

**Quality and Accreditation Institute**

**Centre for Accreditation of Health & Social Care**

**Assessor training course for WHO Patient Safety Friendly Hospital (PSFH) Standards Certification Program**

**11- 13 November, 2019**

**P D Hinduja Hospital & MRC Mumbai**

**Interested in becoming an Assessor for QAI Certification Program for PSFH Standards?**

If you have current experience as a healthcare professional and are motivated to contribute for improving healthcare quality and patient safety, consider becoming a QAI assessor. Being part of an assessment team is a great way to network with other healthcare professionals and broaden your skills. You will also be better able to assist your own organization with its quality improvement and certification/ accreditation activities.

QAI was set up to create an ecosystem of education, training, quality improvement and accreditation. It is believed that this organisation would provide a platform to stakeholders including professionals and organisations, associated with quality in any way, to share their wisdom and knowledge in order to make its Vision realised. This will further provide tremendous opportunities to all concerned to learn and contribute in improving organisations engaged with QAI.

QAI’s Centre for Accreditation of Health and Social Care (CAHSC) currently seeking interest from suitably qualified professionals who meet the eligibility criteria (stated below) to become QAI Assessor. The Assessors are trained and skilled in certification/ accreditation standards and assessment techniques and are able to gather the relevant information to verify the organization’s achievement of QAI certification/ accreditation standards and also to create awareness; sensitize people and other stakeholders to work for improving healthcare quality and patient safety.

This specific training course is designed to develop assessors to assess hospitals against WHO PSFH Standards. Based on the assessment outcome, hospital is awarded with the following certification:

* No award in case 100% compliance to Critical Standards is not achieved
* Bronze
* Silver
* Gold
* Platinum

**Eligibility Criteria for Application for PSFH Standards**

**General Criteria**

* Knowledge of performance improvement and patient safety methods
* Knowledge of the patient safety friendly hospital assessment standards and methodology for evaluation
* Exposure to some kind of training/ course in healthcare quality
* Computer and internet skills: Creating and editing documents, spread sheets and presentations;

e-mail. Familiarity with e-learning methods is desirable.

* Good physical and mental stamina

**General Competencies in an Assessor**

* Team player and inter-personal management skills
* Communication skills (verbal and written), including listening skills
* Willing to adapt
* Planning and organization capability
* Time management
* Analytical thinking

**Qualification and Experience:** The minimum qualification and experience is as follows:

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| * For Clinicians:
 | * MBBS with minimum 10 years of experience
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| * For Manager/ Administrator:
 | * Post-graduate in healthcare management/ administration (Degree or Diploma) with minimum of 10 years
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| * For Nurses:
 | * B.Sc/ M.Sc with minimum of 10 years of experience
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 **Desirable Experience in:**

* patient safety
* infection prevention and control
* medication safety

**Number of Seats: 25**

**Application Fee:** (Only candidates selected for the training course will be asked to pay the fee)

 **A non-refundable fee of Rs. 15000 + 18% GST (Rs. 17700)**

Course fee may be sent through DD/ Check in favour of “Quality and Accreditation Institute Pvt. Ltd.” or by bank transfer

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| **Training Coordinator** Quality and Accreditation Institute416, Krishna Apra Plaza, Sector 18Noida-201301, U.P., IndiaTel : 0120-4113234email : shivi@qai.org.in | **Bank Transfer details are:**Beneficiary name: Quality and Accreditation Institute Pvt. Ltd.Beneficiary Address: 416, Krishna Apra Plaza, Sector 18, Noida-201301Bank Account number: 003105031612Bank Details: ICICI Bank Limited, K-1, Senior Mall, Sector 18, Noida-201301Bank IFSC Code: ICIC0000031 |

**APPLICATION FORM TO APPLY FOR ASSESSOR TRAINING**

**SECTION A (Personal Details)**

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| 1. **Name** (please use block letters)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 | Paste Photo |
| 1. **Date of Birth** (dd/mm/yyyy)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| 1. **Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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1. **Present position/appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Workplace address:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Residential address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Mobile-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** E-mail**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Residence | Work |

1. **Preferred address for correspondence** (please tick)
2. **Educational Qualifications** (starting from graduation/diploma)**:**

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| --- | --- | --- | --- | --- | --- |
| **Year** | **Degree/Diploma** | **Institution** | **Major or Specialization** | **Registration body with number, if applicable** | **Validity of registration** |
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| **Year** | **Training Course** | **Institution/Organization** | **Subject/ Area** |
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1. **List any significant training courses** (other assessor/auditor courses attended)**:**
2. **Professional Experience (Describe all formal positions held starting with the current position):**

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| --- | --- | --- | --- | --- |
| **Sl. No.** | **Date (from - to)** | **Employer** | **Position** | **Key Responsibilities** |
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1. **Other relevant experience and achievements including contributions related to your field (e.g. membership of professional societies; experience as a trainer in the area of accreditation; awards etc.):
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2. **Computer skills** (MS Office, Internet, Email etc.)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Language skills** (Especially specify your native language and classify languages in following categorisation): (please write the languages against the level of proficiency)

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| **Level of proficiency** | **Language** |
| Elementary proficiency |  |
| Conversant |  |
| Fluent |  |

**SECTION B (Statement of Purpose)**

1. **Please set out below (no more than 100 words)**What motivates you to become a QAI assessor.

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1. **Please set out below (no more than 100 words)**Please describe briefly the particular skills you have to become an assessor in QAI for WHO PSFH Standards.

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**SECTION C (Reference)**

Please list below a reference(A professional who has a working relationship, preferably as a senior, with the applicant for at least six months)

Name- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Position-**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Mobile- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E-mail ID- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Briefly indicate how you know the referee- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION D (Self statement & declaration)**

I, the applicant, have read the expected competencies and requirements of QAI Assessor and I am able to comply if selected as an Assessor. Further,

* I hereby certify that all of the information that I have provided in this application is true and accurate to the best of my knowledge, information and belief.
* I understand that QAI has the right to refuse or decline my application without assigning any reasons for the same.
* I shall be responsible for ensuring that the necessary approvals (where applicable) are obtained for participating in the assessor training program (if selected for the same) and conducting assessments thereafter.
* I understand that QAI may contact the reference mentioned above for more information.

Signature of applicant- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Application may please be sent to shivi@qai.org.in latest **by 20 October, 2019.**

**QUALITY AND ACCREDITATION INSTITUTE PVT. LTD (QAI)**416, Krishna Apra Plaza, Sector 18Noida-201301, U.P., India
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