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## Howard Jones Award to Grace Duffy

By Roger W. Berger



The Quality Management Division's highest award, the Howard Jones Award, was presented to Grace Duffy during the recent World Conference on Quality and Improvement (WCQI) in Seattle. Outgoing Quality Management Division Chair John Bauer made the presentation. Past Chair and Jones Awardee Roger Berger delivered remarks.

Grace is the twelfth winner of the award, named after the first chair of the Administrative Applications Division, as it was known in 1955 when our division was founded. She has continued the long tradition of Howard Jones Award winners, in that she has been active in the division for at least 10 years, has provided significant leadership to the division during that time, and has initiated or completed a major high-priority division project.

The beginning of Grace's QMD involvement was 1993. Soon, she was leading the effort to create a Certified Quality Manager program. This included such diverse roles as defining the body of knowledge, recruiting and training other volunteers, developing multiple-choice questions and answers, hand-grading the essay portion of the test — and perhaps most important, fostering a high sense of purpose and camaraderie among all the volunteers involved with the effort.

Grace's contributions garnered a great deal of positive feedback from those who worked with her. She attended almost every group meeting for the first five years of the program. This included the infamous meeting on a cruise ship to the Bahamas. The reason for holding a QMD working meeting on a cruise ship was simple — the cost was significantly lower than at any of the available hotels. The exam development team may be the only group of tourists to sail into Nassau Harbor with their heads buried in a bunch of papers in the bowels of the cruise liner. One person aboard said, "all those CQMgr Exam writers were a bunch of nerds." Her efforts on the Certified Quality Manager program had two important results: the program was a resounding success and Grace

went on the fast track to Division Chair, a position she held from 2001 to 2003.

She was elected to the ASQ Board of Directors in 2003 and served as a National Director for the Division Affairs Council from 2003 - 2005. She will serve as ASQ Vice President for 2005 - 2007. Working independently and with other division volunteers, she has written numerous articles in The Quality Management Forum, given many speeches and workshops and has co-authored two books that have brought recognition to our division: The Quality Improvement Handbook (recently translated into Mandarin Chinese) and The Executive Guide to Improvement and Change.

Grace is President of Management and Performance Systems, a business services provider operating out of Tavares, Florida. She previously held senior management positions with International Business Machines Corp., and Trident Technical College of Charleston, South Carolina. Grace holds a double bachelor's in Anthropology and Archaeology from Brigham Young University and an MBA from Georgia State University. She is a Fellow of the American Society for Quality, Six Sigma Master Black Belt, Certified Quality Manager, Quality Auditor and Quality Improvement Associate.

About the award, Grace said, "I am honored to be recognized by the Quality Management Division for this outstanding award. The Quality Body of Knowledge is woven into the very fabric of business and community. It is only through sharing our talents and knowledge with each other that we can truly make a difference. The Howard Jones Award was developed by QMD to encourage strategic leadership within the quality disciplines. The recipient is nominated by those who have been recognized with the Award previously and, as such, is a recognition of peers. This is the highest compliment I can imagine. Thank you to the QMD leadership and the Howard Jones Committee for this recognition."

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## QMD Chair's Message

By G. Dennis Beecroft



The Quality Management Division has just celebrated its 50th anniversary. Its former leaders should be recognized and commended for their contributions toward this most significant achievement. While the division has changed its name during this period from the Administrative Applications Division, it has remained steadfast in its goal to provide its members with ever increasing value.

It is my honor and privilege as the QMD Chair to begin QMD's next 50 years. In 1989, I began my involvement with QMD as a member of one of the technical committees, the Quality Cost Committee, where I served in various leadership roles and, finally, as its chair for a two-year term. During the period I was with the committee, we published the 3rd Edition of the *Principles of Quality Costs*, developed and presented at numerous venues a seminar on Quality Costs and also developed a video to assist in the promotion and training of quality costs.

After completing my term as chair of the Quality Cost Committee, I became the Vice Chair of Programs for the Division, chairing the Annual Divisional conference in Orlando in February 2001, and then in New Orleans in February 2002. I then became Chair Elect in July 2003. The most significant project during my term as Chair Elect was the implementation of the organization's new strategy and the transition to our new organizational structure. If you wish more information on this strategy, please refer to my article, "The QMD Strategy and Focus," published in the Spring 2005 issue of the *QMD Forum*.

My professional background: I am an electrical engineer and spent 23 years with Westinghouse Canada in various management positions before joining the University of Waterloo in 1988. While at the university, I managed its Institute for Improvement in Quality and Productivity, which provided education and training. I have had the opportunity to provide training in several countries including

Canada, England, India, Israel, Korea, Mexico, New Zealand, Singapore and the United States. I currently hold an adjunct faculty position with the University of Waterloo and started my own management consulting business in November 2002.

Volunteer work has always played a very important role in my life. For the past 40 years, I have been involved with various groups — church, engineering, Boy Scouts, Rotary and community support. Currently, in addition to my ASQ QMD involvement, I am on the Board of Trustees for the Society of Chest Pain Centers, a member of Canada's ISO TC 176 advisory committee, and the Technical Advisory Committee of a Canadian Registrar.

Much has changed over the years, and for several reasons it is becoming more difficult for those of us who wish to volunteer. There are many more organizations vying for our time. Many of our companies and businesses are no longer supporting us as they have in the past due to competitive pressures, and some of us must use our vacation time to be able to participate. The pace in many businesses has increased considerably as our organizations try to do more with less. That said, I still encourage you to get involved. As the saying goes "we gain far more than we give," from our involvement. We can feel good knowing that we have made a difference and organizations are better for us being there.

Please feel free to contact me at [dennis@g-dennis-beecroft.ca](mailto:dennis@g-dennis-beecroft.ca) with your comments and suggestions. I look forward to meeting and hearing from many of you during my two-year term as your Division Chair.

# Leadership: The Essential Quality Strategy Part 1

By Anton G. Camarota, M.B.A.

*Life is a series of collisions with the future;  
it is not the sum of what we have been,  
but what we yearn to be.*

– Jose Ortega y Gasset

In today's turbulent markets, organizations are scrambling to keep up with the rapid pace of change and find a competitive advantage that will ensure sustainable success. The responses of many organizations to this pressure have been unfortunate — they have allowed too much management and not enough leadership to unknowingly shackle their efforts. They focus on developing plans, goals and budgets and ensuring predictable and orderly results by using consistent methods. While these efforts have their place, without clarifying where the organization is headed and why it is important to get there, employees can languish in a sea of uncertainty.

What these misguided organizations lack is a balance between leadership and management. A strategy of harmonizing leadership and management can dramatically impact the bottom line by offering a distinctive competence that your competitors will find impossible to replicate. Great leaders can powerfully move the organization forward to achieve quantum leaps in performance excellence and productivity. They emphasize future vision and overall strategies to achieve that vision. Leaders see patterns, develop relationships and analyze linkages among different systems to achieve their vision.

As quality professionals, your job is primarily one of influence — both within your organization and with your customers. Total quality requires nothing less than the full participation of everyone in the organization to achieve quality goals. Everyone in the organization needs to become an excited and impassioned traveler on the quality journey and a willing and enthusiastic champion of the cause of quality. Unfortunately, mere management skills are not sufficient to obtain such commitment.

How then, do quality professionals create such impassioned champions? It is only through the practice of leadership that we have the opportunity to create cohesive groups focused on achieving specific quality goals. Quality leaders need to move beyond management and concentrate on change and transformation. They need to create alignment, motivation and inspiration, and energize people to move toward a common end. Quality leaders must communicate the energy and power of their vision while offering integrative strategies that unite the organization in pursuit of meaningful outcomes.

When an organization decides to pursue a quality strategy of implementing leadership at all levels, it commits to balancing change and solving problems, moving forward while providing structure. Quality, as a professional discipline, requires its practitioners to transform organizations as well as remove impediments to stakeholder satisfaction. Quality professionals must embrace the power of change while also coping with complexity. Leadership skills become essential to placing quality squarely within the strategic realm. The success of any quality strategy is directly dependent on the degree of balance between management and leadership at all levels of an organization.

## The Power of "AND"

*A winner is someone who recognizes  
his God-given talents, works his tail off  
to develop them into skills, and uses these  
skills to accomplish his goals.*

– Larry Bird

We have often heard that "leaders are born, not made," and that leadership skills are somehow possessed innately by those who hold leadership positions. Nothing could be further from the truth. Leaders are born AND made — leadership is a combination of personality, temperament and learned skills that fit together synergistically. It is not a

question of nature or nurture — it is an issue of nature AND nurture!

Leadership is founded on a skill set similar to many others, such as those needed for driving a car, programming a computer or managing a project. These skills can be defined, practiced and learned to achieve extraordinary levels of performance excellence. Leadership skills naturally fit certain temperaments and personalities better than others, so we tend to see similar types of personalities in leadership positions. This is why the myth of the "born leader" has arisen.

It is true that, as in the case of sports superstars, very few of us have the magic blend of temperament and skill sets that will enable us to become leaders recognized worldwide. However, it is possible for the majority of people to develop their leadership skills to very high levels and achieve outstanding performance as leaders within their organizations. While not everyone can be a Michael Jordan or Tiger Woods, most of us can become highly effective at leading our organizations to where we need them to go. All of us are hard-wired for leadership, and require only skills training to develop ourselves so that we can perform as effective leaders.

Leadership is not available only to a limited few who have officially assigned titles, but it is also available to all those who aspire to lead others. Indeed, truly effective organizations are those that actively encourage and develop leaders at all levels, permeating the organization with internal strength, vigor and resilience. Developing and implementing leadership at all levels of an organization is an effective quality strategy that supports all types of quality initiatives.

(LEADERSHIP, continued on page 4)

(LEADERSHIP, continued from page 3)

### The Basic Skills

The basic set of leadership skills is shown in Figure 1 and consists of a deep understanding of the following:

- **Your Destiny:** Where you are going in life and how you are going to get there.
- **Your Identity:** Who you are and what you stand for.
- **Your Capability:** How to enroll and align others on your journey, and how to motivate, energize and inspire yourself and others.

While these skills are stated simply, they are not easy to achieve. Each requires much practice and study in order to achieve mastery. The key is linking them so they synergistically interrelate with each other — so you develop all three to a high level. You are congruent when your identity and capability support your destiny. Congruence is a powerful place from which to lead. When you know where you are going, who you are and what you stand for, and how to align others on your journey, you become a living example of commitment to a cause and a source of inspiration for others. You become the change you wish to see in the world.

### Destiny: The Driver of Success

*Destiny is not a matter of chance, it is a matter of choice; it is not a thing to be waited for, it is a thing to be achieved.*

– William Jennings Bryan

Understanding your destiny in life is the essential driver of your life activities and part of the foundation of your leadership skills. But what is a destiny? It is a higher purpose, dream, goal or vision of a better tomorrow. Any one person cannot achieve it, yet you feel that you must manifest it. Your destiny is what you feel compelled to achieve regardless of the obstacles that you encounter. It is your most desired wish for the world, one that you yearn to see manifested.

When you, as a leader, dedicate your life to a destiny, you lose the stress associated with managing the daily problems of your organization. You become a servant and dedicate your activities to fulfilling your higher purpose in your organization. Your emotional responses shift as you reframe

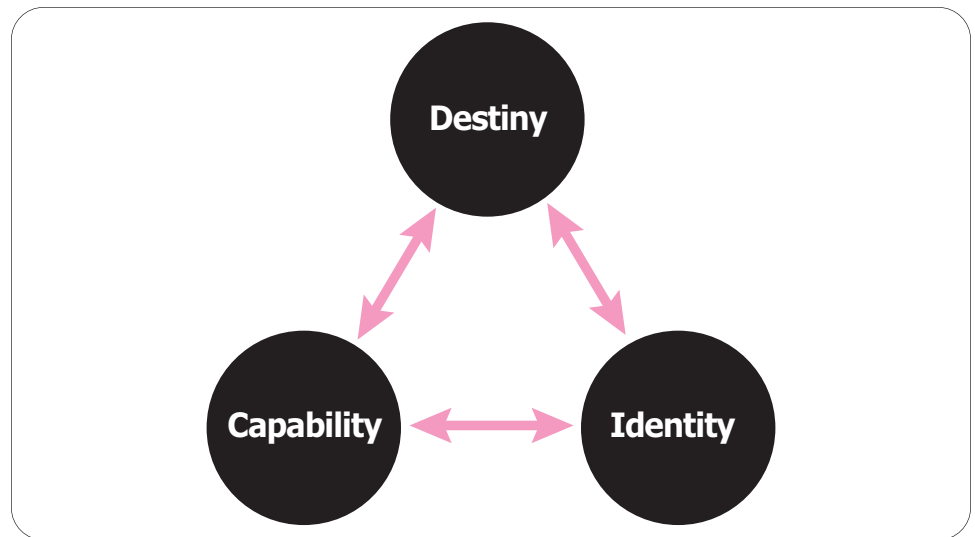


Figure 1 — Foundational Leadership Skills

your duties. Your feelings become more expansive and you assume a generative position concerning others and yourself — a position that seeks to actualize positive possibilities for being.

The American Ethical Union provides a context for understanding leadership destiny as service to others and a dedication to health and enjoyment. It states that the “purpose of life is to serve and enjoy that which is good. The principle can be one of health to the individual psyche, and the result can be one of health for the whole of humanity. Balance service to others with enjoyment, for enjoyment which forgets the claims of others will in the end be withered and forgotten pleasure.”

Martin Luther King’s destiny was to bring people of every race and faith together in an America unified by freedom, nonviolence and equality. The Nobel Prize recognizes those who have made significant contributions to mankind’s well being in physics, chemistry, medicine, literature and peace. Alfred Nobel used his accumulated wealth to work toward a destiny of celebrations of human excellence.

John F. Kennedy’s destiny was to be a vigorous proponent of freedom, democracy and liberty. The Dalai Lama’s destiny is to be the living embodiment of compassion and service to others in dispelling the suffering of the world. Helen Keller’s higher purpose was to show the world there are no boundaries to courage and faith. Nelson Mandela’s destiny is to create a democratic and free society in which all persons live together in harmony and with equal opportunities.

The key for effective leadership is to define your destiny, your specific contribution to life. If you allow yourself to be dominated by the problems of your organization, you become “mired in management,” depressed and exhausted. However, when you act in service of a higher purpose, then you banish ego-driven fears as you become energized by a sense of deep meaning. You appreciate the longer-term perspective. You understand the essential energy that causes you to flourish and drives you toward meaningful life achievements.

### Biography

*Anton G. Camarota is President of the ISO Coach, an Arizona-based organization providing professional coaching, training, consulting for organizational leaders and managers. Anton, an internationally published author and speaker, has most recently written, Finding the Leader in You, available at a local bookstore or ASQ Quality Press. A strong supporter of higher education, Anton is an Online Faculty member at the University of Phoenix. Anton holds a B.S. summa cum laude, from the Metropolitan State College of Denver and an M.B.A. from the University of Denver. A Master Graduate of the Rapport International School of Leadership, Anton has more than 15 years of management, coaching and consulting experience with Fortune 1000 companies throughout the world.*

# Community of Practice: Be “In” with the In-Crowd at QMD

By Grace L. Duffy, Past-Chair QMD and ASQ Vice President

In July 2004, ASQ launched a new membership model for individual members. The ASQ Living Community Model is built on the concept of community. Several of the design principles directly correlate to communities, seeking opportunities for both short-lived and enduring elements, allowing for freedom of choice and self-forming and self-dissolving communities, accessible via local interaction, virtual experiences and/or a combination of both. Key concepts of the model embrace the community experience via multiple avenues of access, varying degrees of involvement as determined by individuals and collaborative partners, and the establishment of member and customer or public communities.

Best practice research on communities of practice (CoPs) indicates that organizations use communities to connect people to information and expertise across the “white space” created by functional, technical, political and social boundaries. The most effective communities focus on solving business issues, for both the members and the organization that support the community. Inside of CoPs, experts document successful practices for others to use. Communities have proven very effective in developing the elusive knowledge-sharing culture.<sup>i</sup>

This new ASQ concept holds significant promise for the Quality Management Division. The QMD Body of Knowledge (BoK) is not aligned with any one industry. It is germane to all industries, businesses, profit or not-for-profit environments. Within the Communities of Practice, recently approved by the ASQ Board, are groups of members and customers, both within and external to the quality profession, sharing similar situations, industries and/or interests. These communities facilitate professional exchange, the transfer of knowledge and best practices. These loosely structured communities allow participants to establish a bond of common experiences and challenges, while building networks and relationships.

## Community in the New ASQ Living Community Member Model

The term community is the general description and name given to all member units, methods and gathering points for ASQ members, customers and the general public who engage in the exchange of information, knowledge and best practices as related to quality and the quality movement geographically, electronically and within many industries, topics and interests. Communities are currently further defined as Sections, Forums and Divisions, Communities of Practice and Networks. I, Immediate Past-Chair of the Quality Management Division co-chaired the ASQ Board-chartered team that defined and documented the two new member and non-membership units. The definitions follow:

### Networks

Networks represent groups of people who meet and exchange information online using the tools provided by ASQ. The leadership of the network, in conjunction with staff, defines their requirements. Resources are provided based on assessment of usage, viability and market need. Over time, as the networks grow and develop content and BoK, the group could explore the process to transition into a community of practice, a new Forum or Division. Networks that do not continue to offer value or become inactive will be terminated. Network tools and resources include, but are not limited to, discussion groups, posting and sharing of documents, participant listserv and participant profile and search.

### Communities of Practice

ASQ’s CoPs are designed to grow from the current member Sections, Forums and Divisions and with groups interested in working collaboratively with ASQ who are not currently part of the ASQ structure. These CoPs will offer members and nonmembers specialized topic, interest, industry and niche groups the opportunity to meet, network and

exchange knowledge for extended or short time durations. The CoPs formation process is designed to be flexible and efficient to meet the many unique and diverse needs of the ASQ membership, nonmembers and collaborative partners. CoPs represent a variety of combinations of groups, including geographic and industry or topic-specific.

Resources and tools available to CoPs include an online Web template that will serve as the “home” for the community. The template will include, but is not limited to the ability for participants to access, post and share discussion groups, networks, participant profiles and searches, documents, newsletter(s), links to additional information related to the topic of the CoP, announcements and calendar of upcoming events, and group messaging to other CoP participants. Each CoP will have the opportunity to customize some of the features available to meet their group’s needs.

### Next Steps

The ASQ Board and the Division Affairs Council are developing draft policies and procedures for development of the Network and Community of Practice member unit. Members of the Quality Management Division interested in starting informal discussion groups can begin dialogs right away. We already know there is significant interest in Economics of Quality, Quality Costs, Strategic Business Planning, Project Management, Financial Management, Baldrige Process Improvement, ISO and Lean/Six Sigma. A Network is informal enough that it does not require an ASQ member leader. The CoP is more structured and calls for at least a regular member of ASQ to serve as unit leader.

Anyone interested in initiating a Network or forming/leading a Community of Practice within QMD may contact me at [grace683@usa2net.net](mailto:grace683@usa2net.net) or Rhonda Netzel at [Rnetzel@asq.org](mailto:Rnetzel@asq.org).

<sup>i</sup> Vestal, Wesley; *Online Communities and Associations*, APQC, 2005.

# It's Official ... The Certified Quality Manager has evolved into the Certified Manager of Quality and Organizational Excellence (CMQ/OE).

*By Jd Marhevko, QMD Vice Chair of Operations*

**Why?** W. Edwards Deming said, "It is not necessary to change. Survival is not mandatory." However, for customers of the QMD, survival is mandatory and, therefore, so is the need for change. Starting with the March 2006 application for the Manager exam, candidates will see a broadened scope of certification knowledge in the newly titled Certified Manager of Quality and Organizational Excellence (CMQ/OE).

In the relentless search for lower costs and the outgoing stream of manufacturing and service jobs to Low Cost Country sources, businesses are being forced to adapt the logical tools of quality and lean in all aspects of their businesses in order to survive. Quality professionals are regularly finding themselves being tapped on the shoulder to apply their quality and lean tools to the broadened scope of business beyond the manufacturing floor. Other professionals (without a background in manufacturing quality) are finding themselves in a variety of process improvement courses so that they can apply the tools to their organizations.

**Manager Scope:** Many of us can remember the pride of being a Quality *Control* Manager. Even our revered ASQ had Control in its older title of ASQC. Now, based on extensive review, it appears that the title of Quality itself has evolved as the professional scope and application of quality and lean tools grows. If one reviews only the types of positions of today's approximately 5,200 Certified Quality Managers, you would find over 2,500 unique titles. However, a startling change is that about 60 percent these of these titles do not have the word "Quality" or "QA" or even references to them! Quality, it seems, appears to be inherent in today's positions.

The breadth of position levels have also expanded beyond manager level:

<i>Levels of Positions include:</i>	<i>Titled Descriptions included:</i>
Assistant	Quality/Supplier Quality
Technician	Black Belt/Master Black Belt/Six Sigma
Analyst	Production/Manufacturing
Manager	Plant/Operations
Chief	Operational/Organizational Excellence
Professor	Continuous Improvement
Dean	Knowledge/Business Process Management
Director	Buyer/Planner
Vice President	Business Improvement
President/CEO	Performance Excellence
Owner	Chemist

As ASQ and the QMD completed its five-year revision cycle of the Certified Quality Manager exam, the broadened scope and new title was identified to encompass the wide-ranging roles of today's quality professionals. This was accomplished by working with hundreds of quality professionals across North America in a wide cross-section of businesses.

The intent of the broadened CMQ/OE is also to encourage the participation and growth of professionals applying quality and lean tools across the breadth of their businesses. These quality professionals tend to have broader, business-wide responsibilities and must not only understand teams and execute the improvement, but they must also be able to communicate with senior management the language of finance and bottom-line benefits of organizational change.

The broadened Body of Knowledge (BOK) includes: Leadership, Strategic Plan Development and Deployment, Management Elements and Methods, Quality Management Tools, Customer Focused Organization, Supplier Chain Management, and Training and Development.

**What happens to my Certified Quality Manager Certification?** Assuming that you submit your evidence and meet the standard recertification criteria at your regular three-year recertification timing, you will receive the new title of Certified Manager of Quality/Operational Excellence.

**How can I help?** We could use your professional assistance in several ways:

- Please continue to grow and retain your skills to enable your personal and professional success.
- Please continue to volunteer and participate in the workshops that help ASQ and the QMD to maintain the exacting caliber of these certifications.

We'd like to thank all of you who helped with the revision process. Please help us welcome the next evolution of Managers into the fold of the Quality profession.

# ISO 9001:2000: Letter vs. Intent

By Dan Nelson

It's one thing to comply with the letter of a standard. It's another to comply with its intent. If management is serious about quality assurance, and genuinely committed to it, the distinction between meeting the letter and meeting the intent is an important and visible one.

The letter of a particular requirement is met when a document, say, a procedure, is verified to satisfactorily address that requirement. A procedure might meet the letter simply by asserting that the requirement is satisfied. Or it might include exact language of the requirement to ensure it is fully addressed. Whether or not such a procedure reflects working practice meeting the intent of the requirements, it can easily be confirmed to meet the letter of the requirements.

On the other hand, the intent of a requirement is met when working practice complies with the aim, or meaning, of the requirement. Likewise, the intent of a standard is met when an organization is managed in a fashion compliant with the aim of the standard.

Regarding intent, ISO 9000:2000, 0.1 states that the ISO 9000 family of standards was “. . . developed to assist organizations, of all types and sizes, to implement and operate effective quality management systems.” ISO 9001:2000 (0.1, General) contains a statement regarding what the intent is not: “It is not the intent of this International Standard to imply uniformity in the structure of quality management systems or uniformity of documentation.” In my opinion, the authors included an express statement of non-intent because they recognize ISO 9000 is being misunderstood and misapplied, and is gaining a bad reputation as a result. The problem is that organizations are often using the standard as a basis for quality management systems (QMS) structure and documentation.

Structuring QMSs according to a standard's requirements results in uniform QMS documentation, despite a wide variety of organizational types, sizes and industries,

and despite the uniqueness of processes operated by any organization within any given industry. For example, two completely different organizations — a ball bearing manufacturer and a day-care service provider — might share precisely the same QMS documentation if they structured their QMSs according to the same standard's requirements, or if they copied documentation from the same source promoting standard-based documentation.

Procedures meeting the letter of the requirements in this standard-based fashion fail to meet the standard's intent, according to the standard itself. The standard is not intended to promote uniformity by representing a model or pattern after which any QMS should be fashioned. The standard does not represent, describe or prescribe QMS structure. Rather, the standard is an assessment tool applied to QMSs to determine compliance with basic quality-assurance principles.

## A Closer Look at the Problem

If an organization's QMS consists of procedures solely based upon the standard — procedures that are identified as being or representing the processes affecting quality — then that organization arguably has not met the intent of ISO 9000 4.1a): [The organization shall] “. . . identify the processes needed for the quality management system and their application throughout the organization . . .”

Consider the definition of “process” from ISO 9000:2000 (3.4.1): “set of interrelated or interacting activities which transforms inputs into outputs.” A “procedure” (ISO 9000:2000, 3.4.5): “specified way to carry out an activity or a process.” A procedure describes the planned arrangement, or the specified way, to perform a process — perhaps in terms of inputs, processing and verification activities, and outputs. That's what a procedure is. Documents written expressly to satisfy the letter of a standard's requirements, and

not to describe processing, are non-procedures describing non-processes.

For example, many organizations certified to an ISO 9000-based standard employ a procedure called, “Product Identification” or “Product Identification and Traceability.” Yet prior to pursuing certification to an ISO 9000-based standard, very few organizations employed a *process* called, “Product Identification.” Afterward, however, many organizations adopted a *procedure* called “Product Identification.” In most such cases, “Product Identification” was not, and is not, an organizational process. A procedure written expressly to address the requirement — one failing to describe a process — is not a procedure, by definition.

Quality procedures should describe processes affecting quality in terms of inputs, activities and outputs. With a good set of procedures, it can be plainly seen how processes interact as a system of processes.

Using the process approach, wherever processes involve product, the associated procedures include a description of how product is identified throughout each such process. That way, the requirement is addressed in procedures where the requirement applies, and personnel can easily find answers to process questions.

## Put the Process Approach to Good Use

From ISO 9001:2000, 0.2: “This International Standard promotes the adoption of a process approach when developing, implementing and improving the effectiveness of a quality management system to enhance customer satisfaction by meeting customer requirements.”

It is clear from the above passage that ISO 9000 endorses the process approach. What might be less clear is that the requirements of ISO 9001:2000, in a sense, presuppose

(ISO 9001:2000, continued on page 8)

(ISO 9001:2000, continued from page 7)

it. Although organizations may demonstrate compliance to the letter of the standard without using the process approach, the standard's intent will not be met until the process approach is adopted. Until then, the requirements of ISO 9001 will continue to elude and frustrate organizations hoping ISO 9000 would be helpful.

Again, from ISO 9001:2000, 0.2: "The application of a system of processes within an organization, together with the identification and interactions of these processes, and their management, can be referred to as the 'process approach.'"

To meet the intent of the standard, QMS documentation must be structured around, or based upon, the very processes comprising the system. QMS documentation should reflect organizational structure, rather than mirroring requirements of a standard.

Another reason to focus on processes: the PDCA cycle (Plan-Do-Check-Act) effectively applies to processes. Before management can use the PDCA cycle to manage and improve processes, or a system of processes, management first must view the processes affecting quality as processes. Procedures structured around the standard do not effectively or efficiently assist management in viewing processes properly, while procedures structured around processes, defining those processes, do.

### ***Identify Processes***

To use the process approach when establishing or modifying a QMS, management must first identify the organizational processes affecting quality. This is the very first requirement of the standard, and it is not difficult to accomplish. However, failure to do this properly will result in misapplying many of the subsequent requirements.

In organizations consisting of distinct departments, processes might properly be viewed departmentally. Each might be viewed as a process. In that case, documentation should be based upon existing departmental structure. In a very small company — one without distinct departments — processes might be more directly viewed as processes.

In either case, to determine which processes affect quality, management must look to its own organizational processes or departments. Moreover, management should not look to the uniform requirements of a standard to identify the organization's own unique realization processes.

To illustrate, QMS processes or departments generally fall into two categories: realization and support. (See ISO 9004:2000, 7.1.3, Managing Processes and Annex A.)

Of course all processes operate upon inputs and transform them into outputs. Realization processes directly impact product that is eventually offered to the customer. Realization processes may be viewed as links on a chain of processes through which product and/or product requirements flow, culminating in product meeting customer requirements. If a link were removed from this chain, quality product delivery could not occur with any degree of certainty.

In a small manufacturing organization with simple processes, realization processes or departments might be: Sales, Purchasing, Shipping and Receiving, and Production. In a larger manufacturing organization, they might include: Sales and Marketing, Design and Development, Raw Material Purchasing, Supply Management, Receiving, Fabrication, Machining, Paint, Assembly, Inspection and Shipping.

Support processes, as their name implies, support realization processes to ensure efficient and effective operation. In a small manufacturing company, these processes or departments might include: Document Control, Internal Auditing, Calibration, Training, Corrective Action, etc. A larger organization might share the same support process or departmental structure.

### ***Document Processes***

After identifying processes (or departments) affecting quality, a documented procedure is helpful in describing how each operates today.

In describing the planned arrangements for processing, a good procedure might reasonably answer the following questions: What is the objective of the process — what output does it produce, what value does it add or what purpose does it serve? Who owns the process and who are responsible

for performing and overseeing processing? Upon what inputs does the process operate, including resources and objectives? Specifically regarding objectives, what requirements are intended to be met by processing, and according to what acceptance criteria? What processing steps are necessary to produce a given output? What processing equipment and instructions are available to operators? What controls are in place to ensure conformity of processing and resulting product? What in-process/final verification criteria are associated with product? How is product identified throughout the process, and with regard to its inspection status? What constitutes successful verification and authorization to release product to subsequent processing and/or to the customer? Where are records of processing and verification maintained? What happens when things go wrong?

Once these questions are answered in procedures describing each process or department affecting quality, a document review determines if requirements applying to each are properly addressed and satisfied. Where documentation fails to meet requirements, solutions are planned and implemented to bring processes and documentation into compliance with the intent, and therefore the letter, of the standard. As for level one documentation — the quality manual — it can now satisfy ISO 9001:2000 4.2.2.c by describing the interaction of real QMS processes.

Pre-written procedures or templates might reasonably be applied to establish and implement support processes, since these processes are not necessarily unique to any organization. Organizations of different sizes and types might share similar processes to address the applicable requirements. For example, a good Internal Audit procedure might work in a variety of organizations to describe the same effective internal audit process.

However, pre-written procedures cannot describe how an organization's realization processes function. Such procedures are destined to fail in properly defining the organization's own processes, and will succeed in confusing personnel with responsibilities for performing those processes. Such procedures represent a red herring to personnel who have responsibilities for real QMS processes, processes that go undefined, or improperly defined, using the standard-based approach. Standard-based documentation urges management to manage

non-processes in addition to, or in favor of, real processes in need of management.

### ***Manage Processes***

Defined properly, a QMS is viewed as a system of processes (per ISO 9001: 2000, 4.1.a). Viewed as such, the PDCA cycle may then be applied to drive improvement in the processes and in the QMS as a whole. Until then, procedures based upon a standard's requirements will continue failing to properly define processes, effectively preventing proper application of the PDCA cycle to the QMS and its processes.

Once processes are properly identified and defined, the PDCA cycle can be effectively applied to the QMS. Useful measurements can be applied to QMS processes and/or their associated activities; existing measurements can be discussed intelligibly as process measurements (or metrics of particular activities comprising a given QMS process). Process performance may then be analyzed against established objectives, using factual information resulting from QMS process measurements.

Organizations already certified to ISO 9001 using a standard-based approach would be wise to recognize their QMS documentation does not accurately reflect their own organizational structures. Such documentation is often counterproductive. Unfortunately, plenty of well-intended quality professionals and management personnel alike employ the standard-based approach because it is widely reputed to be the proper way to handle ISO 9000. Perhaps a classic example of group-think, it is now up to quality professionals and top management to overcome this common obstacle and work together in defining sensible QMSs. Adopting the process approach is not difficult and it will often pay for itself. More important, it's the right thing to do for the sake of quality.

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## Proposals for the Quality Management Division Awards Program

*By Dan Zrymiak, QMD Awards Chair*

In taking on this role, I wanted to give serious thought to how to best structure the awards provided by the Quality Management Division to reflect the priorities, goals and objectives of our membership. A sound awards program not only recognizes past achievement, but it also inspires and promotes extraordinary accomplishments.

As a brainstorming exercise, I would like to solicit the membership to obtain a consensus of the most important goals and priorities. From those goals, relevant and attainable awards can then be derived. In a manner similar to Basili's Goal-Question-Metric model, I would provide the QMD with a Goal-Action-Measure-Award model where the goal would be established, a corresponding action that achieves the goal would be determined, an objective measure of performance would be derived to reflect positive completion or fulfillment of that action, and an appropriate award or recognition that links to the goal would be established.

A valid example would be the priority of determining the Economic Case for Quality. The Goal would be to promote and establish this ethic. The Action could be the completion of case studies, presentations and publications. The Measure could be the quantity of artifacts produced, the number of people informed and the tangible impact of those efforts. If an individual has made the commitment to grow QMD in this area, they should be recognized as a Promoter of the Economic Case for Quality and awarded accordingly.

Awards and recognitions can come in many forms, but I would like to concentrate on three key categories. Best In Class awards would recognize the single individual, team or organization who has surpassed all others and distinguished themselves in the area of evaluation. There would be only one recipient of a Best In Class award in a given year. The ASQ National Awards (Deming, Juran, etc.) are excellent examples of this category.

Attainment awards would allow multiple individuals, groups or organizations to be recognized concurrently, provided they fulfill a set of objective criteria. The ASQ Fellow Membership program with its multiple categories and achievement levels is an excellent benchmark for this type of award.

Piggyback awards are not distinct to QMD, but allow QMD to use their resources and membership to support a member nominated and short-listed for another award. For example, if the QMD member is a finalist, but not a recipient for the ASQ Ishikawa award, instead of going home empty-handed, QMD can recognize their achievement and publish it as an inspiration to others who may aspire to similar levels of recognition.

A final consideration is independence. ASQ Awards policy restricts members who serve on awards committees to be eligible for those awards for three years to remove any conflict of interest. While this may be overly restrictive, it reinforces the ethic of objectivity. To add to this, I would suggest that the top tier of officers of QMD are subject to a waiting period of at least one year before being eligible for awards (unless given in times of terminal illness or posthumously). This would communicate to the membership that the awards process is objective and free from bias, fear or favor. This is a consideration and is open for discussion as we reach a consensus on what is appropriate.

In embracing this role, I hope to bring out the best in QMD members, draw attention to the leaders and key contributors of the QMD, and inspire excellence in the years to come. I am open to recommendations, and if you wish to volunteer to help define and scrutinize the awards, please do not hesitate to contact me by e-mail at [dzss@shaw.ca](mailto:dzss@shaw.ca).

# Auditing Quality System Management: Bearing Witness and Keeping the Faith

By Joseph Baim, Ph.D.

One of the basic tenets of the quality faith is that management support is essential for the success of any quality or continuous improvement initiative. Yet, while the need for such support is obvious, two daunting problems in *demonstrating* that support have not been adequately addressed.

The first problem is that management's effort to be supportive often evidences itself in hollow recitations of the quality gospel, altar calls, ritual gestures and homilies — which quickly become tiresome. There's a limit to how much mileage one can get from inspirational speeches, and management sometimes seems to be talking in tongues when it addresses as-yet unconverted employees, using the specialized and often obscure language of quality: SPC, FMEA, Taguchi Methods, QFM, Six Sigma, C<sub>pk</sub>.

The second problem is that many managers are simply unclear about how to support a continuous improvement process. In fact, *executing* management support — making palpable the real-world behaviors that bear convincing witness to belief — is often imperfectly understood and is therefore frequently ineffectively rendered.

In light of these two related problems, it is no wonder that many complain that they are unconvinced of the sincerity and staying power of management's commitment. We are then left with a critical question: What *actions* must managers take to successfully introduce, nurture and sustain a continuous improvement process?

The audit format presented here is designed to accomplish two objectives:

- 1) Provide management with a tool for evaluating its own performance in supporting a continuous improvement process
- 2) Provide *specific* direction on how to make that support clear, concrete and persuasive.

While the purpose of any audit is to judge and evaluate, the principal focus of *this* audit is to instruct — to provide information on

the effectiveness of quality system management and identify breakthrough opportunities. In short, the primary emphasis is not on identifying deficiencies or nonconformances, but on recommending opportunities for improvement.

For this reason, certain traditional audit practices are not employed. For example, the painstaking "paper audit" is not conducted, i.e., responses to audit questions are assumed to be accurate and are accepted on their face. After all, if management is untruthful, we've got bigger problems than whether the quality process is effective!

Further, documentation is reviewed only to the extent that such review may be relevant to the objectives of this audit. Since this audit is intended to enhance management's understanding of how to support the quality initiative, employee interviews are limited to those concerns. Thus, we do not look at such traditional quality audit concerns as supplier certification, process capability studies, traceability, etc.

A singular departure from traditional audit practice, and one that often concerns traditional auditors, is that this audit is not "scored." While the absence of scoring increases the burden on the auditor to be specific about findings and recommendations, the benefit of avoiding the "report card" is significant since this audit is primarily designed to be educational.

Communication is important throughout the audit process. The purpose of the audit must be clearly described in advance of the audit team's visit, not only to management, but also to employees. In a union environment, bargaining unit leadership must be brought in early to increase the likelihood that quality improvement will be viewed as common-ground for anyone who hopes to see the unit prosper. This audit should not be an occasion for playing "gotcha." Certainly, no such audit as this should be scheduled before training in basic quality principles and benefits has been presented and has

been as successful as human nature and the real world permit.

The audit team should be in touch with the unit manager well in advance of the audit to ensure sensitivity to unit operations and to other priorities. Every audit has an impact on operations, and the typical tag line, "We're here to help you," is rarely greeted with enthusiasm by managers who struggle daily to juggle multiple tasks. The more the audit team leader can communicate his/her sensitivity to the manager's routine responsibilities, while simultaneously conveying the absolute conviction that the audit is necessary and potentially helpful, the greater the likelihood of a cordial reception and full cooperation.

At the conclusion of the audit, an exit meeting is conducted with unit management. The audit team shares its principal findings and recommendations and facilitates a discussion of these findings, affording management an opportunity to ask questions, elaborate more fully on issues or correct misperceptions. A principal accountability of the audit team during this meeting is that it is non-confrontational.

A follow-up written report, including both a summary of comments and detailed comments, should follow within five or six business days. In this written report, the principal objective is to recommend opportunities for strengthening the management of the quality process. Corporate management is copied, and in some organizations, it may also be productive to copy other units so that they can benefit from those recommendations that may be relevant. Since the audit is not scored, there is little likelihood that widespread sharing of unit performance will lend itself to unproductive and demotivating competition among units.

Management of the audited unit should be given an opportunity to respond to the findings or recommendations in the written audit report, or may be invited to do so by corporate management. One would think

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that any concerns would surface in an exit meeting, but it is astonishing how much more emphatic findings appear to auditees when they are in print! Within a reasonable time after presentation of the written audit report, unit management should be required to present an action plan for addressing the audit findings and recommendations.

Throughout the audit process, every effort should be made to minimize burdensome paperwork and keep the audit process informal, collaborative and non-confrontational.

In our experience, the on-site portion of the audit can be accomplished in two days at smaller units, assuming that a limited sample of employees can convey a sense of the effectiveness of the quality process management.

All auditors bring a set of values to their task, and it is important for auditees to know these values. The audit format summarized below, and the audit questionnaire, are informed by the following assumptions about the prerequisites for a sustainable quality improvement process:

1. Corporate management commitment to improvement
2. Unit-level leadership
3. Accountability
4. Commitment to involvement of every function, at every level
5. Training
6. Incentives and recognition
7. Measures, planned response, and feedback
8. Communication of activities and results
9. Unit- or Company-wide quality activities
10. Customer visits — internal and external

Here is a sample of a letter from a CEO to a plant manager as a follow-up to the

CEO's initial telephone communication about scheduling the audit. The letter describes the two-day audit process, and the audit questionnaire is attached. Obviously, the schedule cited in this letter could readily be adapted to the size and character of another facility.

*I'm sure we're all aware that the success of our Quality Process depends, in large part, on the visible and credible support of corporate and plant management. To that end, this audit questionnaire is designed to assist in evaluating, and making recommendations on your plant's quality management system.*

*While any audit is, to some degree, judgmental, the principal purpose of this audit is to provide information on the status of the Quality Process at your location. The primary focus is not on identification of deficiencies or nonconformances, but on opportunities for improvement. The audit will not be "scored," and the audit team has assured me that it will make every effort to avoid any appearance that its findings constitute a "report card" on your facility.*

*The audit will begin at 8:00 a.m., with you and your plant's Steering Committee serving as auditees. The accompanying questionnaire will serve as the basis for the "formal" audit session with the Steering Team, which will conclude after a working lunch.*

*Beginning at 1:30 p.m., each member of the audit team, accompanied by a member of the Steering Committee, will visit a pre-assigned area of the plant and interview employees at random, assessing their familiarity with the Quality Process, the extent of their participation, their willingness to participate in the future, their sense of whether measurable accomplishments can be associated with the Process, their reservations about the Process, if any, and their suggestions for strengthening employee participation. (Our experience at other locations suggests that each auditor is typically able to talk, briefly, to four to six employees.)*

*While you may wish to identify specific members of the workforce as potential respondents, and while the audit team is encouraged to talk to any such respondents, the auditors will not limit themselves to these employees. (Care will be taken in discussions with plant personnel not to exacerbate any existing workplace tensions.)*

*After the auditors conduct the employee interviews and have an opportunity to meet as an audit team, they will meet with you and your Steering Team at 1:30 p.m. on the second day. You are welcome to invite others to sit in on this meeting. At this exit meeting, the auditors' principal findings will be shared, and you will have an opportunity to discuss these findings, elaborate more fully on issues that appear inadequately understood by the audit team, or correct misperceptions.*

*A detailed, written follow-up report will be provided to you, your Steering Committee and to all members of the Corporate Steering Committee. Afterward, the audit team will stand ready to assist in facilitating the introduction of such changes to the management of your Quality Process as are believed appropriate.*

*The audit questionnaire is attached for your review. If you have any questions, either about the audit process or about the questionnaire, please call the audit team coordinator.*

*I am confident that the audit team will make every effort to keep the audit process informal and collaborative, and to respect the constraints on your time. I appreciate your cooperation.*

### Quality Management Audit

The scope of the audit is limited to those elements of a quality system related to the *management* of a continuous improvement process, that is, to those factors that affect the initiation and support of the process, especially through investing *all* employees with accountability for quality, and preparing them to successfully undertake the task of making a contribution to

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(AUDITING QUALITY SYSTEM MANAGEMENT,  
continued from page 11)

quality. In addition, the audit will look at the organizational structure designed to involve employees in problem-solving, and the communication of information to sustain involvement and to enhance the level of problem-solving sophistication.

The audit is in four parts to address:

- I. LEADERSHIP AND ORGANIZATION**
- II. COMMUNICATION AND TRAINING**
- III. RECOGNITION**
- IV. BREAKTHROUGH OBJECTIVES**

The Audit Questionnaire is designed to provide structure and general guidance. Because it is a checklist, not a road map, the auditors may choose to deviate from the questionnaire to address issues that may contribute to a constructive audit outcome. Likewise, the auditees may wish to initiate discussion of a topic, or elaborate on a set of responses to provide the auditors with an accurate and balanced picture of the unit's quality management system. Leadership and direction of the audit process, however, shall be at the auditors' discretion.

### **I. LEADERSHIP AND ORGANIZATION**

1. Is there visible involvement and commitment of unit leadership in the continuous improvement initiative? How is such involvement and commitment demonstrated?
2. Describe the organization designed to carry out and administer the unit's continuous improvement/employee involvement initiative. What are the accountabilities of key personnel in the quality organization?
3. Does the unit have a Quality Process manual documenting the quality organization and the key elements of the quality system? To what extent are employees aware of the manual?

### **II. TRAINING AND COMMUNICATION**

1. Is information on the Mission and on the continuous process improvement initiative widely communicated throughout your organization? How has this been accomplished? (e.g., bulletin boards, newsletters, employee meetings) How is the effectiveness of this communication assessed?
2. Have principal goals and measures for quality and productivity been identified? How have these goals and measures been communicated to the workforce? Is there evidence that such communication has been effective in enhancing quality and productivity?
3. Are all elements of the unit — office, as well as operations — involved in the improvement effort?
4. Do employees believe in the seriousness of the unit's commitment to the continuous improvement effort? How is this evidenced? If they do not, what plans have been defined to overcome resistance?
5. Who decides what quality problems or improvement opportunities should be addressed? Is the Process driven from the top, or has accountability for problem identification been moved into the organization? Is there need to change the way in which problems are identified and problem-solving groups established?
6. Identify specific quality/productivity improvements that can be associated with corrective action team activity.
7. In your opinion, what are the three major obstacles, in order of importance, to the continued and further success of the Quality Process at your location?
8. Does the unit clearly convey its priority for quality? How?
9. How are operating standards/expectations communicated to employees? How is operating discipline tracked and assured? Do employees participate in setting these standards and expectations?
10. Does the unit systematically collect and analyze information on customers' views on the quality of its service and/or products? Is this information routinely communicated to employees? How?
11. Are employees exposed to vendors or customers through tours or discussions?
12. Are quality improvement plans an integral part of general business planning in all functional areas in the unit?
13. Has the continuous improvement initiative been used to facilitate more effective interactions among the various elements of the unit, e.g., production and office? Can you cite some specific examples of such cooperation and its benefits?
14. Is there an effective system for feedback to unit management on quality problems and improvement opportunities? Describe the system, and assess its contribution to employee commitment. Are there instances in which such commitment has had an impact on product quality, delivery, cost, value, safety, or the environment?
15. Is there a systematic training plan to enhance the skills of management and the hourly force in continuous improvement/world-class manufacturing, and in the participative workplace? If there is such a plan, describe it, including the selection criteria for training candidates.

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11. Are records of employee training maintained?
  12. What provision is there for assessing the value and cost-effectiveness of the training?
  13. Has training been extended to include suppliers and contractors?
  14. Have suppliers and contractors been drawn into the Quality Process? If so, in what ways?
  15. Generally, are adequate time and resources committed to supporting the Quality Process?
  16. Do you believe that the Corporation is devoting sufficient resources to the support of the Quality Process? What more needs to be done? By whom?
2. Are the goals achievable in light of available resources, other priorities and constraints?
  3. Is there systematic tracking of progress against time-targets, identified accountabilities, and measures of accomplishment?
  4. Has the unit undertaken an assessment of the status of the overall continuous improvement/employee involvement initiative? What are the unit's current strengths? Weaknesses?
  5. What plans have been developed to carry the Process forward?

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*His clients include organizations in manufacturing, construction, transportation, health care, and education; and the people with whom he has worked represent a wide spectrum of level and job function, from market research to customer service, patent law to international sales. He has worked with senior management, operating management, staff, and the hourly force on training, team-building, new work systems, and quality process initiatives, including the use of process improvement tools. He is familiar with ISO quality and environmental standards, and with the principles supporting such manufacturing practices as Total Productive Maintenance, Lean, 5S, Statistical Process Control and Theory of Constraints.*

*Dr. Baim is a Senior Member of the American Society for Quality, an Association for Iron and Steel Technology Member, Pittsburgh Human Resource Association Past President and Member, Pittsburgh Chapter, Association for Quality and Participation, former President, and former First Vice-President, Pittsburgh Chapter, American Society for Training and Development.*

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### III. RECOGNITION

1. Does the unit have an incentive or recognition program for acknowledging employee contributions? Describe the program.
2. Has the recognition program been successful in contributing to employee involvement and to commitment to the Process? Is there evidence to support your conclusion?
3. At your location, is quality performance and commitment to a participative workplace a significant criterion for employee evaluation and reward? Is this criterion clearly communicated to the workforce?
4. Should support of the Quality Process be a performance criterion in an employee's performance evaluation?

### IV. BREAKTHROUGH OBJECTIVES

1. Does the unit have operational (1-2 year) and long-term (3-5 year) quality plans to identify goals and implement activities?



*For upcoming events,  
reference information  
and division activities  
visit the Quality  
Management Division's  
Web site at:*

[www.asq-qmd.org](http://www.asq-qmd.org)

# Benefits of Upgrading ASQ Membership Status

*By John M. Sharp, QMD Examining Chair*

Your regular membership in ASQ can be upgraded to a Senior membership, then eventually to the grade of Fellow. A well defined process for obtaining these upgrades is provided by ASQ headquarters, local sections and divisions.

Advanced membership is important to the society due to the commitment, longevity of involvement and financial implications that permit even more and better growth services to be offered to ASQ membership. This can be accomplished through an increase in the number of upgrades, which results in improved renewal rates over longer periods. This will help to reduce costs, maintain or increase membership and increase funds to provide improved services.

A recent Senior/Fellow task force has recommended a strategy and actions to the ASQ Board of Directors for increasing the benefits to upgrading members. Proposed actions include:

- Increasing status of Senior and Fellow memberships.
- Revising value-added benefits for Seniors and Fellows to make them more appealing, differentiated from regular member benefits and clearly discernable.

In the near future, Seniors and Fellows may have a choice of complimentary journals, additional division and section choices, or reduced dues. Special discounts on books, courses and conferences are also under review, as well as special collection of books exclusively available to Seniors and Fellows. Recognition to enhance status and importance of advanced membership through listings in "On Q" and press releases for Seniors are also being considered. New Seniors and Fellows will continue to receive certificates, pins, recognition ribbons at the World Conference on Quality and Improvement (WCQI) and other conferences. Fellows will still receive a Directory of Fellows and an invite to the Fellows brunch at WCQI.

You deserve recognition and benefits for your demonstrated growth and accomplishments in the quality profession. Contact your local section, headquarters or me at **(717) 810-3315** or **jsharp@tycoelectronics.com** for more information on how you can upgrade your membership.

## QMD Volunteer Opportunities

**Would you like to share your expertise and contribute to the advancement of quality management and organizational excellence initiatives? If so, these QMD volunteer opportunities may be for you.**

### Vice-Chair, People

The Vice Chair of People is responsible for coordinating the human resources of the QMD volunteers and our membership. This person serves as the steward of the division membership by managing new member welcoming, developing member reward/recognition plans, supporting volunteer staffing, establishing ongoing data collection, maintaining QMD organization plans and providing direction to three volunteer assistants. This key leadership position reports directly to the QMD Chair.

### Deputy Conference Program Chair

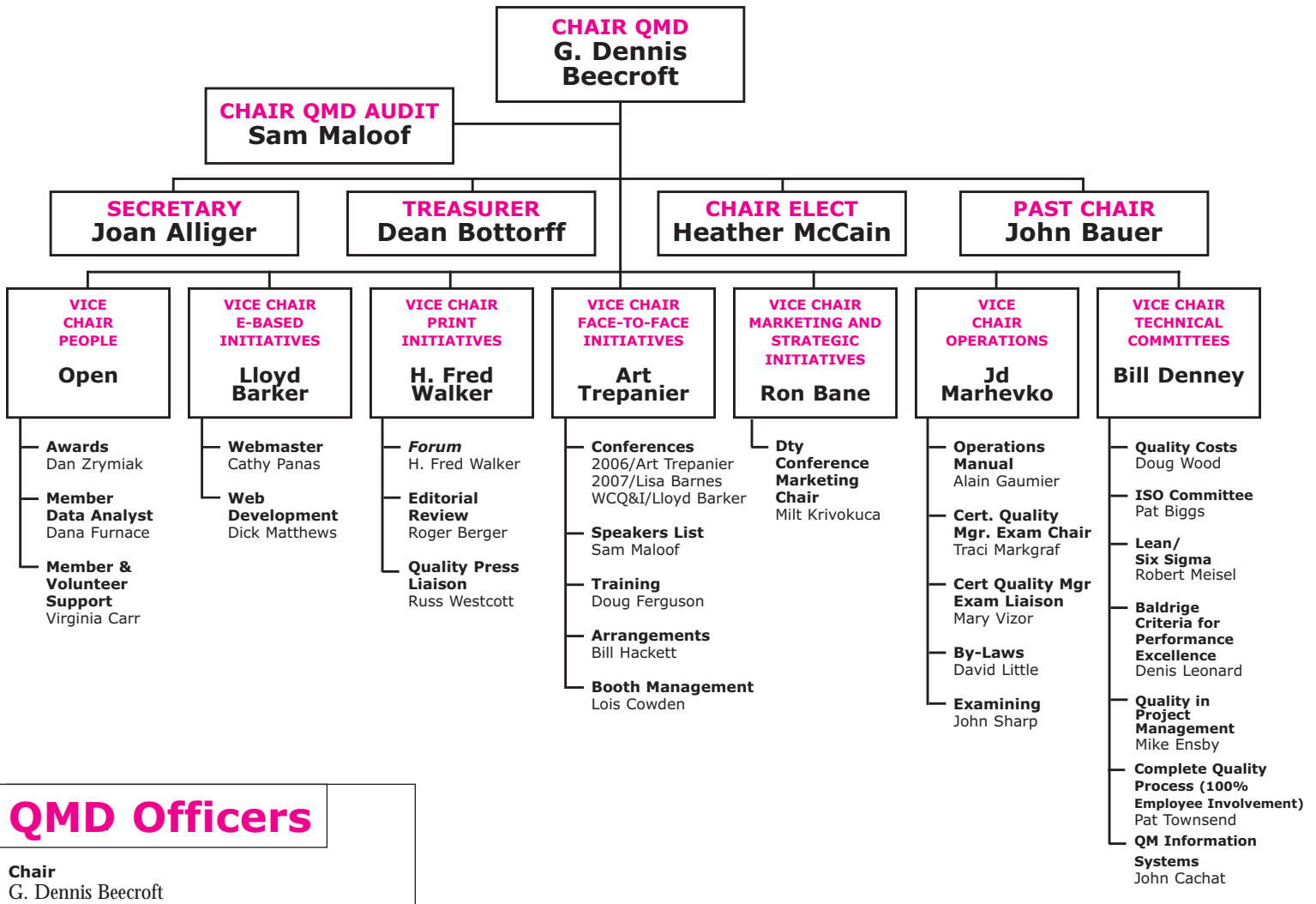
This individual will work closely with the Conference Program Chair to acquire session speakers, develop conference program, and other program-related items. It is expected that this individual will progress to Program Chair at the next conference.

### Opportunities in QMD Marketing

QMD Marketing and Strategic Initiatives has been formed to provide: ongoing member/market research to understand needs and opportunities; assist project leaders/teams to design, develop and deliver market-driven products & services; and to raise/maintain the awareness of QMD and its products/services.

If you are interested in the above positions or would like to discuss other volunteer opportunities, contact Ron Bane at **ronbane@yahoo.com** or call at **(916) 920-2678**.

THE QUALITY MANAGEMENT FORUM



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To see a QMD organization chart and complete roster of QMD officers, committee chairs, and volunteers, go to the QMD Organization pages on the QMD Web site at [www.asq-qmd.org](http://www.asq-qmd.org).

# The Quality Management FORUM

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*The Quality Management Forum* is a peer-reviewed publication of the Quality Management Division of the American Society for Quality. Published quarterly, it is QMD's primary channel for communicating quality management information and Division news to Quality Management Division members. The Quality Management Division of ASQ does not necessarily endorse opinions expressed in *The Quality Management Forum*. Articles, letters and advertisements are chosen for their general interest to Division members, but conclusions are those of the individual writers.

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Address all communications regarding QMD membership including change of address to:

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For more information on how to submit articles or advertise in *The Quality Management Forum* see the Quality Management Division Web site at [www.asq-qmd.org](http://www.asq-qmd.org). Articles must be received ten weeks prior to the publication date to be considered for that issue.

The cut-off date for the Fall issue is September 1, 2005.

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