →

ASF STANDARDS · LABORATORY · STANDARD 13

Standard 13 — Supporting the Care Workforce

5 criteria · 2 core · 3 standard-level · Version 1.0 · Aligned to ISQua EEA
Principle 8, 6th Edition

Qualification, competence reassessment, orientation, and staffing levels are addressed in Standard 3. This standard addresses the additional workforce-support dimensions genuinely distinct to laboratory practice.

CRITERIA IN THIS STANDARD

13.1 — A Quality or Safety Concern Can Genuinely Be Raised Without Fear of Reprisal

13.2 — Occupational Health Monitoring Is Genuinely Specific to Real Laboratory Exposure Risks

13.3 — Turnaround-Time Pressure Is Genuinely Monitored for Its Real Effect on Staff Wellbeing

13.4 — Staff Have Genuine Access to Ongoing Education Beyond Mandatory Competence Reassessment

13.5 — Staff Feedback Is Genuinely Gathered and Acted On

13.6 — Equality, Diversity and Inclusion Across the Workforce Are Genuinely Monitored

A Quality or Safety Concern Can

13.1 Genuinely Be Raised Without Fear of Reprisal

CORE

A genuine, protected process exists for staff to raise a quality or safety concern — including about a colleague's work, a systemic process failure, or pressure to cut corners under turnaround-time demands — with real protection from adverse treatment, not a reporting line that exists on paper with no real, demonstrated protection.

In plain terms: Staff can actually raise a real quality or safety concern — even about a colleague, or about pressure to cut corners — without genuine fear of consequences.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

This is marked Core because a laboratory's results genuinely drive real clinical decisions downstream — a quality issue that goes unreported because staff genuinely fear reprisal can propagate real, undetected harm across many patients before it's ever caught through other means. Genuine, demonstrated protection is what actually makes a reporting pathway real rather than theoretical.

WHAT GOOD LOOKS LIKE

- A genuine, accessible process exists.
- Staff are genuinely protected from adverse treatment.
- A real instance shows genuine investigation and resolution.

COMMON FAILURE MODES

- A reporting line exists on paper, but staff genuinely believe — based on past experience — that raising a concern leads to real retaliation.

IN PRACTICE

A laboratory where staff had genuinely stopped raising concerns.

BEFORE

A formal reporting line existed, but staff genuinely believed, based on a past incident, that raising a concern about a senior colleague would lead to real professional consequences.

ACTION

An anonymous reporting option was introduced, and leadership genuinely, visibly acted on a subsequent report without any retaliation against the reporter.

AFTER

The Monitor interviewed staff who confirmed genuine confidence in the process following this real, demonstrated instance. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce an anonymous reporting option if none exists, and ensure every report receives a genuine, documented response.

The most common mistake: A reporting line that exists on paper, with staff genuinely believing based on past experience that using it carries real risk.

SELF-ASSESSMENT QUESTIONS

1. Is there a genuine, accessible process to raise a concern? — A *real, known process*.

Evidence: Process documentation

2. Are staff genuinely protected from adverse treatment? — *Real, demonstrated protection*.

Evidence: Staff interview

3. Is there a real instance of a concern genuinely investigated and resolved? — *Genuine follow-through*.

Evidence: Resolution log

- **A process exists but staff genuinely have no confidence based on past experience.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Introduce or strengthen an anonymous reporting option.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Staff interview	Asks staff whether they genuinely believe they could raise a concern safely.

SUPERVISOR TIPS

- **Ask staff directly whether they believe reporting a concern about a colleague would be safe — trust their honest answer.**

EVIDENCE BASE

International Labour Organization. Violence and Harassment Convention, 2019 (No. 190). Geneva: ILO; 2019.

[ASF training courses on GMJ Academy →](#)

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

13.2 Occupational Health Monitoring Is Genuinely Specific to Real Laboratory Exposure Risks

CORE

Occupational health monitoring genuinely addresses the real exposure risks specific to laboratory work — biological, chemical, and radiation exposure where applicable — not a generic workplace health policy applied unchanged with no genuine attention to these real, setting-specific risks.

In plain terms: Staff health monitoring actually covers the real exposure risks of lab work — biological, chemical, radiation where relevant — not a generic office health

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

This is marked Core because laboratory staff genuinely face real, specific occupational exposure risks — biohazard, chemical, and where applicable radiation — that carry genuine, direct health consequences if not actually monitored. A generic workplace wellness policy, however well-intentioned, does not actually address these real, setting-specific hazards.

WHAT GOOD LOOKS LIKE

- Monitoring genuinely addresses real lab-specific risks.
- Monitoring is genuinely conducted on a real schedule.
- A genuine concern triggers a real, defined response.

COMMON FAILURE MODES

- Occupational health monitoring exists but is generic, with no genuine attention to laboratory-specific exposure.

WORKED EXAMPLE

IN PRACTICE	
A laboratory with staff handling chemical reagents daily.	
BEFORE	Occupational health monitoring consisted of a generic annual check-up with no genuine, specific attention to real chemical exposure risk.
ACTION	A genuine, exposure-specific monitoring protocol was introduced for staff regularly handling identified hazardous reagents.
AFTER	The Monitor reviewed the monitoring protocol and records. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

The most common mistake: A generic occupational health policy with no genuine attention to laboratory-specific exposure risks.

SELF-ASSESSMENT QUESTIONS

1. Does monitoring genuinely address real lab-specific exposure risks? — *A real, setting-specific monitoring programme.*

Evidence: Monitoring protocol

2. Is monitoring genuinely conducted on a real schedule? — *Real, periodic monitoring.*

Evidence: Monitoring records

3. Is there a real, defined response when a genuine concern is identified? — *A genuine corrective process.*

Evidence: Response protocol

COMMON REASONS FOR A PARTIAL ANSWER

- **Baseline monitoring happened at hire but was never genuinely repeated.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Identify real exposure risks and build a specific monitoring protocol.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Monitoring record review	Reviews the monitoring protocol and records against identified real risks.

SUPERVISOR TIPS

- **Ask whether monitoring is genuinely specific to this lab's actual hazards, or just a generic health check.**

EVIDENCE BASE

World Health Organization. Health Worker Safety Charter. Geneva: WHO; 2020.

Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

Turnaround-Time Pressure Is

13.3 Genuinely Monitored for Its Real Effect on Staff Wellbeing

STANDARD

The laboratory genuinely monitors the real wellbeing effect of sustained turnaround-time pressure on staff — not treating this pressure as an unexamined, fixed cost of laboratory operations with no genuine attention to its real toll on the people managing it.

In plain terms: The lab actually pays attention to how ongoing pressure to turn results around fast is genuinely affecting staff — not just treating this pressure as an unavoidable, unexamined part of the job.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Sustained turnaround-time pressure is genuinely one of the most common, real sources of occupational strain in laboratory work — and a facility that only tracks turnaround-time as a technical metric, without genuine attention to its wellbeing cost, misses a real, significant part of what sustains this pressure’s effect on staff.

WHAT GOOD LOOKS LIKE

- Wellbeing effect of pressure is genuinely considered.
- Real, regular check-ins go beyond throughput metrics.

COMMON FAILURE MODES

- Turnaround time is tracked purely as a technical metric, with no genuine attention to its real effect on staff.

WORKED EXAMPLE

IN PRACTICE

A laboratory with genuinely high staff turnover in its fastest-turnaround section.

BEFORE

Turnaround time was tracked purely as a performance metric, with no genuine investigation into whether sustained pressure was contributing to real staff strain.

ACTION

A genuine wellbeing check-in was introduced specifically for high-pressure sections, surfacing real concerns that informed a staffing adjustment.

AFTER

The Monitor interviewed staff who described this as a genuine, meaningful change. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce a wellbeing-specific check-in for staff in high-turnaround-pressure roles.

The most common mistake: Tracking turnaround time only as a technical performance metric, with no genuine attention to its wellbeing cost.

SELF-ASSESSMENT QUESTIONS

1. Does the lab genuinely consider wellbeing effects of turnaround-time pressure? — *A real, considered attention.*

Evidence: Wellbeing policy

2. Are genuine check-ins conducted beyond throughput metrics? — *Real, human contact.*

Evidence: Check-in schedule

3. Can staff describe a real instance where this made a difference? — *A real, concrete example.*

COMMON REASONS FOR A PARTIAL ANSWER

- **Throughput is tracked but genuinely never connected to a wellbeing conversation.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Introduce a wellbeing check-in for high-pressure roles.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Staff interview	Asks staff in a high-pressure role about genuine wellbeing attention.

SUPERVISOR TIPS

- **Ask staff in the fastest-turnaround section specifically, not just general staff.**

EVIDENCE BASE

World Health Organization. Health Worker Safety Charter. Geneva: WHO; 2020.

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Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

13.4

Staff Have Genuine Access to Ongoing Education Beyond Mandatory Competence Reassessment

STANDARD

Every staff member has genuine access to ongoing professional education beyond the mandatory competence reassessment covered under Standard 3 — not education treated as complete once minimum regulatory requirements are met, with no real opportunity for broader professional development.

In plain terms: Staff can actually keep developing professionally — not just doing the bare minimum required reassessment.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Mandatory competence reassessment under Standard 3 confirms a real, minimum safety threshold — but genuine professional growth and engagement require real opportunity beyond this floor. A workforce whose only learning is compliance-driven misses real development that also supports retention and genuine engagement.

WHAT GOOD LOOKS LIKE

- Genuine, ongoing access to education beyond mandatory reassessment.
- Staff can genuinely describe an opportunity taken.
- Access is genuinely equitable across shifts.

COMMON FAILURE MODES

- Education opportunities genuinely only reach day-shift staff, with night and weekend staff effectively excluded.

WORKED EXAMPLE

IN PRACTICE

A laboratory where education opportunities excluded night-shift staff.

BEFORE	All continuing education sessions were scheduled during day-shift hours, genuinely excluding night and weekend staff.
ACTION	Recorded sessions and a rotating schedule were introduced, genuinely reaching staff across all shifts.
AFTER	The Monitor interviewed a night-shift staff member who could describe genuine access. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

The most common mistake: Education opportunities that genuinely only reach day-shift staff.

SELF-ASSESSMENT QUESTIONS

1. Does every staff member have genuine, ongoing access to education? — *Real, continuing access.*

Evidence: Education policy

2. Can staff describe a genuine opportunity taken in the past year? — *A real, specific example.*

Evidence: Staff interview

3. Is access genuinely equitable across shifts? — *Real, equitable access.*

Evidence: Night-shift staff interview

COMMON REASONS FOR A PARTIAL ANSWER

- Opportunities exist but genuinely only reach day-shift staff in practice.

IMPLEMENTATION PLAN

When	What
Week 1-2	Build equitable access across all shifts.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
ASK	Staff interview	Asks a night or weekend shift staff member about genuine education access.

SUPERVISOR TIPS

- Specifically interview a night or weekend shift staff member.

EVIDENCE BASE

World Health Organization. Global Strategy on Human Resources for Health: Workforce 2030. Geneva: WHO; 2016.

[ASF training courses on GMJ Academy →](#)

13.5 Staff Feedback Is Genuinely Gathered and Acted On

STANDARD

The laboratory has a genuine, systematic approach to gathering feedback from its staff, with real analysis and a genuine, implemented response — not feedback collected occasionally with no real pattern of actual improvement.

In plain terms: Staff get genuinely asked how working here actually is, and real changes happen as a result.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

WHY THIS MATTERS

Systematic, structured feedback gives management genuine visibility into issues that may not otherwise surface, especially from staff working shifts leadership rarely overlaps with. Real, demonstrated follow-through is what distinguishes a genuine feedback process from one staff learn to disengage from.

WHAT GOOD LOOKS LIKE

- Feedback is genuinely gathered systematically.
- Feedback is genuinely analysed.
- A documented instance shows a genuine, implemented change.

COMMON FAILURE MODES

- A survey is run but results are never genuinely shared back or acted on, leading staff to stop engaging honestly.

WORKED EXAMPLE

IN PRACTICE

A laboratory whose staff survey results were never shared back.

BEFORE	An annual survey was conducted, but results and any resulting action were never genuinely communicated back to staff, and participation had genuinely declined.
ACTION	A “you said, we did” summary was introduced after each survey round, genuinely closing the loop.
AFTER	The Monitor reviewed the summary and subsequent survey participation data showing genuine improvement. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce a structured survey, and commit to a genuine “you said, we did” follow-up.

The most common mistake: Running a survey but never genuinely closing the loop, leading staff to stop engaging honestly.

SELF-ASSESSMENT QUESTIONS

1. Is feedback genuinely gathered systematically? — *Real, ongoing collection.*

Evidence: Survey records

2. Is collected feedback genuinely analysed? — *A real, documented analysis.*

Evidence: Analysis notes

3. Is there a documented instance of feedback genuinely leading to a change? — *A real, concrete example.*

Evidence: Change record

COMMON REASONS FOR A PARTIAL ANSWER

- A survey exists but results are never actually shared back or acted on.

When	What
Week 1-2	Design and launch a structured feedback survey with a follow-up summary.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Survey review	Reviews survey results and resulting changes.

SUPERVISOR TIPS

- Ask for a specific example of a change made because of feedback.

EVIDENCE BASE

NHS England. NHS Staff Survey National Results. Leeds: NHS England; 2023.

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Foundation courses A-00 to A-03 are live. Criterion-specific modules are being developed and will link here when published.

Equality, Diversity and Inclusion

13.6 Across the Workforce Are Genuinely Monitored

STANDARD

The laboratory genuinely monitors and responds to real patterns of equity across recruitment, work allocation, scheduling, and promotion — including across shifts — not an assumption that fair treatment exists simply because no formal complaint has been raised.

In plain terms: The lab actually looks at real patterns — who gets hired, which shifts people get, who gets promoted — not just assuming things are fair because nobody has formally complained.

Facility category	Crisis	Transition	Small	Standard
Applicability	Adapted	Full	Full	Full

Inequity in recruitment, scheduling, or promotion can genuinely persist for years without a single formal complaint — people often don't report a pattern they can't fully see themselves, or don't trust reporting to change anything. Genuine, proactive monitoring of real workforce data is what actually surfaces a pattern that individual complaints alone would likely never reveal.

WHAT GOOD LOOKS LIKE

- Workforce data is genuinely monitored for patterns.
- A genuine pattern triggers a real response.
- A real instance shows monitoring informing a change.

COMMON FAILURE MODES

- No formal complaint has been raised, so the laboratory genuinely assumes no issue exists, with no actual data ever reviewed.

WORKED EXAMPLE

IN PRACTICE	
<i>A laboratory that had never reviewed its own night-shift scheduling data for patterns.</i>	
BEFORE	Shift scheduling was managed informally with no genuine review of whether certain staff consistently received less favourable assignments.
ACTION	A quarterly scheduling equity review was introduced, which identified and corrected a genuine, unintentional pattern.
AFTER	The Monitor reviewed the review documentation and the resulting correction. Verified.

IF YOU ARE STARTING FROM ZERO — DO THIS FIRST

1. Introduce a regular review of recruitment, scheduling, and promotion data, including across all shifts.

The most common mistake: Assuming fairness exists because

no one has formally complained, with no actual data ever reviewed.

SELF-ASSESSMENT QUESTIONS

1. Is workforce data genuinely monitored for patterns of inequity? —

A real, documented monitoring process.

Evidence: Monitoring protocol

2. Where a genuine pattern is identified, is there a real, defined response? — *A genuine corrective process.*

Evidence: Response record

3. Is there a real, documented instance of this genuinely informing a change? — *A concrete, real example.*

Evidence: Change record

COMMON REASONS FOR A PARTIAL ANSWER

- **Data exists but has genuinely never been reviewed specifically for equity patterns across shifts.**

IMPLEMENTATION PLAN

When	What
Week 1-2	Introduce a quarterly equity review of recruitment, scheduling, and promotion data.

HOW THE MONITOR VERIFIES THIS

Method	What	Detail
DOCUMENT	Equity review record	Reviews the monitoring data and any resulting corrective action.

SUPERVISOR TIPS

- **Ask to see the actual data behind the last equity review, including night-shift staff specifically.**

EVIDENCE BASE

World Health Organization. Gender Equity and Human Rights in the Health Workforce. Geneva: WHO; 2019.

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← **Laboratory Standards —
all standards**

← **Standard 12 — Digital
Care & AI**

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