Surveyor Participation in Safety and Quality Accreditation

A report by Siggins Miller to the Australian Commission on Safety and Quality in Health Care

June 2009
Executive summary

The Australian Commission on Safety and Quality in Health Care initiated this project on the participation of surveyors in accreditation following earlier consultations on the Alternative Model of Safety and Quality in Health Care, and engaged Siggins Miller to conduct the study between November 2008 and May 2009.

The stages of the project were (1) a review of literature and publicly available documentation on surveyor participation and management; (2) consultations with three groups of informants – accreditation bodies, representatives of health provider organisations and government health departments, and 430 current surveyors; (3) on site observations during four survey visits; and (4) a workshop with representatives of accrediting bodies, medical colleges, the private hospital sector, a government health department, and a professional association.

Literature review

No empirical research has tested the links between specific surveyor management practices and surveyor standards and performance. The literature and information from accrediting bodies show that selection criteria, contractual arrangements, and training vary with the volume of surveys, the type of service assessed, the accreditation standards applied and whether the purpose of accreditation is compliance assessment or quality improvement.

The quality and consistency of the survey is linked to the nature and quality of surveyor selection, training and support, and surveyor motivation. Guidelines and recommended practices from organisations such as ISQua highlight the importance of having clearly defined criteria for the selection, training and assessment of surveyors, matching the selection criteria and contractual arrangements of surveyors with characteristics of the accrediting body and the purpose of the accreditation, having surveyors with sound and relevant expertise and experience, and providing relevant training and support for surveyors, and encouraging continuing professional development.

Accreditation bodies

Twelve accreditation bodies gave input on surveyor participation in accreditation. Although there are differences in standards and approaches, there are broad similarities in recruitment, training, maintenance of competency and performance management.

Agencies use targeted approaches to identify or attract potential surveyors. A formal selection procedure then identifies suitable candidates. All agencies use a form of ‘apprenticeship’ with trainee surveyors initially observing, and then working under supervision in a team.

Maintaining competency normally relies on completing a minimum number of surveys and training hours per year. Performance management for volunteers is commonly based on post-review feedback and discussions, while performance management for paid surveyors has additional formal components. In some agencies that rely heavily on the use of volunteer clinicians, there is more emphasis on retention and moderation of report outcomes than on performance management.

In general, management practices for the surveyor workforce appear to be consistent with good human resources management practice, with appropriately documented processes and policies. However, an exception is that the collection of data on the workforce varies widely among agencies.

Accreditation bodies were concerned about the sustainability of current processes, including, the cost of training and maintaining competence through continuing education, the increasing difficulty of obtaining release of surveyors from their employer, attracting clinicians away from their practice and consequent income loss, the difficulty in keeping skills current when review opportunities are infrequent, increasing difficulty in achieving a match between surveyors and the type of service reviewed, the number of standards and the lack of portability of surveyor qualifications, and the lack of a career path for surveyors.
Eighteen representatives of health provider organisations and government health departments addressed the attributes and competencies of the ideal surveyor and elements of best practice in surveyor management. Only a few were directly involved in releasing staff to participate as peer surveyors, but most were aware of their organisation’s approach, and the benefits and challenges of having peer surveyors on staff.

Surveyors should understand the contexts in which they survey, apply standards in a rigorous, flexible and balanced way, be committed to quality improvement and open to innovation, demonstrate high levels of technical, professional and organisational knowledge and cross cultural competence, and understand that quality depends on having the right management of resources - equipment and infrastructure available to deliver services in a timely manner.

A more strategic approach to recruitment was needed to develop and sustain a surveyor workforce to meet the needs of communities. It would address geographic distribution and the mix of expertise and experience across a range of service types.

There were two distinct purposes involved in the current model of accreditation. The difference in emphasis between compliance and quality improvement had implications for surveyor management, including recruitment and training, flexibility to work across various standards and organisations, and the composition of survey teams. Continuing investment in surveyor skill development was critical to the sustainability of current peer and professional surveyor workforce arrangements.

The system relied on release of peer surveyors to do training and surveys. Increasing demand for accreditation and health workforce pressure required strategies to resource and plan staff release for the purpose of both training and surveying. Accreditation bodies and health services should make more formal arrangements that recognise the reciprocal benefits to both parties of staff serving as peer surveyors, and address CPD, accreditation of training posts, resources for backfilling, and surveyors’ role to support quality and safety agendas on their return to their primary positions.

Factors in inter-rater reliability were the surveyors’ style, objectivity, understanding of the context, and flexibility, the degree of interpretation required to assess compliance with a standard, and standardised templates for comparing rationales, evidence and observations.

Four interviewees said the intensity and costs of the current program were key issues affecting sustainability. The current standards and processes would benefit from becoming more streamlined, and the compliance and quality improvement aspects rationalised. Some services were involved in up to five accreditation processes that applied different standards. A more flexible accreditation environment was needed, with transferable skills across accreditation bodies and standards, and good generalist surveyors who could work across all surveys.

430 surveyors who responded to the questionnaire said there was a range of benefits, both to themselves and their employer in their acting as an accreditation surveyor, they enjoyed, valued, and were committed to their role as accreditation surveyors, and sought to survey to their best ability and contribute to maintaining improvement in quality and safety in their own organisation, other organisations and across the health care sector. They needed good communication and interpersonal skills, current knowledge, skills and experience, and the ability to be objective and open-minded.

Respondents rated their engagement with the accrediting body and support from their primary employer and the accrediting body higher than their satisfaction with training, CPD, performance management, mentoring and supervision.

The challenges to performing as a surveyor were the timing and coordination of surveys, the time commitment in doing surveys, and maintaining current knowledge of standards.
Consistency among surveyors was an important issue. Training and maintenance of surveyor-specific knowledge and skills (through formal CPD programs, performance feedback, mentoring and supervision) were important in enhancing both inter-rater reliability and the sustainability of the surveyor workforce.

Respondent surveyors emphasised the need for greater support from accrediting bodies and surveyors’ primary employers to address the time pressures of participation as an accreditation surveyor, more accessible training and education in understanding, interpreting and applying standards in different contexts, performance feedback, and regular communication between surveyors and their accrediting body as well as among surveyors to discuss issues they faced.

Limited time, funding, and staff resources in accrediting bodies and primary employers were key barriers to addressing these issues and needs. Respondents highlighted the need for a career path for surveyors, broader and more active strategies to identify potential surveyors, and greater recognition of role of surveyors themselves in increasing the sustainability of the surveyor workforce.

**Site visits**

Pairs of consultants made site visits as observers during surveys in a metropolitan and a regional hospital, a community-based health service, and an aged care facility. The purpose was to observe the processes and roles surveyors performed in the working context of real surveys, to compare the working practice with agencies’ documented procedures, and to gain a first-hand impression of the real and potential contribution of surveyors to the safety and quality of care. The skills and competencies displayed by the surveyors were observed, and matched against their expertise and the health service’s expectations.

The survey timetable was largely fixed in larger services, but more flexible in smaller services. Surveyors divided the work according to areas of clinical and management expertise. The team leader was responsible for liaison, speaking first at summation, and completing the report after the visit; but in most respects the team was collegial. Where there was no designated leader, the team chose its own leader team and members agreed how to divide the work on the basis of specialty, experience, or interest.

The ability of team members to contribute expertise to the assessment reflected how well the accrediting body matched their individual knowledge, skills and expertise to the nature of the service accredited. Mismatching negatively affected the ability of the surveyor to add value.

Credibility as a surveyor was associated with knowledge of a subject and the ability to discuss this in the context of the service being accredited. Surveyors displayed varying levels of skill in eliciting information, interviewing, and summarising assessments.

Many surveyors undertook two associated but different tasks: verifying that a standard or recommendation was met; and advising on quality improvements. The process placed much emphasis on verification of documented information, but many surveyors found their informal conversations a more effective source. The quality task was most valued by both the health service and the surveyors observed, but the degree of added value depended on the matching the surveyors’ skills and knowledge to the needs of the organisation being surveyed.

It appeared that compliance with standards ceased to be burdensome as quality improvement became embedded in the culture of the health service. The close association between leadership and elements of quality such as good governance, resources and fiscal efficiency, safe and effective clinical care received little attention during surveys.

An issue that seemed unresolved was the engagement of consumers in quality improvement: services were deeply engaged with their own patients, but it was not clear to them what role consumers should play in governance.
Workshop

A stakeholder workshop was held on 21 April 2009 to consider the preliminary findings, conclusions and recommendations of the project, based on the information from all the data sources described above. It offered an opportunity to canvass strategies to incorporate the findings into the accreditation process and encourage the uptake of best practice. Twenty-three people took part in the workshop: eleven representatives of accrediting bodies, six representatives of medical colleges, four representatives of the private hospital sector, one of a government health department, and one of a professional association. Two of these representatives were current accreditation surveyors.

The participants said they appreciated the unusual opportunity afforded by the Commission to meet other sectors of the industry with whom they rarely met to discuss these important issues. It would be beneficial to have regular forums to promote partnership and share information and experience. They hoped all relevant parties would work in partnership to plan how the accreditation process and the sustainability the surveyor workforce could be improved.

Conclusions

The Alternative Model recommends decreased fragmentation and duplication of standards and processes, and a more coordinated system. If the scope is broadened to include accreditation of training posts and programs by colleges, universities and professional associations, duplication will decrease and surveyor capacity will be freed.

Incomplete maintenance of data about surveyors has limited the findings of the project. An important starting point for managing the supply of surveyors is accurate data, including who is surveying what, how often, and the nature of their engagement.

The surveyor workforce is strongly motivated to help maintain and improve quality and safety standards, but sometimes find it difficult to keep their skills current when opportunities to use them are intermittent. Surveying should be recognised as a legitimate career development opportunity to be encouraged. Perceptions differ about whether remuneration motivates the participation of surveyors: this issue deserves further investigation. It is generally agreed that consumers have a role in health care accreditation, but how to best engage consumers to enhance the accreditation process is unclear to many shareholders.

There is recognised tension between verifying compliance with standards and quality improvement activities. Quality improvement activities include functions in addition to compliance assessment, such as providing advice, education, sharing of experiences, and affirming practices. Some accreditation processes require only compliance, or assessment against an objective standard. At least two accreditation bodies perform the compliance and quality improvement activities separately, with a compliance audit before or after a quality improvement visit. The benefits of surveying include the opportunity to discuss quality improvement, work flexibly across standards and services, meet other professionals and work in a survey teams, and add value to primary employment as a result of the knowledge and experience gained from surveying.

Current management practices for the surveyor workforce are in line with sound human resources management practice and best practice surveyor management, described in the literature. Surveying practices that would benefit from further attention include training in communication and the skills that maintain credibility. A best practice model of surveyor management has been developed from both the literature and stakeholder views gathered during the project.
# Table of contents

**Surveyor Participation in Safety and Quality Accreditation**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1: Introduction</strong></td>
<td>1</td>
</tr>
<tr>
<td>The context of this study</td>
<td>1</td>
</tr>
<tr>
<td><strong>Section 2: Accreditation surveyor management - a literature review</strong></td>
<td>3</td>
</tr>
<tr>
<td>Components of surveyor management</td>
<td>4</td>
</tr>
<tr>
<td>Surveyor management approaches and practices</td>
<td>5</td>
</tr>
<tr>
<td>Surveyor typology</td>
<td>7</td>
</tr>
<tr>
<td>Surveyor motivation and commitment</td>
<td>8</td>
</tr>
<tr>
<td>Guidelines and recommended practice in surveyor management</td>
<td>8</td>
</tr>
<tr>
<td>Summary and key issues</td>
<td>10</td>
</tr>
<tr>
<td><strong>Section 3: Consultations</strong></td>
<td>11</td>
</tr>
<tr>
<td>3.1 Consultations with accreditation bodies</td>
<td>15</td>
</tr>
<tr>
<td>3.2 Consultations with health provider organisations and health departments</td>
<td>28</td>
</tr>
<tr>
<td>3.3 Consultations with surveyors</td>
<td>35</td>
</tr>
<tr>
<td><strong>Section 4: Observation site visits</strong></td>
<td>45</td>
</tr>
<tr>
<td><strong>Section 5: Stakeholder workshop</strong></td>
<td>50</td>
</tr>
<tr>
<td>Recruitment, retention and sustainability</td>
<td>50</td>
</tr>
<tr>
<td>Best practice in management of the surveyor workforce</td>
<td>51</td>
</tr>
<tr>
<td><strong>Section 6: Conclusions and recommendations</strong></td>
<td>54</td>
</tr>
<tr>
<td>References</td>
<td>58</td>
</tr>
<tr>
<td>Appendix A: Project plan</td>
<td>60</td>
</tr>
<tr>
<td>Appendix B: Research findings on volunteer recruitment and retention</td>
<td>62</td>
</tr>
<tr>
<td>Appendix C: Consultation protocols</td>
<td>66</td>
</tr>
<tr>
<td>Appendix D: List of representatives interviewed</td>
<td>77</td>
</tr>
<tr>
<td>Appendix E: Workshop participants</td>
<td>79</td>
</tr>
</tbody>
</table>
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We express our special thanks to the survey team members and the staff of four busy health services for their gracious welcome and openness to our observers during the accreditation site visits, and to the Commission staff who hosted the workshop.


Acronyms and abbreviations

ACHS  Australian Council on Health Care Standards
ACCHS  Aboriginal Community Controlled Health Service
ACSAA  Aged Care Standards and Accreditation Agency
ADSS  Australian Disability Service Standards
AGPAL/QIP  Australian General Practice Accreditation Limited/Quality in Practice
AIRG  Accreditation Implementation Reference Group
BSA  Breast Screen Australia
CCHSA  Canadian Council on Health Services Accreditation
Commission  Australian Commission on Safety and Quality in Health Care
CPD  Continuing Professional Development
EQuIP  Evaluation and Quality Improvement Program
GP  General Practitioner
GPA Accreditation  General Practice Australia Accreditation plus
HACC  Home and Community Care
HAP  Hospital Accreditation Program
ICT  Information and Communication Technology
IHCA  Institute for Healthy Communities Australia Ltd
ISO  International Organisation for Standardization
ISQua  International Society for Quality in Health Care
ISQua IAP  International Society for Quality in Health Care International Accreditation Process
JAS-ANZ  Joint Accreditation System of Australia and New Zealand
JCAHO  Joint Commission on Accreditation of Health Care Organisations
KFOA  King’s Fund Organisational Audit
MBS  Medical Benefits Schedule
NATA  National Association of Testing Authorities
NGO  Non-Government Organisation
NZC  New Zealand Council on Health Care Standards
QDSS  Queensland Disability Service Standards
QIC  Quality Improvement Council
QMS  Quality Management Systems
RABQSA  Registrar Accreditation Board/Quality Society of Australasia
RACGP  Royal Australian College of General Practitioners
TESL  Training, Education and Study Leave
Surveyor Participation in Safety and Quality Accreditation

Section 1: Introduction

The context of this study

The surveyor participation project is part of the work of the Australian Commission on Safety and Quality in Health Care to progress implementation of the reforms proposed in the Alternative Model of Safety and Quality Accreditation. Expansion in the number of services to be accredited, and deeper understanding of surveyor participation, were both considered fundamental to sustainable accreditation programs.

In consultations on the Alternative Model, participants strongly urged examination of existing surveyor participation. Questions about surveyors’ participation in accreditation included:

- the potential implication of increased service demand on the availability of surveyors
- workforce shortages
- workforce sustainability
- the role of health practitioners as surveyors
- the role of consumers as surveyors
- surveyor consistency and objectivity
- the role of peer review

In September 2008, following previous consultation with stakeholders, the Commission engaged Siggins Miller to undertake this project on surveyor participation in safety and quality accreditation.

Aims and objectives of the project

The aim of the project is to support development of strategies to ensure that appropriate expertise is applied to accreditation. To this end, the key activities have been to:

- review the processes of selection, orientation, training, assessment, maintenance of competencies, supervision, performance management, acknowledgement and support of surveyors, and retention strategies of representative accreditation bodies chosen in liaison with the Commission.
- examine current literature and practices in surveyor training, ideal surveyor characteristics and processes, and identify and describe the elements of a best practice model of surveyor participation.
- describe the characteristics of the current surveyor workforce for each of these accreditation bodies.
- describe the role of consumer surveyors in the survey team.
- compare the information from the project with the relevant standards used by ISQua, JAS-ANZ and similar bodies in their accreditation processes.
- consider the sustainability of the surveyor workforce, options for addressing identified barriers to sustainability, and how governments and other employers could encourage surveying as a career opportunity.
- analyse potential ways to incorporate the findings into the accreditation process, with the goal of maximising uptake of best practice by accreditation bodies.

Method

The agreed method consists of literature and document reviews, consultations with nominated representatives of accreditation bodies and health service organisations, a survey of surveyors, observation site visits, a workshop to test the analysis and consider preliminary findings and recommendations. These steps are described in detail in Appendix A.
There is only a relatively small volume of recent literature on accreditation surveyor management. This literature was reviewed to identify elements of best practice in surveyor management. The key findings helped shape the topics for discussion during the consultations that followed.

Twelve accreditation bodies took part in the project at the invitation of the Commission, and provided preliminary information about the characteristics of their surveyor workforce, their processes for surveyor recruitment, management and retention, and internal documents about their surveyor management practices. This information was supplemented with publicly available information on the participating agencies and other Australian and international surveyor accreditation agencies.

Interviews with nominated representatives of accreditation bodies and health provider organisations took place in February and March 2009. The participating accreditation agencies also circulated an online survey of surveyors. Telephone interviews with representatives of accreditation agencies and provider organisations were analysed, and responses from the online survey of surveyors were collated. A random stratified sample of the surveyors who completed the online survey was also interviewed in greater depth.

With the permission of three accreditation agencies, and at the invitation of four health care facilities, pairs of consultants made site visits as observers during accreditation surveys in a metropolitan and a regional hospital, a community-based health service, and an aged care facility in February and March.

Current surveyor workforce management practices were then tested against international assessment processes for accrediting surveyor training, such as ISQua, JAS-ANZ, and a best practice model of surveyor management was described.

In March, we attended a meeting of the Commission’s Accreditation Implementation Reference Group to report progress and received advice on how the information from the project should be analysed and presented.

The Commission invited nominated representatives of accreditation bodies, health care provider organisations, government health departments, and professional associations and colleges to participate in a workshop to discuss ways to incorporate project findings into accreditation processes and encourage uptake of best practice by accreditation bodies. The outcomes of the stakeholder workshop were incorporated into the final draft report to the Commission in early May 2009.

After the approval process through the Commission’s standing committees, it is anticipated that the outcomes of the project will be made available on the Commission’s website.

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1 Aged Care Standards and Accrediting Agency Ltd (ACSAA) Australian Council on Healthcare Standards (ACHS) Australian General Practice Accreditation Ltd (AGPAL) GPA Accreditation Plus (GPA) Benchmark Certification Health Division BreastScreen Australia (BSA)

Global-Mark Pty Ltd Institute for Healthy Communities Australia Ltd (IHCA) National Association of Testing Authorities (NATA) Quality Improvement Council (QIC) Quality Improvement & Community Services Accreditation (QICSA) Quality Management Services Inc (QMS)

2 Some of the information the accrediting bodies have provided was identified as commercial-in-confidence, and therefore this information has not been reproduced or described in detail, but has been considered together with de-identified data from survey questions, site visit observations, interviews, and the workshop.
Section 2: Accreditation surveyor management - a literature review

Introduction

Accreditation of health care services through external review mechanisms is widely used to assess their compliance with national and international standards and improve the safety and quality of health care. Central to the accreditation process are surveyors, who are recruited to make safety and quality assessments using relevant standards. The extent to which standards are applied consistently across services both between and within surveyors (inter-rater and intra-rater reliability) is a key issue for the accreditation process. Researchers have increasingly described the role of surveyors as both assessors of service standards and educators to facilitate continuing quality improvement (Greenfield et al. 2008; Plebani 2001).

Given the high level of investment in accreditation and its implications for the safety and quality of health care, it is imperative to recruit and retain an appropriate accreditation surveyor workforce, and ensure that the skills and standard of surveyors are developed and maintained. The management of surveyors – from recruitment and selection to initial and ongoing education, training and support – is critical to the sustainability of credible and valid accreditation processes.

This review of literature gives an overview of existing practices in surveyor management, and identifies elements of best practice in the management of surveyors.

Literature search method

An extensive search was made of the health care and management literature. In the health care literature, the thesaurus term ‘accreditation’ (exploded to capture subheadings) was used together with truncated keywords to cover the various terms used in the literatures to describe ‘surveyors’. These terms included surveyor*, assessor*, auditor* and inspector*. These search strategies were used with the international databases Medline, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), and the Australian database Meditext provided by Informit. The websites of the International Society for Quality in Health Care (ISQHC or ISQua) and its member organisations were also searched.

The same keyword synonyms were used in searching broader management and social sciences literature. As well as ‘accreditation’, the key terms ‘quality assurance’ and ‘safety’ were used with the international databases Expanded Academic ASAP, Social Sciences Citation Index, ProQuest, and the Australian Public Affairs - Full Text (APA-FT) database.

The health care literature search located 200 articles of broad relevance. However, most of these articles were dated and anecdotal in nature. In the broader social science and management literature, a considerable volume of material was found addressing issues in quality assurance, patient, customer and employee safety, and accreditation of professionals, organisations and work practices. Relatively few of these papers directly addressed the characteristics, careers, or training of surveyors.

The accreditation surveyor workforce in Australia relies more heavily on volunteers than on paid personnel, in contrast to the US and Canada. An earlier literature review on volunteer workforce recruitment and retention (see Appendix B) has therefore been used to inform this project. In that review, journal articles were identified using electronic databases including PsycINFO, Proquest and Academic ASAP. Hardcopy articles and books were also accessed and websites for volunteer bodies such as Volunteering Australia and Volunteer Canada were explored. Many of these websites had links to documents such as National Standards for Volunteers, and information resources developed for other volunteer organisations.

3 The published literature and the accreditation bodies’ own documentation use the terms ‘surveyor’, ‘assessor’, ‘auditor’, ‘reviewer’, ‘inspector’ to denote the roles and activities of their volunteers, contractors or staff conducting ‘surveys’, ‘assessments’, ‘audits’, or ‘reviews’. In keeping with our undertaking to accreditation bodies that their advice would be de-identified, the terms ‘surveyor’ and ‘survey’ are used generically throughout this report.
Key words searched were ‘recruitment’, ‘selection’, ‘retention’, ‘volunteers’ and ‘not for profit organisations’. The most extensive source of information tended to be books and websites, since a number of non-profit organisations and individual authors have created resources targeting volunteer organisations to aid the implementation of best practice procedures.

Scope and limitations of existing literature

Since Greenfield and colleagues have produced comprehensive literature reviews on health care accreditation, the current literature review has focussed specifically on issues relevant to the management of accreditation surveyors.

The research on accreditation surveyors is very limited. The most relevant articles located were those by Greenfield and colleagues (Greenfield & Braithwaite 2008; Greenfield et al 2008; Plebani 2001, and Bohigas et al 1998). Together, these articles give an overview of surveyor management approaches across international accreditation bodies. Recognising the lack of empirical research on accreditation and surveyors, Braithwaite et al (2006) proposed a design for research in health sector accreditation involving the use of a prospective, multi-method, multi-disciplinary and multi-level approach. More recently, Greenfield et al (2008) conducted a study on the survey styles of accreditation surveyors.

While empirical research on accreditation surveyors is limited, guidelines for recruitment and training of surveyors are offered by international bodies in safety and quality standards such as ISQua and ISO as well as individual researchers (eg Plebani 2001). ISQua, for example, has produced resources to guide the development of accreditation programs, including a Toolkit for Accreditation Programs (Shaw 2004) and guidelines for surveyor training programs (ISQua Surveyor/Assessor Training Program Standards, ISQua 2004).

There is a lack of empirical research examining the effect of surveyor management approaches on the reliability of accreditation assessments (surveyor standard or performance) and the performance of clinical health care services (eg Braithwaite et al 2006; Greenfield et al 2008).

Structure of the literature review

Drawing on the relevant materials identified, this paper first outlines the key components of surveyor management and related issues.

It then summarises the similarities and differences, the advantages and disadvantages, associated with different approaches to the management of surveyors. Guidelines and recommended practice in the various aspects of surveyor management are also reviewed.

Finally, we present a summary of the key findings and issues emerging from the literature, and draw out the implications of these findings for designing relevant discussion topics for the consultation protocols.

Components of surveyor management

Effective management of surveyors is critical for ensuring the quality and sustainability of the surveyor workforce, and in turn the credibility and validity of the accreditation process (eg Greenfield et al 2008; Plebani 2001). While there are variations across accrediting bodies, surveyor management (for a given accrediting body) generally encompasses these components:

Surveyor selection and recruitment

The surveyor selection and recruitment process involves establishing the selection criteria (eg knowledge, experience, qualifications, personal attributes), roles and responsibilities of surveyors, and the relationship between the surveyor and the accrediting body (eg volunteer, part-time, full-time, contractual). It also includes developing and implementing the recruitment process (eg written application, interview, assessment).
Initial training and certification

Suitable candidates are typically required to take part in an approved surveyor training course, which may form a part of an orientation program. Training and orientation as a surveyor of an accrediting body include learning about the accrediting body and its standards, the role of the surveyor, interpreting standards, assessing compliance, and surveying techniques. A range of methods such as workshops, teleconferences, self-study assignments and mock surveys are used in this initial training. Successful completion of training leads to time-limited certification as a surveyor.

Supervision, continuing education and professional development

Following certification as a surveyor, the (early-career) surveyor is generally provided with support and supervision from a senior or more experienced surveyor in his or her initial surveys. Surveyors are usually required to participate in continuing education and professional development activities.

Performance assessment and continuing appointment (re-certification)

Continuing appointment or re-certification as a surveyor is generally contingent on the surveyor meeting his or her role requirements (which may include satisfactory completion of a specified number of surveys and participation in professional development activities) and may include (formal or informal) performance reviews.

Consumer participation as surveyors

There is increasing recognition of the role of consumers in health care accreditation – from involvement in the development of standards and governance to participation in survey teams. The engagement of consumers and members of the broader community in developing and implementing public policies and programs is considered a best practice (Althaus et al 2007; Australian Council for Safety and Quality in Health Care 2003). Inclusion of trained consumer surveyors in survey teams can contribute to the accountability as well as the expertise of the survey team (Australia Health 2005).

Australia Health’s study on consumer roles in diagnostic imaging accreditation (2005) found that consumers had a clear desire to participate in all aspects of the accreditation process, but there were a number of barriers to consumer participation in accreditation: lack of knowledge or information, financial and time constraints, and poor health status. Limited understanding of the value and appropriate involvement of consumers among professionals was also a barrier to consumer participation. Greater consideration of the roles, expectations, recruitment, training and support of consumers, and addressing the attitudes of professionals toward consumer participation, were important for effective consumer engagement in health care accreditation.

Surveyor management approaches and practices

Bohigas et al (1998) compared surveyor management approaches and practices across six hospital accreditation programs (Joint Commission on Accreditation of Health Care Organisations [JCAHO], Canadian Council on Health Services Accreditation [CCHSA], Australian Council on Health Care Standards [ACHS], King’s Fund Organisational Audit [KFOA], Hospital Accreditation Program [HAP], New Zealand Council on Health Care Standards [NZC]) covering five countries (USA, Canada, Australia, UK, and New Zealand). This comparison found that surveyors across these accreditation programs shared a number of features in their professional background, roles, contractual arrangements, and training.

Experience ranging from two to five years in the health sector, whether as a doctor, nurse, administrator or chief executive, was the main criterion for the recruitment and selection of surveyors. As a minimum, surveyors were required to have educational qualifications specific to their profession and experience in senior management positions. Surveyors were primarily
recruited from accredited hospitals. Accrediting bodies that used volunteers tended to recruit those currently holding a position in the hospital.

On average, surveyors from these accrediting bodies participated in two to four days of training at the beginning of their survey career. Their initial surveys were typically conducted with the supervision and support of a senior surveyor, and their performance on these initial surveys was often used into determine their selection for future surveys. The methods used in surveyor training were participative in nature, and training topics generally covered standards knowledge, surveying processes, communication, interviewing and report writing.

The minimum or maximum number of surveys that the surveyor would undertake was specified, especially for volunteer surveyors. A survey team comprised an average of three members – typically a doctor, a nurse, and an administrator – and one member was appointed as team leader.

The cost of surveys ranged from about 11% to 35% of the accrediting body’s total expenses. Full-time surveyors were salaried, while others were paid by day or hours or received an honorarium or reimbursement for survey-related expenses.

Bohigas et al (1998) suggested that similarities in practices across accrediting bodies were likely to be the result of shared objectives to improve or further develop safety and quality standards, rather than a sole focus on assessing compliance with standards.

There were also notable variations across these accrediting bodies. The Joint Commission (JCAHO), in particular, was different from the others on a number of dimensions. With a high volume of surveys conducted per year, JCAHO employed full-time surveyors and had more formal contractual relationships with its surveyors. Those agencies using primarily volunteers or contractors tended to have lower workloads. The number of surveyors employed by the accrediting body and the basis on which they were employed were therefore linked with the volume and complexity of surveys conducted. Of the six agencies, JCAHO also had the most stringent requirement in terms of surveyor education qualifications and training.

While Bohigas et al (1998) made these comparisons almost a decade ago, examination of current publicly available information about the same six accrediting bodies indicates that a great deal of similarity remains in the general requirements for surveyors (selection criteria, processes of training and continuing education).

JCAHO continues to rely more heavily on a paid (full-time, part-time and intermittent) surveyor workforce in comparison with the other accrediting bodies (eg ACHS, KFOA [now known as the Health Quality Service] and CCHSA [now known as Accreditation Canada]). Surveyors employed by JCAHO generally have an advanced degree (ie a master’s or doctor’s degree), undergo more intensive orientation, initial training, assessment and certification processes, and undertake a higher volume of surveys per year (Joint Commission 2008).

Bohigas et al argued that while full-time surveyors had mastery of surveying techniques and more surveying experience, volunteers were considered to be more familiar with current hospital management issues as they were working in the health system at the time.

Plebani (2001) also highlighted the advantages and disadvantages of different types of surveyors. Plebani’s analysis indicates that part-time or volunteer peer surveyors are more familiar with current management and professional issues, because they are engaged in the health system, and are thus more likely to include an educational role in their surveyor role. However, arrangements may need to be made for those who leave their posts temporarily to undertake surveys.

The use of part-time or volunteer peer surveyors is also associated with risk of conflict of interest that may jeopardise the independence of the accreditation (Bohigas et al 1998; Plebani 1991). To avoid conflict of interest, Plebani emphasised the importance of ensuring that volunteers and part-time surveyors do not survey the health service in which they are employed (or a service perceived to be a competitor).
In comparison with volunteers, full-time peer surveyors have greater surveying experience, sound knowledge of standards, accreditation programs and roles, and are available to undertake a larger number of surveys. However, they tend to be more distant from the reality of health care practice and place greater emphasis on compliance with standards than on quality improvement (Plebani 2001).

According to Plebani, external (non-peer) surveyors provide the most independent assessment because they are removed from the sector in which they survey. They have surveying experience across categories of services and therefore have the benefit of allowing the exchange of survey experiences across service categories. However, they may not have an educational role in the survey process owing to their lack of area-specific knowledge.

In terms of the costs of managing surveyors (Bohigas _et al_ 1998), it is apparent that JCAHO has the largest surveyor expenditure (including payment, initial training and ongoing training costs) as a result of employing salaried full-time surveyors and its training requirements for surveyors. While full-time surveyors may incur greater financial costs to the accrediting body, Plebani argued that volunteers ‘require the accrediting body to invest more resources in survey organisation and management’ (2001, 153).

Plebani argued that competence and credibility as a surveyor are the essential attributes of surveyors – whether they are volunteers or paid – and that the ‘ability of staff from one organisation to experience the culture and the practices of another organisation is of crucial importance in improving the state-of-the-art of the discipline and in promoting continuous improvement of quality in the health sector’ (2001, 154).

Drawing on the work of Bohigas _et al_ (1998), Plebani suggested the following practice in the management of surveyors:

- Have clearly defined criteria for the selection, training and appraisal of surveyors.
- Ensure that surveyors have sound understanding of standards, the assessment process and aims of the survey through orientation and initial and ongoing training.
- Have a balance of clinical, technical and managerial expertise in the survey team.
- For quality improvement, education and self-regulation, part-time surveyors who are professionals currently practising in a health care facility are more desirable.
- Where standards compliance is the focus and education is a less relevant aspect of the survey, full-time and external surveyors may be used.
- To ensure an independent but competent and qualified survey, a team of surveyors could be used with the team leader a full-time peer or external surveyor, and the remainder of the part-time professional volunteers.

**Surveyor typology**

In a recent study of survey styles among accreditation surveyors, Greenfield _et al_ (2008) identified three surveyor styles (‘interrogator’, ‘explorer’ and ‘discusser’) and proposed a fourth style (‘questioner’). According to Greenfield _et al_, these four surveyor styles varied on two dimensions – a questioning dimension (opportunistic vs structured), and a recording dimension (explicit: written vs implicit: memory):

1. The interrogator has a highly structured approach to interviews, engages explicitly in the educator role and explicitly records learning gained through the survey process
2. The explorer has an opportunistic or a less structured approach to the interview, is less inclined to engage in the educator role and makes explicit learning gained from the survey process
3. The discusser has an interactive approach to the interview such that the interview takes place as a discussion rather than a structured interview, and assessment, education and learning are incorporated in the discussion (ie implicit rather than explicit)
Although only three styles were observed in the study, the authors hypothesised a fourth style based on the two dimensions:

4. The questioner would be characterised by a structured approach to the interview and an implicit learning or recording style

Greenfield et al (2008, 440) argue that identifying surveyor style in this way has ‘practical relevance for surveyor training and development’. Accrediting bodies can adopt this typology of surveyors as an assessment tool for surveyors, and in order to encourage self-reflection among surveyors. Pairing a surveyor with a mentor sharing a similar survey style can promote initial role learning by the early career surveyor. On the other hand, pairing a surveyor with a mentor with a contrasting survey style can help expand the skills of the early career surveyor.

Furthermore, Greenfield et al suggest that the allocation of surveyors to survey teams based on surveyor style can enable a more targeted approach to accreditation by matching surveyor style to the organisational context or culture of the service to be accredited. For example, discusser or explorer surveyors, who are more opportunistic and participant-centred, could be used to reduce “interviewee apprehension and potential organisational barriers” (440). The application of the typology proposed by Greenfield et al is in line with research (eg Huby & Rees 2005; Naveh & Stern 2005) indicating that a quality improvement tool is more likely to be effective when attention is given to the organisational context of the service to be accredited (eg by considering the match between surveyor style and the organisational context).

**Surveyor motivation and commitment**

Research on volunteer recruitment and retention highlights the importance of individual motivation and organisational commitment for understanding volunteerism.

Dutta-Bergman (2004), for example, pointed to the sense of reciprocity or exchange between the volunteer and the organisation – in particular, the perceived benefits or rewards to self as a result of volunteering (gaining new knowledge, satisfying one’s desire to contribute to the community) – as a key factor underlying volunteerism. Dutta-Bergman’s research also described a number of characteristics associated with people who volunteer, including a high level of personal responsibility, an internal locus of control, belief in responsible living and an orientation to action.

Research conducted by Self et al (2001) identified a range of factors that influence individual decisions to continue or cease participation as a volunteer. They include job satisfaction, feelings of respect and acceptance, role clarity and expectations, and personal recognition.

Organisational commitment is affected (1) by whether the organisation is consistent with the volunteer’s self-image and contributes positively to it, and (2) by the pride and respect experienced by the volunteer. These things influence volunteers’ decisions to stay or leave an organisation (Boezeman & Ellemers 2007, 2008).

Understanding not only the needs of surveyors but also their motivations has implications for both recruiting and retaining surveyors.

**Guidelines and recommended practice in surveyor management**

There is no empirical research to identify best practice in the various components of surveyor management, but the ISO and ISQua offer guidelines and recommended practice.

The personal attributes of surveyors, as outlined by the ISO (ISO/CD. 2 19011:2001) include:

- open mindedness: willingness to consider alternative ideas or points of view
- diplomacy: tact and skill in dealing with people
- being observant: to be constantly and actively aware of physical surroundings and activities
- perceptiveness: ability to use one’s instinct to understand and adapt to situations
• tenacity: persistence, the ability to be focused, oriented towards objectives
• decisiveness: ability to make decisions based on logical reasoning and analytical skills
• self-reliance: ability to act and function on one's own while interacting effectively with others
• integrity: needs to be fair, truthful, sincere, honest and discreet

In relation to surveyor training, the ISO recommends that surveyors are “trained and assessed by externally recognised training bodies, which approve auditor training programs and officially certify inspectors who have passed certified courses” (cited in Plebani 2001, 152).

ISQua offers three separate accreditation services for external evaluation bodies in health care and standards setting bodies – accreditation of (1) an organisation against a set of standards, (2) standards for accreditation purposes, and (3) assessor training programs.

ISQua’s Toolkit for Accreditation Programs (Shaw, 2004) provides a set of guidelines for accrediting bodies using surveyors:

• The number of surveyors should be determined by the volume of surveys planned, the duration of surveys (ie the number of surveyor days required), the number of days each surveyor would provide per year less the number of surveyors expected to withdraw per year.
• Surveyor selection criteria should be clearly stated and fairly applied, and include basic core competencies and levels of professional experience required. Common profiles of part-time surveyors include:
  - professional experience at senior level
  - experience in senior management
  - good interpersonal skills
  - specific education certification
  - good physical and mental health
  - current or recent working experience
• The professional background, culture and skills of surveyors should reflect the function and scope of the accreditation program.
• Surveyors must be committed to complying with the rules of the accreditation body, especially rules of confidentiality and independence.
• If surveyors are employed directly rather than recruited as volunteers from accredited institutions, the accrediting body must accept greater legal responsibility for them and provide extra liability insurance.
• Training on additional knowledge of standards and skills of assessment required should be identified and provided systematically through initial induction and supported by continuing education.

ISQua’s (2004) Surveyor/Assessor Training Program Standards gives guidelines and criteria for assessing the management, development, delivery and evaluation of surveyor training programs. They encompass the following domains:

• Management of the program – establish an operational framework to ensure a quality program
• Personnel requirements – recruit, manage and develop program personnel to achieve the program’s goals and objectives
• Program planning – the program is systematically planned and developed to meet its objectives
• Information for trainees – provide trainees with information that enables them to make informed decisions and meet their training needs
• Program delivery – use appropriate learning methods and resources that meet trainees’ needs
• Assessment requirements – assess trainees’ achievements against the expected outcomes of the program, using adequate and appropriate assessment systems
• Program evaluation – demonstrate that the program has met its objectives and trainees’ needs and is used to continuously improve the training

Although the effectiveness of the suggested practice and guidelines on surveyor standards and performance has not been specifically tested empirically, the literature on volunteer recruitment and retention gives some support to the guidelines and recommended practice on the management of accreditation surveyors (the need for clearly defined selection criteria, initial and ongoing training, and performance assessment). It also highlights the impact of factors such as motivation and organisational commitment and support in retaining volunteers.

Summary and key issues

Many factors influence the ways accrediting bodies manage their surveyors, but no empirical research has tested the links between specific surveyor management practices (eg training methodology, supervisory arrangements) and the standards and performance of surveyors.

The quality of the survey conducted and the extent to which standards are applied consistently (and thus the credibility and validity of accreditation processes) are affected by surveyor management practices such as the nature and quality of surveyor selection, training and support, and by surveyor motivation.

Literature and information from accrediting bodies nationally and internationally show that surveyor management practices (selection criteria, contractual arrangements, training) vary as a function of the volume of surveys per year, the category of service to be assessed (hospital, aged care facilities, scientific laboratories), the accreditation standards to be applied (eg Evaluation and Quality Improvement Program [EQuIP], ISO), and the purpose of accreditation (assessment of compliance, and quality improvement).

Guidelines and recommended practices recommended by organisations such as ISQua and researchers (eg Plebani 2001) highlight the importance of:

• having clearly defined criteria for the selection, training and assessment of surveyors
• matching the selection criteria and contractual arrangements of surveyors with characteristics of the accrediting body and the purpose of the accreditation
• having surveyors with sound and relevant expertise and experience
• providing relevant training and support for surveyors, and encouraging continuing professional development
Section 3: Consultations

The experience and opinions of three groups of people chosen in conjunction with the Commission for their knowledge of accreditation were canvassed to describe surveyor workforce characteristics and management, identify elements that should be part of a best practice model of surveyor participation, and comment on the sustainability of the surveyor workforce.

Consultations took place with representatives of three groups of participants: the twelve participating accreditation bodies who accepted the Commission’s invitation to take part in the project; eighteen representatives of health service organisations and government health departments; and 430 surveyors engaged by participating accreditation bodies who completed an on-line questionnaire (25 of them were later interviewed in depth).

Accrediting bodies had earlier been asked to describe the characteristics of their surveyor workforce, and to document their surveyor management processes. We used this information, together with the literature on surveyor management practices, to design consultation protocols in collaboration with the Commission (Appendix C).

Fifteen individual or group telephone interviews took place with 29 representatives of accreditation agencies in February and March 2009. Fourteen telephone interviews took place with 18 representatives of health care provider organisations and government health departments in the same period (Appendix D). In each case, the protocol was sent in advance of a semi-structured but wide-ranging half-hour interview.

The twelve participating agencies circulated an internet link to introductory information and an on-line questionnaire for surveyors. The link was sent to 2,210 surveyors, and 430 responses were received. A representative sample of 25 of those who responded to the on-line were interviewed by telephone for in-depth discussions of the topics in the survey.

The first part of this section sets out the questions put to each group of respondents, and then summarises the main themes in each set of responses. A more detailed account then follows of the information and opinion offered by each of the three groups in turn.

Consultation questions

Accreditation bodies

Accreditation bodies were invited to describe the organisation’s approach to the management of surveyors, and to comment on:

- recruitment processes and surveyor selection
- the personal attributes and competencies of an ideal surveyor
- engagement of paid or volunteer, full-time or part-time surveyors
- professional background and specialties
- private or public sector. community practice or acute care sector
- survey team composition
- the role of consumers
- motivations to become a surveyor (was information collected on motivations?)
- initial orientation, training and assessment
- maintenance of competencies
- CPD, supervision, mentoring and feedback
- acknowledgement mechanisms
- and retention (was information collected on the reasons given for discontinuing?)
Next, they were asked to outline the cost factors in maintaining the surveyor workforce, and to describe any differences in the management of paid and volunteer surveyors. Their views were sought about how the management of surveyors could be improved, and what they thought best practice management of surveyors would look like. They were asked to rate on a 7-point scale the level of comprehensiveness of the application, recruitment and selection processes used by the organisation, initial training and assessment of competency, continuing education and professional development opportunities, mentoring and supervision, opportunities to acknowledge surveyors, and the support provided to surveyors, and to explain their ratings.

They were asked next if they agreed there were inconsistencies in inter-rater reliability, and if so, what factors influenced inter-rater reliability and how it could be improved.

Accreditation bodies were asked what factors they thought influenced surveyor workforce sustainability, how it could be improved, and what actions they took to ensure a sustainable workforce.

Health care organisations

The interviews with representatives of health care organisations followed a similar pattern. In this case, the questions tailored to their position concerned how many staff in their organisation served as accreditation surveyors, their positions and professional backgrounds, and what they did to encourage or discourage staff from being surveyors. They were asked to describe the impact on the organisation of having staff engage in accreditation training or surveying, the benefits to the organisation of having staff serve as surveyors, and whether this participation posed any challenges.

Next, there were asked whether they thought their current arrangements for staff participating in accreditation surveys are sustainable, and what needed to be available to ensure a sustainable surveyor workforce. What, if anything, did the organisation do to encourage or discourage staff participation in surveys?

Health provider representatives were invited to give their opinions about attributes and competencies of an ideal surveyor, and best practice in managing staff who worked as accreditation surveyors.

The rating scale for these informants concerned the level of support, acknowledgement, supervision, and opportunities for CPD their organisation gave to surveyors.

They too were asked next if they agreed there were inconsistencies in inter-rater reliability, and if so, what factors influenced inter-rater reliability and how it could be improved.

Surveyors

An on-line survey of currently active surveyors was facilitated by the accreditation bodies, which alerted their workforces to the link for those who wished to respond. 430 surveys completed the survey, which first gathered information about the respondents themselves – their gender, age group, professional background, area of special interest in accreditation, location of primary workplace, current employment position title, status as an accreditation surveyor, years as a surveyor, number of surveys completed to date, average number of surveys per year, average number of days required for each survey, and the types of facility they surveyed.

The participating surveyors were asked what had motivated them to become a surveyor, the benefits or advantages of being an accreditation surveyor, the disincentives or disadvantages, the challenges they faced and what could be done to address them, and what would encourage or discourage their continuing in the surveyor role.

Next, they were asked to describe the personal attributes and competencies of an ideal surveyor, and to suggest how others could be encouraged to become accreditation surveyors.
The rating scale for surveyors covered the same issues as the accreditation bodies and provider organisations addressed, but in this case the surveyor respondents were asked to rate their satisfaction with these aspects of their work:

- their engagement with the accrediting body and the recruitment processes it used
- the quality of the initial training and assessment provided
- the effectiveness of their initial training and assessment
- support from the accrediting body and from the primary employer
- access to continuing education and professional development opportunities, and their effects
- acknowledgement by the accrediting body or by the primary employer given to participating staff
- performance management supports such as role statements and expectations, duty statements, updates, performance feedback and coaching, performance review, and re-certification
- and the mentoring and supervision offered by the accrediting body to its surveyors.

As with the other informants, the surveyors were also asked if they agreed there were inconsistencies in inter-rater reliability, and if so, what factors influenced inter-rater reliability and how it could be improved.

Finally, the surveyors what thought were the challenges for a sustainable surveyor workforce in Australia, and what should be done to address these challenges.

**Major themes**

**Accreditation bodies**

The twelve participating accreditation bodies use a range of different standards and approaches, but there are broad similarities among them in the areas of recruitment, training, maintenance of competency and performance management. Approaches to surveying are interpreted along a continuum: at one end is an ‘audit’ (assessing compliance), and at the other end a quality improvement process that includes education.

In recruitment, accreditation bodies use targeted approaches within the sector to identify or attract potential surveyors. In most cases this is followed by a formal selection procedure that identifies the most suitable candidates. For most agencies, induction or training programs act as a second level of screening or culling candidates. All agencies use a form of ‘apprenticeship’ with trainee surveyors initially observing, and then working under supervision in a team, before being fully qualified.

The maintenance of competency normally relies on a requirement to complete a minimum number of surveys and training hours a year. Performance management for volunteers is commonly based on post-review feedback and discussions, while performance management for paid surveyors has additional formal components, such as audit by external bodies. In some agencies that rely heavily on the use of volunteer clinicians, there is more emphasis on retention and moderation of report outcomes than on performance management. This is particularly marked in agencies where there are shortages of the relevant clinical expertise.

In general, management practices for the surveyor workforce appear to be consistent with good human resources management practice, with appropriately documented processes and policies. An exception is that the collection of data on the workforce varies widely among agencies.

Accreditation bodies raised the following concerns about the sustainability of current accreditation processes:

- the cost of training and maintaining competence through continuing education
- the increasing difficulty of obtaining release of surveyors from their employer
• attracting clinicians away from their practice and consequent income loss
• the difficulty in keeping skills current when review opportunities are infrequent
• increasing difficulty in achieving a good match between surveyors and the type of service being reviewed
• the number of standards
• the lack of portability of surveyor qualifications
• and the lack of a career path for surveyors.

Health provider organisations and government health departments

Only a few of the 18 representatives of health provider organisations and government health departments were directly involved in releasing staff to participate as peer surveyors, but most were aware of their organisation’s approach, and the benefits and challenges of having peer surveyors on staff.

These informants say highly performing surveyors should be able to understand the contexts in which they survey, apply the standards in a confident, rigorous, flexible and balanced manner in that context, demonstrate a strong commitment to quality improvement, be open to innovation and different ways of doing things, demonstrate a high level of expertise in their area of specialist knowledge, good technical, professional and organisational knowledge and cross cultural competence, and understand the inter-dependencies in the health system (that is, quality depends on having the right management of resources, equipment and infrastructure to deliver services in a timely manner).

Several of the informants think there is a need for a more strategic approach to recruitment, in order to develop and sustain a surveyor workforce with the capacity to meet the need of communities being surveyed. Such an approach would address geographic distribution, the mixtures of high level expertise, and experience across a range of service types.

Heath service representatives observe that two distinct processes and purposes are involved in the current model of accreditation. They say the difference in emphasis between compliance (data review or audit) and developmental quality improvement has implications for surveyor management, including recruitment and training, the flexibility to work across standards and organisations, and the composition of survey teams.

These informants agree that all surveyors should be trained to a specified minimum level of competency and supported to maintain their competencies as surveyors. Continuing investment in surveyor skill development is critical to the sustainability of current peer and professional surveyor workforce arrangements.

The system relies heavily on peer surveyors being released to undertake surveyor training and surveys. Increasing demand for accreditation and health workforce pressure requires development of strategies to resource and plan staff release for the purpose of both training and surveying. Accreditation bodies and health services should make more formal arrangements that recognise the reciprocal benefits to both parties of staff trained and participating as peer surveyors. Such arrangements need to address continuing professional development, accreditation of training, resources for backfilling in a staff member’s absence, and surveyors’ role to support quality and safety agendas on their return to their primary positions.

Factors contributing to inter-rater reliability included:

• the skills and attributes of surveyors, including their style, objectivity, understanding of the context, and of how compliance with standards can be achieved through different means
• the degree of interpretation required to assess compliance with a standard compared with standards that have a detailed framework and statement of required evidence that can be used to assess against specific criteria
• the availability of standardised templates and formats for comparing rationales, evidence and observations.
Four informants said that the intensity and costs of the current program were key issues affecting sustainability. They felt that the current accreditation programs (standards and processes for surveying) would benefit from becoming more streamlined, and their compliance and quality improvement aspects rationalised. Some services were involved in up to five accreditation processes applying different standards. They highlighted a need to create a more flexible accreditation environment with transferability of skills across accreditation bodies and standards, and good generalist surveyors who can work across all surveys.

Surveyors

430 surveyors responded to the questionnaire. Their responses showed that they appreciated the benefits, both to themselves and to their employer, in their serving as accreditation surveyors. They enjoyed, valued, and were committed to their role as accreditation surveyors (an attitude confirmed by the subset of surveyors who were interviewed later). They sought to perform surveys to their best ability and contribute to the maintenance and continuing improvement in quality and safety in their own organisation, other organisations, and across the health care sector.

To be effective, a surveyor needed good communication, interpersonal skill, current and relevant knowledge and experience, and the ability to be objective and open-minded.

The challenges to serving as a surveyor included the timing and coordination of surveys, time constraints in undertaking surveys, and maintaining currency of knowledge of standards and surveying skills.

Surveyors emphasised the need for greater support from accrediting bodies and primary employers to address the time pressures of participating in surveying, more accessible and adequate training and continuing education opportunities (especially in understanding, interpreting and applying standards in different contexts), and performance feedback and regular communication between surveyors and their accrediting body, as well as among surveyors, to discuss the issues they faced. Nevertheless, they recognised that the limited funding, time, and staff resources of accrediting bodies and health facilities were all barriers to addressing these needs.

Surveyor respondents highlighted the need for a career path for surveyors, broader and more active strategies to identify potential surveyors, and greater recognition of role of surveyors themselves in increasing the sustainability of the surveyor workforce.

In the ratings section of the questionnaire, surveyors were relatively satisfied with the support and acknowledgement they received from the accrediting body and their primary employer, but were somewhat less satisfied with the training, CPD, performance management, mentoring and supervision they accessed.

Inter-rater reliability, or consistency among surveyors, was an important issue for surveyors. Training and the maintenance of surveyor-specific knowledge and skills (through formal continuing professional development programs, performance feedback, mentoring and supervision) were perceived to be important in enhancing both inter-rater reliability and the sustainability of the surveyor workforce.

3.1 Consultations with accreditation bodies

The participating accreditation bodies provided demographic information about the characteristics of their surveyor workforce (gender, location, specialty, length of time as surveyor and how many accreditations they perform), and documentation of their processes for surveyor management, including processes of selection, orientation, training, assessment, maintenance of competencies, supervision, performance management, acknowledgement, support of surveyors, and retention strategies.
During semi-structured telephone interviews, they confirmed and elaborated this information, and gave their views about the ideal surveyor, best practice models of surveyor participation, inter-rater reliability, sustainability of the surveyor workforce, and options for addressing identified barriers.

Accreditation context

The accreditation bodies described the context in which they and their surveyors operate, including the standards used for accreditation surveys, surveyor registration or certification arrangements, the roles and responsibilities of surveyors, consumer participation, and the types of services or facilities surveyed.

Standards

The standards used by participants ranged from generic international standards (ISO 9001), through national sector specific standards, standards developed by relevant professional bodies, to state-based standards for specific types of services. The standards currently applied by the agencies are shown in Table 1:

Table 1. Standards used by participating accreditation bodies

<table>
<thead>
<tr>
<th>Accreditation Body</th>
<th>Standards</th>
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<tbody>
<tr>
<td>Aged Care Standards and Accrediting Agency Ltd (ACSAA)</td>
<td>Aged Care Standards</td>
</tr>
<tr>
<td>Australian Council on Healthcare Standards (ACHS)</td>
<td>EQuIP Framework/Standards</td>
</tr>
<tr>
<td>Australian General Practice Accreditation Ltd (AGPAL)</td>
<td>RACGP Standards</td>
</tr>
<tr>
<td>GPA Accreditation Plus (GPA)</td>
<td>RACGP Standards</td>
</tr>
<tr>
<td>Benchmark Certification Health Division</td>
<td>ISO 9001</td>
</tr>
<tr>
<td>BreastScreen Australia (BSA)</td>
<td>BSA National Accreditation Standards</td>
</tr>
<tr>
<td>Global-Mark Pty Ltd</td>
<td>ISO, ADSS, QDSS</td>
</tr>
<tr>
<td>Institute for Healthy Communities Australia Ltd (IHCA)</td>
<td>QIC Standards and IHCA modules, QDSS</td>
</tr>
<tr>
<td>National Association of Testing Authorities (NATA)</td>
<td>ISO 9001</td>
</tr>
<tr>
<td>Quality Improvement Council (QIC)</td>
<td>QIC Standards</td>
</tr>
<tr>
<td>Quality Improvement &amp; Community Services Accreditation (QICSA)</td>
<td>QIC Standards</td>
</tr>
<tr>
<td>Quality Management Services Inc (QMS)</td>
<td>QIC Standards</td>
</tr>
</tbody>
</table>

Registration/certification of surveyors

The standards used by each accrediting body were reflected in the registration or certification requirements of their surveyors.

All accreditation bodies required completion of some form of training (usually within a six month period of recruitment) before a surveyor was deemed qualified to work unsupervised. Programs typically consisted of:

- in-house or external training (normally five days of training is required to meet the JAS-ANZ standard to survey under ISO9001; other types of survey may require two to three days training)
- an orientation period of one to three days
- participation in at least one survey as an observer
- supervised participation as a member of a survey team
- competency-based assessment by supervisor or team leader
Three accreditation bodies require registration of the surveyor with RABQSA (or progress towards registration). Clinical peer surveyors must maintain their professional registration and be involved in current clinical practice. Some accreditation bodies accept training by other organisations, but five said they require additional training if surveyors are to transfer to them. Not all accreditation qualifications are portable and opportunities for experienced surveyors to work across accrediting organisations may be limited unless they have multiple qualifications.

Roles and responsibilities of surveyors

The roles and responsibilities of surveyors are outlined in one or more documents of all but one of the twelve agencies. They include position descriptions, contracts, and handbooks or manuals. The handbooks are normally available on an accrediting body’s website, or are made available to the participants as part of the survey preparation process.

The main points of difference between team leader or survey coordinator roles and team member roles were the leader’s level of responsibility for preparation and coordination of the survey; communication with the health service before, during and after the survey; compilation of the final report; and in some cases follow-up on non-compliance.

For seven of the twelve participating agencies, the survey coordinator is a paid member of their staff, while the team member(s) are peer surveyors, who are external contractors or volunteers who claim expenses, and in some cases honoraria.

In the case of four agencies, the surveyors’ role also explicitly includes education on safety and quality. Three are also contracted to provide a mentoring and support role the service or facility between surveys.

Type of service or facility surveyed

The types of services or facilities surveyed fell into five categories:

1. Public and private hospitals
2. Private health services such as day surgeries, surveyed by some smaller agencies
3. A wide range of services, including government providers such as Home and Community Care (HACC) services, mental health services, small community-based private facilities and non-government organisations (NGOs), Aboriginal Medical Services, alcohol and other drug services, accommodation services, and disability services, surveyed by not-for-profit community-based accrediting bodies
4. Professional practices, such as general practices, physiotherapy, optometry, pathology labs, testing labs, diagnostic imaging etc
5. Specific service types: single-service agencies, such as cancer screening or residential aged care

Workforce characteristics

The accreditation bodies provided demographic information about the characteristics of their surveyor workforce, including gender, location, specialty, length of time as surveyor, and how many accreditations they performed.

The analysis that follows is limited by the amount of demographic information accreditation bodies record. Collection of workforce data is not consistent across accrediting bodies, and some could not provide all the data we requested. In particular, some accrediting bodies do not collect demographic data on their casual or external contractor or volunteer workforces.

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4 RABSQA was formed when the Registrar Accreditation Board of North America merged with the Quality Society of Australasia to form an internationally recognised body in 2005. RABSQA certifies individual auditors.

5 In a small number of administrative surveyor positions, no professional qualification is required.
Lack of data on the substantial external contractor workforce makes it difficult to measure attrition rates and turnover.

In some cases (such as member-based bodies which rely heavily on staff secondments from member organisations), much of the data is held by the member organisations and not by the accrediting body. Smaller, commercial accrediting bodies consist of a small number of full-time internal staff only, and little useful comparison can be made with other types of accrediting bodies that use external contractors or volunteer peer surveyors.

**Geographic spread**

The geographic spread of seven of the twelve accreditation bodies’ workforces reflected demand in each State and Territory. Smaller organisations that were still in the development stage reported experiencing problems with availability of surveyors, based on location.

Agency representatives said that travel was not an issue for most surveyors. In fact, the variety it afforded was regarded as an incentive for most segments of the workforce, with the exception of some peer surveyors whose practice was interrupted (eg GPs and surgeons).

**Gender**

The surveyor workforce is predominantly female, reflecting the health workforce from which surveyors are drawn, and in some agencies exclusively female. Four accreditation bodies gave figures on the gender balance of their surveyors in early 2009. In these four agencies, there were 608 female surveyors and 85 male surveyors (a ratio of about 7:1). Three agencies said all their surveyors were females (one was currently interviewing a male applicant). One agency said it maintained a balance of males and females across all its surveyors. No figures were available from the remaining bodies.

**Clinical versus non-clinical**

For the seven accreditation bodies that provided data for this parameter, the percentage of surveyors with clinical qualifications ranged from none to 100%, with a median of 49%.

**Paid versus unpaid**

Ten agencies supplied data on their use of paid and unpaid workers. Five said they used unpaid workers (surveyors released from other employers). Among these five, the proportion of the workforce that was unpaid ranged from 28% to 98.5%, with a median of 65%.

**Qualifications**

Common characteristics for internal (paid) staff of the accreditation bodies were professional qualification in quality improvement systems; extensive experience as a surveyor; management or clinical management background; and strong communication and interpersonal skills.

The common characteristics of external (unpaid or contracted) surveyors were a minimum level of experience in a clinical or health care management role (two to five years); for clinicians, maintenance of current professional registration; either current experience in a similar type of service or facility, or experience within the last five years; and strong communication and interpersonal skills.

**Motivations of surveyors to participate in accreditation**

Accreditation body representatives said that surveyors were motivated mostly by their commitment to quality improvement, public mindedness and a commitment to public health and safety, and the opportunity to use their expertise. They were also attracted by the opportunity for career development and professional development, the prospect of organisational benefit through cross-fertilisation and an opportunity to gain insight into standards and processes.
On a practical level, surveyors were motivated by the travel and variety of workplaces, the flexibility of hours. Where applicable, free training or remuneration could be motives (two accreditation bodies thought remuneration was increasing as a motivating factor).

**Workforce planning**

Since extensive relevant work experience is a common selection criterion, and many surveyors embark on this work later in their careers as a pre-retirement option, as a consultant, or for a career break, it might be assumed that the surveyor workforce would be skewed towards the 45+ age group. The limited data available on the age of the workforce does not support this assumption. One accreditation body reported an age range of 30 to 60 years, and 75% of their surveyors came from a ‘younger’ age group (though ‘younger’ was not defined). Another agency, having long enjoyed a very stable team of older peer reviewers, was now experiencing difficulty replacing retiring surveyors with clinicians from a younger age group because practice and workforce pressures reduced their availability for surveying.

In two accrediting bodies, substantial recruitment and training of new surveyors occurred in the past 12 months: 28% and 10% respectively of their current surveyor workforces were recruited in the past year. Some accrediting bodies have enjoyed good retention rates, with 37% or 38% of surveyors having more than five years’ experience with the agency.

**Levels of experience as surveyors**

External contractors and volunteers move in and out of the surveying workforce, with varying periods between surveys. The amount of work offered to this part of the surveyor workforce is affected by fluctuations in demand, the geographic spread of the work, and the surveyor’s availability to take up the opportunity (work demands may prevent timely release from their primary employer, or the sporadic nature of the work may cause some external contractors to commit to other employment).

Some accreditation bodies cover a wide range of health services and need different types of expertise at different times. This may mean that the less generic the expertise and training of the surveyor, the fewer opportunities there will be to accrue experience in accreditation.

The opportunities available to the average external contractor or volunteer surveyor to accrue experience are limited by the demand on the accreditation bodies. The reported demand on accrediting bodies varies from two or three visits a year in some agencies, two for-profit agencies made 60 to 100 visits a year, and a small commercial accrediting agency made between 20 and 30 a year.

For the surveyors, four agencies said the number of visits was commonly one to two visits each month; two reported three to five visits a year; and five could not specify frequency owing to the fluctuating nature of demand.

**Release of staff from their primary employment**

Accreditation bodies that use a peer surveyor workforce said an important part of the process was matching the skills of particular surveyors to the scope of the particular service or facility being surveyed, and that considerable time and effort was devoted to this task. One accrediting body was concerned that, with increased demand, it was becoming more difficult to match surveyors appropriately to a survey, with possible negative consequences for the quality of the survey.

Arranging with employer organisations to release staff for surveying was reported to be resource intensive for both the accrediting body and the primary employer. The need to identify appropriately located, skilled and experienced surveyors, negotiate release from their

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6 If, as one agency believes, recent higher responses to recruitment advertising reflects changes in ‘retirement plans following the recent economic downturn, the age demographic might change over the next 12 months.
primary employers, negotiate appropriate pay rates or, honoraria meant that a ‘mini-recruitment’ process took place to establish each accreditation team.

**Levels of remuneration**

Comparison of the daily rates of pay for surveyors who are external contractors demonstrated a considerable range:

**Team Leader/Coordinator/Specialist** - $307 to $900 per day
- At the higher end of the range, some of the rates offered to experienced clinical practitioners were considerably lower than market rates.

**Team member ranges** - $230 to $700 per day
- At the lower end of the range, if the number of accreditations offered per year was low, the anticipated income from surveying would also be low ($230 x 12 = $2,760 a year). The incentive to undertake training and maintain qualifications as a surveyor would be accordingly low, unless a surveyor had opportunity to work across different accrediting bodies.

**Consumer participation as surveyors**

Two accreditation bodies said they had a pool of trained consumer surveyors available for surveys, but so far there had been limited use of consumer membership in survey teams. In some cases, the service or facility may choose whether a consumer is included. One agency had detected recent signs of a shift towards the inclusion of consumers in survey teams.

The inclusion of consumers in survey teams is mandated in the National Mental Health Services Standards and the Queensland Disability Services Standards (QDSS). Two accreditation bodies assessing against other standards said they regularly included consumers as part of the survey team. The method of accreditation bodies assessing against ISO technical standards precludes involvement of consumers as surveyors.

Accreditation bodies said including consumer consultation and feedback was part of their required process, whether or not there was a consumer in the team.

**Surveyor workforce management processes**

*Recruitment, selection, orientation training, and continuing registration*

Because most surveyors are drawn from within the sector, the strategies and processes to attract potential recruits are similar across all organisations. They include calls for expressions of interest through industry publications; presence at conferences; brochures left with services and facilities during visits; website announcements; ‘talent spotting’ during accreditation visits, with follow-up approaches to potential surveyors; word of mouth; and approaches to professional organisations and colleges, member organisations, and peak bodies.

After identifying potential recruits, eleven of the twelve agencies follow similar initial procedures. Potential recruits are given detailed information pack, and position description, including selection criteria. The accrediting body may make an initial phone call to a potential recruit to explain the role, responsibilities and time commitment before proceeding to issue an application form. Applicants complete the application form and provide evidence of their qualifications and experience. Applications are then assessed against selection criteria that reflect the skills and attributes of the ideal surveyor. Selection continues through further assessment during orientation, induction and training.

Internal staff appointments and unpaid or contracted surveyors are recruited by different processes. Internal staff recruitment practices include short listing of candidates by a minimum of two people, a panel interview, and a training period (on a trainee wage or for a probationary period).

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7 One accrediting body did not provide detailed information on its recruitment process
It is common practice in recruiting and training external surveyors to require all applicants to complete mandatory training in a mixture of generic and sector-specific knowledge and skills. On completion of this training, competencies are assessed, in some cases formally, in other cases less formally by observation. Trainees are not normally paid during training, and work is not guaranteed at the conclusion of the training program.

For recruitment of external surveyors, five accrediting bodies interview applicants individually or in a group to assess their communication and interpersonal skills. Three agencies conduct group orientation and training programs which may be used to select candidates, based on completion of training and demonstrated competence. Two other that use professional groups in high demand select applicants from written applications that address selection criteria, followed by reference checks, on-line or written materials are provided for orientation and training, and then the applicant participates in a site visit as an observer.

Two agencies outsource their training from other providers (one of them outsources both the recruitment process and training). Seven agencies predominantly use face-to-face training, supported by manuals, written materials, and on-line training.

Two agencies said they charged trainees to participate in their training program. In one case, their fee-based program was coordinated with other tertiary qualifications. The training offered by one accrediting body was recognised in a professional association’s continuing professional development program and could attract CPD points.

Maintenance of competencies

The maintenance of competencies varies across different workforces. A minimum number of accreditation visits is usually required of each surveyor per year (normally two for external surveyors) in order to maintain the currency of their registration with an agency. Surveyors are required to maintain current professional registration where applicable. Two agencies require surveyors to maintain their RABSQA eligibility.

Three agencies require all surveyors to attend a minimum amount of in-house training or development annually. Most accreditation bodies offer update sessions or on-line bulletins or both, that aim to keep surveyors abreast of changes to accreditation standards and to accreditation itself. However, four agencies (with predominantly volunteer workforces) said they had limited ability to enforce active participation in continuing education.

Eight accreditation bodies use a ‘buddy’ system for trainees and new recruits. Two believe the mentoring they provided should be better resourced. One agency conducts monthly reviews of internal staff for the first six months of employment, and then audits their competencies every two years. External surveyors are assessed after every site visit.

Supervision, performance management, mentoring, debriefing and support

The commonly used method for conducting surveys is a team of at least two surveyors, consisting of a team leader and one or more peer surveyors. The team leader is expected to supervise the peer surveyors, and to give them feedback at the close of the survey. The team leaders are supervised by an agency manager. (Two agencies said that desk audits or one-person surveys were appropriate for only specific types of audit.)

In ten of the twelve accrediting bodies, performance management consists of feedback from the service or facility after a site visit, and feedback from the survey team leader and agency staff. Where gaps in skills or knowledge are identified, surveyors are counselled, and undertake an agreed training or remediation program, consisting of one-on-one training by a selected team leader during another site visit, or supervised site visits until the required competency was achieved. Six accreditation bodies said that only rarely were surveyors discontinued owing to poor performance.
In ten agencies, management staff offer a support service for surveyors in the field during and after business hours. Feedback obtained from all the parties to the survey is discussed within the agency as part of the debriefing process for surveyors.

One agency uses two external surveyors to review every report. Some agencies conduct annual or bi-annual witnessed audits, as required for registration as an accrediting body.

Accreditation bodies that rely heavily on the use of senior level professional peer reviewers report some difficulties in managing the performance of their reviewers, because (a) some peer reviewers participate in surveys infrequently, (b) the agency is conscious of the reviewer’s other work demands, and (c) remuneration of surveyor work is low compared with the peer reviewer’s professional practice income.

Professional development and continuing education

For the purposes of this section, ‘professional development’ refers to development of knowledge and skills in the surveyor's own area of professional expertise; ‘continuing education’ refers to maintenance of skills and knowledge of current accreditation standards.

In accreditation bodies whose staff members are professionals in quality systems management, these two activities are the same. One such agency provides group training for employee surveyors three times a year, as well as specific training on changes to standards as required.

In nine accreditation bodies, where surveyors are professional peers doing surveys on a voluntary or contractor basis, and who are required to maintain registration and currency of practice in a professional area such as nursing, general practice, or radiography, the volunteer’s professional development is the responsibility of the volunteer or their employer. (Nevertheless, several agencies mentioned the learning benefits for volunteers of being exposed to practices in other services during surveys).

Continuing education of the volunteers about accreditation is the responsibility of the agency: the methods used by these agencies consist of one or more of regular free training programs, electronic and hard copy bulletins to volunteers about changes in standards, annual refresher days for volunteers, and social events for volunteers that include updates on standards. Three agencies have developed or are planning web-based materials for continuing education.

Accreditation bodies that rely heavily on a volunteer peer surveyor workforce are aware of some shortcomings in the continuing education available to volunteers, and lack resources to deliver programs to a dispersed workforce.

Acknowledgement

An organisation’s ability to attract and retain volunteers depends on how well volunteers are helped to recognise and value what it is they have to offer, and how far commitment to the team delivers something of appropriate personal value to the volunteer. The agencies using volunteer surveyors understand the importance of acknowledging the volunteer workforce. In line with sound human resource management practice, they have developed structured procedures for recognition and acknowledgement.

For a volunteer, the cost of leaving is low, and accreditation bodies try to foster commitment and shared values in order to maintain their volunteers’ continued commitment to the organisation. The types of acknowledgement reported by accreditation bodies are recognition of exemplary performance, recognition of milestones, inclusion in work to develop standards, regular provision of feedback from clients including a provider’s request for a particular surveyor whose judgment they trust, letters of thanks from the agency to surveyors after each survey and to the surveyor’s employer for releasing the employee, social gatherings, and increased remuneration. (Two agencies reported a change in attitudes about what constitutes ‘appropriate personal value’ for volunteers, with a shift in emphasis toward remuneration.) Two agencies particularly mentioned the importance of valuing the feedback of volunteer surveyors and including them in the development of standards, signalling recognition by the standard setting body.
Retention

Accreditation bodies give mixed reports about their ability to retain internal staff. Smaller for-profit agencies report that retaining highly trained staff is challenging in a very competitive environment. They invest in a 12 to 18 month training period, and the loss of an experienced surveyor is significant. In these agencies, remuneration appears to be the main retention tool, with costs passed on to the client.

Other retention tools are used in line with sound human resources practice, but the key difference is the for-profit bodies’ capacity to increase remuneration in line with market rates.

One accrediting body has an approximate two-year turnover of paid surveyors, resulting in high recruitment and training costs. One finds it difficult to retain external peer surveyors because they are involved in surveys so infrequently; however, another has good retention rates in similar types of surveys, and has therefore wound down training activities for new recruits, and now offers one-to-one rather than group training.

For accreditation bodies that rely on an external volunteer workforce, seven enjoy a reasonable level of stability in their workforce, but those mostly using clinical peer surveyors are beginning to experience workforce shortages.

The retention strategies used by accreditation bodies include:

- investment in developing on-line tools for the convenience of the workforce
- flexibility to accommodate personal preferences of volunteers for timing, location, team membership, and type of survey
- systems of recognition and acknowledgment
- involving volunteers in the development of standards
- involving volunteers in mentoring and ‘buddy’ systems
- involving volunteers in review and moderation of accreditation reports
- regular communication and updates
- and free training.

Costs

Infrastructure costs vary among agencies, but the commonly reported costs include:

- fees for surveyors
- salaries for internal staff
- travel, accommodation and expenses associated with surveys
- management infrastructure
- information and communication technology infrastructure
- recruitment
- training
- continuing education
- professional development
- monitoring, evaluation and accreditation of the agency by a third party

Two agencies have invested heavily in a tailored software system to reduce time, resources and administrative costs for induction and training of surveyors, and to support survey processes and report writing.

Comparison with international standards

The information about workforce management obtained from the accreditation bodies was assessed against JAS-ANZ Procedure 31 (Requirements for bodies providing audit and certification of health care management systems to the Core Standards for Safety and Quality in Health Care), and ISQua International Accreditation Process Organisation Standards.
Table 2 compares the available data on accreditation bodies’ surveyor management processes with the ISQua IAP Standards.

### Table 2: Comparison of surveyor management processes with the ISQua Standard

<table>
<thead>
<tr>
<th>ISQua IAP Standard 6: Assessor management</th>
<th>Accreditation agency practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Planning ensures the number and skill mix of assessors to deliver quality assessment services</td>
<td>Variable levels of planning, but for the most part the required skill mix is identified and located</td>
</tr>
<tr>
<td>6.2 Assessors are selected and appointed through a rigorous and transparent process in accordance with competency based selection criteria and the program’s requirements</td>
<td>Ten agencies demonstrated that systems are in place to do this</td>
</tr>
<tr>
<td>6.3 The responsibilities and expectations of assessor are clearly defined and assessors sign a contract or agreement to signify their acceptance of these</td>
<td>Ten agencies demonstrated that systems are in place to do this</td>
</tr>
<tr>
<td>6.4 New assessors are appropriately oriented to the assessor role</td>
<td>Ten agencies demonstrated that systems are in place to do this</td>
</tr>
<tr>
<td>6.5 New assessors are evaluated for their competence in the role and supported effectively to deliver the program</td>
<td>Ten agencies demonstrated that systems are in place to do this</td>
</tr>
<tr>
<td>6.6 There is ongoing development of assessors’ skills</td>
<td>Eight agencies demonstrated that systems are in place to do this</td>
</tr>
<tr>
<td>6.7 Performance and ongoing competence of assessors is assessed regularly</td>
<td>Ten agencies demonstrated that systems are in place to do this</td>
</tr>
<tr>
<td>6.8 Information on the relevant competence and performance of assessors is maintained in an individual record and is used to allocate roles</td>
<td>Quality of record keeping varies among agencies</td>
</tr>
<tr>
<td>6.9 the effectiveness of the assessor selection, training and development programs is evaluated and the results are used to make improvements</td>
<td>Three agencies indicated that their programs are regularly evaluated</td>
</tr>
</tbody>
</table>

Ten of the twelve agencies\(^8\) appeared to meet the international standards, with the exception of keeping personnel records for surveyors and recording the minimum number of surveys conducted annually by a surveyor: while some accrediting bodies maintain extensive electronic records on individual surveyors’ expertise and survey experience, other agencies do not keep data on their surveyor workforce.

Work demands on the surveyor workforce, plus peaks and troughs in accreditation cycles, mean that some surveyors participate infrequently in site visits.

**Ratings of surveyor management practices**

The accrediting body representatives interviewed were asked to rate the comprehensiveness of their recruitment and selection processes, initial training, competency assessment, continuing education, mentoring and supervision, opportunities to acknowledge surveyors, and the support provided to surveyors. They generally thought that in most respects their practices were comprehensive, but CPD opportunities and opportunities to acknowledge surveyors were much less comprehensive.

**Characteristics of an ideal surveyor**

Accreditation bodies had different expectations of the level of experience and training for a surveyor, and the depth of knowledge of particular standards that a prospective surveyor would bring to the accreditation body. Prompted to comment on the personal attributes and competencies of an ideal surveyor, all the respondents mentioned the following generic characteristics:

\(^8\) Two agencies did not provide sufficient information to make an assessment against the standards.
• experience at management level in a service or facility
• currency of professional qualifications
• a commitment to quality improvement
• an eye for detail
• a high level of communication skills
• strong interpersonal skills
• an open mind
• listening skills
• flexibility
• understanding of the implementation of standards

Several respondents also said a surveyor should not regard the process as simply ‘ticking a box’, but rather as a process of education and collaboration to bring about improvement.

Factors unique to surveyor management

Three accrediting bodies said that managing the surveyor workforce was not dissimilar to other organisations’ management of a remote, mobile, part-time workforce. Aspects unique to surveying were infrequent involvement of volunteers in surveys; peaks and troughs in demand owing to accreditation cycles; quick turnaround times; the need to carefully match the skills of surveyors with the scope of the survey; the challenge of keeping volunteers’ skills current; time spent on engaging and negotiating with primary employers; managing interactions with external advisory bodies; managing conflict of interest; confidentiality requirements; and debriefing after difficult surveys. Nevertheless, in general surveyors were easier to manage because they were committed to the goals of safety and quality accreditation.

Inter-rater reliability

Accreditation bodies have differing levels of concern about inter-rater reliability - the degree to which different surveyors give consistent estimates of the same information. They also have different approaches to maintaining and improving consistency.

Four agencies make a distinction between surveyors who observe and rate against standards (focusing on compliance without making recommendations), and surveyors who advise, educate and make recommendations on quality improvement. Inconsistency among raters often relates to whether the surveyor’s focus is on compliance or quality improvement.

Two accreditation bodies think inconsistencies have less to do with ‘ratings’ than with how detailed, explanatory, or prescriptive surveyors are in their recommendations.

Three common elements in the methods used by accreditation bodies to maintain inter-rater reliability are explicit training on the application of the standards, survey discussion and feedback to ensure consistency (discussions within a survey team, and across surveys and surveyors), and an additional level of audit of draft reports.

Approaches used by some but not all accreditation bodies include a minimum two-person team, with collaborative report writing; exchange of surveyors across regions; rostering to increase exposure to other surveyors; and use of mentors or a ‘buddy’ system. In one organisation, the same surveyor manages audits of the provider over five years, and then there is a hand-over period to a new surveyor.

Continuing education programs include exercises for surveyors to compare their interpretations of standards, and have developed tools to help surveyors reach consistency - for example, requiring surveyors to give rationales for their assessments, or a technical audit component of a report that requires a basis in evidence. The structure and form of supporting documentation is designed to minimise variation among surveyors.
A survey committee process helps achieve consistency in interpreting standards. Agencies often disseminate updates on changes of standards to surveyors. A manager or staff member may audit draft reports, or regular audits of reports by an independent body may be scheduled. Group moderating sessions (quarterly, annual, or two-yearly) encourage open and transparent process. Feedback is also sought from providers.

On the other hand, inter-rater reliability is threatened by variations in approaches and the use of differing standards, sporadic exposure to the process among peer surveyors, the cost and frequency of training required to maintain skills, limited availability of professional clinical surveyors both before and after site visits, the challenge of communicating changes in standards to a remote, part-time workforce, and the difficulty of measuring and therefore managing reliability. Moreover, the speed of change in the sector means that health services themselves may be very different from one survey to the next.

**Sustainability of the surveyor workforce**

All accreditation bodies reported an increase in demand for their services and an increase (or plans for an increase) in their workforce. In spite of increased workforces, four agencies said they had continuing difficulties in meeting demand.

One agency reported a large increase in applications for surveyor positions (both paid and unpaid) and attributed it to the current economic downturn, causing many professionals to alter their retirement plans. However, three other agencies reported that good application rates did not translate into larger numbers of trained and readily available surveyors because of high attrition during induction and training.

**Paid workforce (internal)**

Accreditation bodies say the relatively small professional paid workforce is in high demand, and more promotion and recognition of surveying as a career is needed. The demand for accreditation is increasing, and with it the need for more trained professional surveyors, for whom full time work may not be attractive because of its complexity, intensity and the common requirement to maintain clinical registration. In addition, the amount of training required demands that employers invest considerably in a prospective internal employee, and the applicant, too, must invest time and money in training and maintaining registration.

**Paid workforce (external)**

Several accreditation bodies have had increasing difficulty in retaining external clinical peer surveyors. They say the levels of remuneration for clinical peer surveyors do not cover the cost of a locum, or compensate for practice income forgone. Shortages in particular professions (such as radiologists, surgeons, GPs and pathologists) may foreshadow shortages in other craft groups in the future.

**Unpaid workforce (external)**

Several accreditation bodies reported increasing difficulty in obtaining the release of employees from their primary workplace to train and act as surveyors. Pressure on both public and private sector health care providers means that there is a marked reluctance to release employees.

**Workforce issues**

Common issues for the whole surveyor workforce, according to accreditation bodies, are these:

- It is expensive to keep surveyors trained
- Training is onerous, and there is little or no recognition of prior learning
- The career path for surveyors is limited
• The multiple accreditation burden and the plethora of standards, processes and tools that apply to accreditation of health and community service organisations currently can be a barrier to training and retention of surveyors

• People are discouraged from making a career in surveying because qualifications are usually not transferable across companies, and they have to obtain discrete qualifications specific to each area of accreditation

• Sometimes the negative attitude of health service managers towards the issue of accreditation is a disincentive

• There is potential for the use of consumer surveyors, but it is mandated only in the National Mental Health Services Standards and the Queensland Disability Services Standards in the public sector, and other organisations do not pursue the option

• There is growing competition from the ‘commercial sector’ attracting trained surveyors away from health

• There is variable pastoral care of surveyors

Suggestions from accreditation bodies about how to improve the sustainability of the surveyor workforce were these:

• Improve pastoral care of the part-time workforce, allow for sabbaticals, breaks, and provide support during difficult times

• Protect the requirement for seniority or experience to be eligible to be a surveyor

• Enhance the profile of surveyors in their own organisations, for example by making training and participation as surveyors a recognised CPD activity for both senior managers and clinical staff, or requiring the organisation to provide peer surveyors as a prerequisite for accreditation

• Help organisations understand the value to the culture of quality in their organisations of having staff as surveyors

• Undertake and disseminate research which demonstrates the costs, benefits and improved outcomes for patients through having surveyors on staff

• Develop a funding model where surveyor activity is recognised and funded as part of a professional development

• Promote surveying as a profession with a recognised qualification and career path

• Actively support and encourage participation of people with the appropriate skills and experience to be surveyors

• Require the external accreditation of surveyor training programs

• Fund surveyor training

• Establish a peak body for accreditation surveyors

• Allocate funding to support surveyor involvement by the self-employed

• Aggregate standards, tools and processes, reducing the range of standards and reporting requirements that organisations must meet

• Develop a set of core competencies across all surveyors and a common training program, then add modules in the areas of differentiation (this has happened to some extent in three accreditation bodies)

• Explore and enable processes of mutual recognition
3.2 Consultations with health provider organisations and health departments

During telephone interviews, informants from health care provider organisations and government health departments gave their views about the ideal surveyor, the management of surveyors who are employees of health services, inter-rater reliability, and the sustainability of the surveyor workforce in light of the pressures on the health care system.

Capacity and arrangements for release of staff to undertake surveys

Most informants from health care provider organisations and government health departments knew of several staff members who were trained and had capacity to undertake accreditation surveys as peer surveyors. Many were able to comment on the professional backgrounds of these staff members, the service areas from which they were drawn, and arrangements for release of staff.

The capacity of people to undertake accreditation surveys varied with the demands of their own positions. In many cases they were in senior positions, and took responsibility themselves for negotiating leave and arranging remote telephone access. Their availability and capacity to cover their work responsibilities depended on funding and the availability of appropriate staff and locum arrangements.

There was generally no system-wide corporate policy on whether leave or release should be granted, and surveyors negotiated directly with their line manager. Some used part of their annual leave to do a survey: this was thought to be a disincentive to being a surveyor. Others were granted Training Education and Study Leave (TESL), and some took unpaid leave. In some smaller hospitals, it could be easier to release staff to attend training and conduct surveys, but sometimes capacity to deputise or backfill in smaller services was limited because of staffing or budgetary pressures. The logistics of managing backfilling for very short periods were also a constraint.

In some cases, clinicians’ responsibilities were covered through deputising arrangements. Particular disciplines could be difficult to replace owing to the limited availability of senior specialists (eg surgeons or psychiatrists). The level of support senior staff needed from both their own health service and their accreditation agency to undertake surveys was considerable.

Having the resources to backfill addressed only part of the problem. More supports and incentives were needed to allow the employing organisations to plan for and cover the absence of senior management and clinical staff - for example, additional support to send relief staff to remote locations, or fly-in-fly-out arrangements. Such incentives would complement an organisation’s efforts to release people for work as surveyors, and give other staff opportunities to act in more senior positions as part of their career paths.

Informants understood and accepted the benefits of releasing staff to participate in surveying, but thought release would become difficult if staff were doing more than three or four surveys a year. Some would do the specified minimum number of surveys a year while others wished to do more. Some surveys took up to a week, with additional time for preparation and reporting. Two informants said there should be a specified limit on the number of days surveyors were away from their workplace - for example, ten days for surveying plus training.

Some informants were aware that accreditation bodies held registers of surveyors which included their surveyors’ backgrounds and their availability to undertake surveys. In the case of two agencies, surveyors were asked to inform their accreditation body of their availability twelve months in advance.

In the non-government sector, little government funding was available for professional development, but staff participation as surveyors could be construed as funding for professional development. In a few technical areas, surveying was considered part of one’s job description, and a contribution to knowledge transfer and standard setting.
One challenge was to have more Indigenous people on accreditation teams. The April 2009 round of the OATSIH Accreditation Support Grant process would include potential funding for Indigenous people who wanted to do surveyor training, to support them with their applications, training, and backfilling when they are away for training and surveys.

Even though there was increased awareness of accreditation, more work was needed in Indigenous and small organisations to support staff to become surveyors, including developing strategies to resource and plan for staff release for the purpose of surveying. Training was often funded by government or the individual trainee, but the service incurred a cost because the staff member was still paid by the service during their absence for training and surveys.

**Benefits and challenges of having staff participate as surveyors**

Provider informants agree that surveyor training and undertaking the peer surveyor role is a practical and immediate form of professional development. The cost of releasing staff to participate could be balanced against the valuable cross-fertilisation and professional development (peer review) opportunities that accrue as a result of participating as a surveyor. Staff also benefit professionally from face-to-face peer networking and professional interchanges. Surveying also provides intrinsically satisfying opportunities to contribute to safety and quality improvement in a helper or facilitator role.

Undertaking surveys in the peer surveyor role widens staff members’ horizons about other ways to provide a quality service, and strengthens their appreciation of others’ circumstances. It also brings into perspective areas of the surveyor’s own service that work well, and reinforces the importance of quality improvement in their own service and the wider system.

Respondents agreed that having their staff participate as surveyors was beneficial to the extent that the surveyor was then used strategically during their own organisation’s accreditation. This could happen if the staff member had enough time and the support of senior management. Where this occurred, the participation of staff as surveyors was highly valued.

An understanding of other services’ structures, good practice and management of quality and safety are highly valued because it helps keep up to date. Surveyors’ insights also engender commitment to safety and quality improvement among managers and clinical leaders, and enhance their capacity to engage in accreditation, prepare self assessment documentation, meet standards, and develop a quality improvement culture.

However, time management and confidentiality are issues for surveyors who are then asked to advise on accreditation in their own organisation.

**Challenges**

Organisational informants said workforce pressures were the main challenge to releasing staff to be accreditation surveyors, though on the whole the benefits outweighed the difficulties involved in arranging cover during the surveyor’s absence.

Sometimes scope for backfilling was limited owing to pressure on the budget as well as limited availability of staff and locums. However, two informants said that time away from the workplace was not a real issue if only a small number of staff served as surveyors.

**Attributes and competencies of an ideal surveyor**

Informants in this sector emphasised the importance of surveyors’ possessing high level communication and interpersonal skills. They also stressed the need for seniority and experience as a surveyor, or as clinicians or managers involved in health service operations. They described the following attributes and competencies of an ideal surveyor:
Attributes

Peer surveyors should be familiar with the setting in which the service they are surveying operates - especially in light of differing jurisdiction-specific policy, practice and funding. They should understand the governance models and structures of diverse health organisations (public or private sector, Aboriginal Community Controlled Health Services, not-for-profit &c) and their infrastructure (finance, human resources, ICT, funding). They should be alert to the specific program rationale and desired outcomes of the service surveyed, and aware of the service delivery pressures it works under.

Ideally, surveyors should be expert in their area of specialist knowledge, and have recent operational experience, including relevant changes to practice and evidence. They should have seniority and the respect of professional peers, and well matched with the backgrounds and roles of those in senior positions in the organisations they survey. They should possess technical, professional and organisational knowledge and cross cultural competency, knowledge of the broader health system and new policy areas, and solutions drawn from other contexts.

Their credibility as surveyors depends on their flexibility, objectivity and balance in applying the standards at a high level. They should be trained and experienced in accreditation process and standards, and understand the broader context of accreditation as a result of being employed in the health sector at a senior level. They should be open to a range of ways to address issues that present themselves in the course of a survey.

Competencies

Expertise in surveying is shown when the surveyor works well as member of the survey team to achieve a streamlined enquiry and consensus process, uses effective interpersonal skills matching the style of communication to the context of the survey, adopts a non-judgmental style of enquiry and a constructive and helpful approach to quality improvement, resolves areas of conflict, and focuses on learning new ways and ideas for improving quality.

Expertise in applying the standards is shown when the surveyor makes a rigorous assessment against the standards, understanding the recommendations from the previous survey and where appropriate improvement across surveys. The standards should be applied in the context of service development towards best practice, the capacity of a service to meet the standards on a particular day, and the continuum of quality improvement in a particular service. The surveyor should integrate quality improvement and compliance items, and be able to apply the standards in a variety of settings (for example, in some rural and remote and Indigenous health services and aged care facilities).

Management of staff who participate as accreditation surveyors

Staff in health services who serve as peer surveyors are generally employed in senior management and senior or specialist clinical roles. They have backgrounds in executive management, safety and quality management, medicine, nursing and allied health in contexts such as acute care and specialist units in large and small public and private hospitals: general practice; multi-purpose health services; community health services; cancer screening services; mental health services in hospitals and in the community; large and small residential aged care facilities; community nursing; ambulatory care; pathology, radiology and radiography services; hospital and health services administration (including human resource management, and occupational health and safety); and quality and safety branches and management units.

Organisational informants say that the elements of best practice in managing staff who serve as accreditation surveyors are similar to those of other health professionals - training, registration, and mentoring - to perform in a slightly different area of work.

Some said that their organisations actively encouraged staff to serve as surveyors. Informants agreed that some health provider organisations were better than others at supporting such
surveyors with backfilling and executive support. Surveyors also needed support on their return to their positions in order to add value to their own organisations.

Training

All surveyors, including volunteer peer surveyors, should be trained to a specified minimum level. Continuing registration should entail a minimum number of surveys per year, and participation in continuing education to keep their knowledge current.

Training should also focus on the communication and interpersonal skills required to perform the range of tasks in surveying, including cultural awareness and sensitivity. Some agencies invest in cultural awareness training for their surveyors.

Team coordination and composition

Team coordination and support is vital to effective accreditation visits. Informants applauded the effort devoted to coordinating the availability of surveyors with the appropriate combination of expertise to form survey teams, matching the skills of the team to the services they survey.

Where more than one surveyor is involved, there should at least be a paid lead surveyor experienced in applying standards in different contexts, and with recent operational experience. Models of surveyor management that involve payment of peer surveyors provide better access to the qualitative and quantitative expertise required.

Team coordination is also needed to manage confidentiality and codes of conduct, and exclude people on the basis of conflicts of interest.

Some informants thought there should more consumer involvement in both training and accreditation.

Performance management

Several informants said that accreditation bodies had been responsive to feedback from health providers about their preferences for surveyors, the performance of surveyors, and consistency of approach across surveyors and survey teams. They said their feedback had been used by accreditation bodies to inform reviews of staff performance, and improvements had been made in survey processes as a result.

Two informants believed there was a tendency to use the same retired and readily available people, even though others surveyors had indicated their availability. The result was that some surveyors did only one survey a year. Surveyors needed practice to maintain their confidence and facility with the standards and the survey process (unless they were quality managers well practised in reviewing documentation).

Ratings of surveyor management practices in health provider organisations

Health service providers were asked to rate the comprehensiveness of the support provided to their staff who served as accreditation surveyors, the mentoring, supervision, CDP opportunities and acknowledgement offered to these staff members.

Their ratings indicate that representatives of provider organisations think the support, CDP opportunities, and acknowledgement provided to surveyor staff have been fairly comprehensive, but mentoring and supervision are probably much less comprehensive.

Inter-rater reliability

Informants expressed differing levels of concern about inter-rater reliability and consistency. Consistency across surveys and surveyors was an issue at two levels: first, the process for conducting the survey, and secondly the interpretation of the standards.

Informants said both human and contextual factors were the drivers of variability. Concerning contextual factors, some accreditation standards were considered to be more ‘black and white’
than others and required less interpretation. Concerning human factors, consistency in the way surveyors interpreted the standards was the main issue. Consistency of process was an issue only when it hindered data collection and interpretation.

Quality managers in some services increased their facility’s capacity to make good use of the accreditation process and to cooperate with the surveyors. Quality managers from hospitals debriefed and networked after an accreditation survey, and this reduced the risk of great variation in the content and interpretation of the standards, or expectations of the process.

Five informants said bias among surveyors was less and less perceptible (though there were still some ‘zealots’ when it came to recommendations). Others said there were significant inconsistencies from survey to survey. These sometimes reflected a surveyor’s pet issue and a focus on a particular area of interest. Having more than two in the team could address issues of validity. A few thought that an observer should be involved in each survey.

While some standards were compliance oriented, and others promoted quality improvement, the capacity and skill of surveyors to engage with the organisation on continuous improvement strategies varied considerably.

It increased continuity and consistency to have at least one of the surveyors on a team be part of the subsequent visit’s team. Some accrediting agencies kept the same surveyor for several surveys, and some tried to supply a similar combination of disciplines and experience on the team and work closely from the previous survey. Organisations changed constantly, and it was important for a survey team to recognise and acknowledge what had already happened, and why.

The informants suggested the following improvements:

- use surveyors with recent experience in senior clinical or management positions
- use surveyors who are open to others’ ideas, and who focus on the outcome (ensuring that the processes used are safe, rather than conforming to how things are done elsewhere)
- use evidence guides
- ensure all surveyors are trained and experienced in surveying
- use a system of moderation within the agency doing the accreditation
- ensure that surveyors and accrediting bodies obtain providers’ post-survey feedback
- assemble a forum of health care providers to interact with surveyors

**Sustainability of the surveyor workforce**

The sustainability of the current surveyor workforce is affected by increasing demand for accreditation in the midst of workforce pressures, the model of accreditation, the appropriate preparation of surveyors, recognition of the reciprocal benefits of staff participation in surveying, and acknowledgement of health providers’ contribution to accreditation.

**Increasing demand for accreditation and workforce pressures**

Scheduling surveys and establishing survey teams have become issues as the demand for surveys increases and access to a surveyor workforce becomes more difficult. However, maintaining surveyors’ capacity to assess against the standards is a problem if they survey only infrequently. People should be available to do a minimum of two or three surveys a year to maintain their skills and provide the coverage the system needed.

Three surveys a year had become unsustainable in larger hospital settings because of the demands on senior people and the difficulty in replacing them when they are away. In smaller hospitals, staff were more likely to participate three times a year, and were often given every encouragement to do so. Because of financial or workforce pressures, however, locums or alternative staff were not always available. Some informants felt it was not practicable to call on staff in community-based services to do more than three or four surveys per year.
Increases in demand and workforce constraints had affected some services and disciplines more than others. System factors (such as incentive funding for accredited GP practices from Practice Incentive Payments) had increased the demand for accreditation. One informant reported a recent instance when a survey was postponed because the accrediting body could not put together a suitable team - an indication of the pressure on the surveyor workforce.

The mix of available surveyors on teams sometimes meant that the experience of the surveyors with the rural, remote and Indigenous service delivery contexts was limited. In such circumstances there was a heavy reliance on the local senior staff to deal with the inexperience of team members when it came to negotiating the standards (less experienced surveyors might ask for more evidence even when the standard was well met, adding to the burden of providing evidence).

Some respondents felt that the requirement for out-of-state team members should be reconsidered, because the workforce was now far less parochial than it had been. One informant also commented that if out-of-state surveyors were not sufficiently familiar with the policy frameworks of another jurisdiction, they might misinterpret what they were seeing.

The model of accreditation

Differences of emphasis between auditing compliance and endorsing quality improvement had implications for surveyor training and their flexibility to work across services.

Some respondents said the capacity of surveyors to work with both the compliance and the coaching aspects of accreditation had improved, but spoke of the difficulty inherent in having the surveyor perform both roles in the same accreditation process. The compliance function should be separated from the ‘coaching for improvement’ function. Some emphasised the value added by the coaching for improvement function, given the time and effort required to prepare for accreditation. Accreditation bodies and their surveyors had become more client-centred and focussed on quality improvement, and this was of great benefit to organisations.

Some respondents believed there was need to streamline the standards and separate them from the accrediting body. Some suggested a dot point survey report (self-assessment) and a simplified visit process to verify the self-assessment against the standards. A common smaller set of core national standards referenced across standards would reduce the total number of standards. Specific sets of standards or clusters of modules could be added on to address areas specific to various service types, and the survey team could provide an integrated survey.

There was a need for greater investment in a core of professional full-time surveyors to lead the survey processes, complemented by peers with a range of operational experience. Most respondents agreed there was a need for both professional surveyors and peer surveyors. Trained surveyors should be able to migrate more readily (in recognition of competency gained elsewhere) and be employed across accreditation bodies. The standards would be set externally, and accreditation bodies would be responsible for training and coordinating the accreditation process and outcome. Surveyors would be able to focus on both compliance and quality improvement aspects.

Recruitment and preparation of surveyors

It was well understood among these informants that a large segment of the surveyor workforce comprised voluntary peer surveyors who were interested in helping services attain their safety and quality goals and aspirations. Training was provided in the application of the standards and the communication skills involved in verification and coaching for quality improvement.

People were generally sought out through networks (‘head-hunted’). They were people who became known for their communication and interpersonal skills as well as for their standing among professional peers. Informants felt that people were not broadly aware of how surveying could be part of their career path, or how to apply to become a surveyor. Benefits could be realised by being more proactive with recruiting to get the right people into
surveying positions – for example, people from the Northern Territory who had a good understanding of remote and Indigenous issues.

A more strategic approach to recruitment and training would see greater promotion of surveying as a career and offering greater ease of access to training for Northern Territory and Western Australian participants. There was a perception that most of the surveyor training was held on the east coast.

While three informants were content with the current accreditation programs and the use of peer surveyors, eight others said that a much simpler model was preferable and would provide opportunities to increase the sustainability of the surveyor workforce. They were aware of the variation across accreditation bodies in the initial training, assessment, and certification of surveyors. They considered minimum levels of competency based training to be the critical driver of the quality of the survey process and the extent to which the standards were applied consistently.

Recognition of benefits to the primary employer and individual professionals

Informants felt that the reciprocal nature of the arrangements between health providers whose staff did surveys and the accreditation bodies should be recognised and fostered. Organisations should release staff to do surveys and ensure that the surveyor’s learning comes back into the organisation. This could occur by promoting surveying and the benefits associated with the role, and having a process and support for reporting back. Other mechanisms for valuing the activity and the role included formal recognition of surveying in individual professional development plans and recognition of the surveyor training when awarding CPD points. Remuneration that professionalised the role and tangibly recognised the contribution of surveyors to the accreditation system would also be beneficial.

Acknowledgement of the primary employer’s contribution to accreditation

Some informants said there was a need to recognise more explicitly the contribution of peer surveyors’ primary employers to the voluntary accreditation surveyor workforce: the primary employer resources the continuing education and professional development of senior staff, and makes appropriately qualified and experienced senior people available to survey.

Most informants said that it was incumbent on the organisation to support the release of staff, and frame and acknowledge the positive contributions made by staff who served as surveyors – it should be perceived as a bonus to the organisation. To be sustainable under an unpaid peer surveyor model, organisations needed a greater return for supporting staff to serve as surveyors.
3.3 Consultations with surveyors

According to the incomplete data made available to us, the twelve participating accreditation bodies combined have about 2,500 surveyors on their books. Their workforces vary greatly in size: the smallest has four surveyors, and the largest uses more than 1,200. Six of the twelve bodies each have fewer than 100 surveyors, while the two largest between them engage two-thirds of all the surveyors.

As we have seen, some accrediting bodies maintain extensive electronic records on individual surveyors’ expertise and survey experience, while other bodies do not keep data on their surveyor workforce. There is no comprehensive map of the surveyor workforce in Australia. Even the figures that are available do not include the health professionals who assess training posts, sites, or facilities for accreditation – tasks that are central to the continuing safety and quality of patient care.

While it is uncertain how fully a sample of 430 surveyors represents the views of the whole surveyor workforce, it is the largest record of surveyor opinion available for the time being. These responses come from about one in six of the surveyors who serve in the participating bodies, and in most respects mirror demographic profiles drawn from agencies sources.

Description of the sample

A total of 430 on-line surveys were received from 186 male and 244 female current surveyors.

Table 3: 430 surveyor respondents – demographic information

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>186</td>
<td>43%</td>
</tr>
<tr>
<td>Female</td>
<td>244</td>
<td>57%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age group</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 35 years</td>
<td>11</td>
<td>3%</td>
</tr>
<tr>
<td>35-44 years</td>
<td>55</td>
<td>13%</td>
</tr>
<tr>
<td>45-54 years</td>
<td>192</td>
<td>45%</td>
</tr>
<tr>
<td>55-65 years</td>
<td>151</td>
<td>35%</td>
</tr>
<tr>
<td>65 years and above</td>
<td>19</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>QLD</td>
<td>66</td>
<td>15%</td>
</tr>
<tr>
<td>NSW</td>
<td>133</td>
<td>31%</td>
</tr>
<tr>
<td>NT</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>SA</td>
<td>47</td>
<td>11%</td>
</tr>
<tr>
<td>TAS</td>
<td>11</td>
<td>3%</td>
</tr>
<tr>
<td>VIC</td>
<td>137</td>
<td>32%</td>
</tr>
<tr>
<td>WA</td>
<td>28</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional background</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator/Manager</td>
<td>87</td>
<td>20%</td>
</tr>
<tr>
<td>Allied Health</td>
<td>115</td>
<td>27%</td>
</tr>
<tr>
<td>Medical Practitioner</td>
<td>83</td>
<td>19%</td>
</tr>
<tr>
<td>Medical Scientist</td>
<td>71</td>
<td>17%</td>
</tr>
<tr>
<td>Nurse</td>
<td>61</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>3%</td>
</tr>
</tbody>
</table>
The majority of respondents (62%) identified themselves as volunteer surveyors, and 27% said they were paid contractors. Most of the respondents were employed as accreditation surveyors on a casual basis (79%), 12% as part-time, and 8% as full-time surveyors.9

Table 4: Surveyor employment status and facilities surveyed

<table>
<thead>
<tr>
<th>Status</th>
<th>Volunteer</th>
<th>Paid contractor</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>266</td>
<td>114</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>62%</td>
<td>27%</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment</th>
<th>Part time</th>
<th>Full time</th>
<th>Casual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50</td>
<td>35</td>
<td>341</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>8%</td>
<td>79%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of facility surveyed</th>
<th>Aged care</th>
<th>General practice</th>
<th>Hospitals</th>
<th>Medical/Scientific laboratories</th>
<th>Community services</th>
<th>Other/unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44</td>
<td>46</td>
<td>19</td>
<td>255</td>
<td>38</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td>11%</td>
<td>4%</td>
<td>59%</td>
<td>9%</td>
<td>7%</td>
</tr>
</tbody>
</table>

These respondents varied widely in how long they had been surveyors:

Figure 1: Number of years as a surveyor (n = 430)

The total number of surveys these respondents had completed to date ranged from one to more than 200. About half had completed up to 10 surveys, and a small proportion (11%) had undertaken over 100 surveys.

9 Both volunteer and paid surveyors may be employed on a casual basis.
A majority of respondents (59%) said that on average they undertook one or two surveys a year. About a tenth of respondents did over 20 surveys a year. They said the number of surveys a surveyor could do was limited by his or her capacity to leave the primary workplace, and could vary greatly from year to year depending on the timing of surveys and the number of requests made by the accrediting body.

For the majority of respondents (63%), a survey was usually completed within a day. Others said a survey could take up to two days (17%), three days (12%) or more (8%). Some of these durations included travel time to distant locations.

Follow-up telephone interviews were conducted with a sample of 25 survey respondents to enable more in-depth discussions of the survey topics. The sample was chosen to represent as far as possible all the varied backgrounds and experience in the information listed above.
Surveyors’ views on the nature of their task

Surveyors were asked to describe their motivation to become an accreditation surveyor, the characteristics of an ideal surveyor, the advantages, disadvantages and challenges of being a surveyor, the factors that would encourage someone to become a surveyor, and factors that would encourage or discourage them to continue as surveyors. Responses on each of these topics – from the most to the least often mentioned – are outlined below.

Motivation to become an accreditation surveyor

- Benefits to oneself at a professional level: personal professional development – development and maintenance of knowledge and skill, awareness of the practices of similar services, networking opportunities, and sharing one’s knowledge and experience with others
- Benefits to one’s own workplace or employer: greater understanding of the needs of one’s own workplace regarding maintaining and improving quality and safety standards, and learning from other services
- Contribution to maintaining and improving standards in quality and safety in one’s own profession or sector, and improved consumer outcomes
- Professional responsibility or obligation
- Personal satisfaction from contributing to improvements in other services
- Encouragement by colleagues, employer, or accrediting bodies to become an accreditation surveyor
- An additional source of income, job diversification, undertaking a challenge, an indication of status or prestige
- The shortage of surveyors

Characteristics of an ideal surveyor

A surveyor should have good written and oral communication and people skills, be personable, approachable, friendly, empathic and non-threatening, be expert in one’s own field of practice and know the standards and current practices that field of expertise.

The surveyor should be experienced in surveying, and be objective, fair and open-minded, analytical, investigative and inquisitive, calm, logical and with common sense, observant, attentive to detail, and flexible.

The surveyor must be able to work in a team, and be efficient in organisation and time management, and professional in attitude and behaviour.

Advantages of being a surveyor

The advantages of being a surveyor include gaining new knowledge and skills, continuous learning and improvement for oneself and one’s own workplace, and knowledge of standards, current practices, and similarities and differences across services. There are opportunities to network, share ideas and work with other professionals. The surveyor can contribute to safety standards and quality improvement, and in the process gain professional recognition and enjoy greater variety in work.

Disadvantages of being a surveyor

However, there are a few disadvantages to being a surveyor: the intensity and stressful nature of the work; the duty to give negative feedback to some organisations and to handle the potential conflict that may arise; the time spent in preparing and conducting the survey and writing the report; being away from one’s primary work and family; travel demands; and inadequate remuneration.
Challenges of being a surveyor

The perceived challenges are similar: time constraints and time management; keeping up-to-date with current standards and practices through ongoing training and education; being objective and open-minded; providing feedback (in particular, negative feedback); working with other surveyors and the service being accredited; being away from work, and catching up on work after completing the survey; ensuring consistency among surveyors; understanding and working with different standards and practices; and the intensity of survey work and managing the workload.

Factors that encourage others to become a surveyor

In order to encourage more people to join the surveyor workforce, the benefits of being a surveyor should be promoted. There should be education about the role of an accreditation surveyor (perhaps through free seminars or training. The benefits to health services of having their staff as surveyors should also be promoted. The constant need for accreditation or quality assurance should be made clear.

There could be broader and more active recruitment strategies, including nomination by peers and current surveyors, advertising, efforts by accrediting bodies to approach potential candidates.

Surveyors should enjoy a formal qualifications and a clear career path. Financial and other incentives for surveyors or their employers would encourage recruitment, together with commitment or support from service organisations and government agencies.

Factors that would encourage you to continue as a surveyor

The most frequent answer surveyors gave to this question was that no additional incentive was needed. Nevertheless, many said they would appreciate more time to do a survey, more opportunities to undertake training to maintain currency of knowledge and skills, greater support from their primary employer, and further support from the accrediting body.

Some also listed payment or more adequate remuneration, professional recognition, performance feedback, and the opportunity to do more surveys as reasons they would continue.

Factors that would discourage you to continue as a surveyor

Again, the most common answer surveyors gave to this question was ‘none’. Others listed as disincentives an increased time requirement for surveys, too few or too many surveys, poor coordination and timing of surveys, and a lack of flexibility or support from the primary employer.

Only a few cited a loss of confidence in the of integrity accreditation process owing to declining consistency, compromises, or lowering of standards, and increased focus on compliance rather than improvement), a lack support and training from an accrediting body, or additional personal expenses sustained in survey visits.

Satisfaction with surveyor management practices

In the ratings section of the survey, respondent surveyors were asked to rate their level of satisfaction with the various components of surveyor management on a 7-point Likert scale where 1 = very dissatisfied, and 7 = very satisfied.

Table 5 presents the mean satisfaction ratings for each of these components by a sample comprising only current surveyors.
Table 5: Mean satisfaction rating across components of surveyor management (n = 430)

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Over all</th>
<th>Surveyor status</th>
<th>Surveyor professional background</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Volunteer</td>
<td>Paid</td>
</tr>
<tr>
<td>Engagement with accrediting body</td>
<td>5.25</td>
<td>5.29</td>
<td>5.20</td>
</tr>
<tr>
<td>Recruitment processes</td>
<td>4.82</td>
<td>4.88</td>
<td>4.70</td>
</tr>
<tr>
<td>Quality of initial training and assessment</td>
<td>5.20</td>
<td>5.12</td>
<td>5.32</td>
</tr>
<tr>
<td>Effectiveness of initial training and assessment</td>
<td>5.14</td>
<td>5.06</td>
<td>5.28</td>
</tr>
<tr>
<td>Support from accrediting body</td>
<td>5.44</td>
<td>5.48</td>
<td>5.40</td>
</tr>
<tr>
<td>Support from primary employer</td>
<td>5.44</td>
<td>5.41</td>
<td>5.47</td>
</tr>
<tr>
<td>Access to continuing professional development programs</td>
<td>4.59</td>
<td>4.47</td>
<td>4.80</td>
</tr>
<tr>
<td>Impact of continuing professional development programs</td>
<td>4.58</td>
<td>4.36</td>
<td>4.97</td>
</tr>
<tr>
<td>Acknowledgement by accrediting body</td>
<td>5.15</td>
<td>5.27</td>
<td>4.95</td>
</tr>
<tr>
<td>Acknowledgement by primary employer</td>
<td>4.70</td>
<td>4.47</td>
<td>5.15</td>
</tr>
<tr>
<td>Performance management supports by accrediting body</td>
<td>4.33</td>
<td>4.18</td>
<td>4.61</td>
</tr>
<tr>
<td>Mentoring for surveyors offered by accrediting body</td>
<td>4.40</td>
<td>4.36</td>
<td>4.46</td>
</tr>
<tr>
<td>Supervision for surveyors offered by accrediting body</td>
<td>4.91</td>
<td>5.00</td>
<td>4.75</td>
</tr>
</tbody>
</table>

In general, respondents were satisfied with the ways they were involved with or managed by their accrediting body. Their satisfaction with engagement with the agency, and the support and acknowledgement they received from their primary employer and the agency was greater than their satisfaction with aspects of training, CPD, performance management, mentoring and supervision.

Table 5 shows there is little difference in satisfaction levels between volunteer and paid surveyors, although paid surveyors tended to report greater satisfaction with CPD, acknowledgement from their primary employer, and performance management supports and systems.

Surveyors from different professional backgrounds showed similar patterns in satisfaction across components of surveyor management. Those in administrative or managerial positions generally reported higher levels of satisfaction compared to surveyors from other professional backgrounds.

However, there was considerable variation in respondents’ experiences based on the comments they provided.

Figures 4 and 5 illustrate differences in satisfaction ratings between volunteer and paid surveyors and across categories in surveyors’ professional backgrounds, respectively.
Engagement with accrediting body

The majority of respondents expressed satisfaction with their employment status as a volunteer or paid contractor with their accrediting body. While remuneration was not perceived as a critical factor in respondents’ decisions to continue or discontinue as an accreditation surveyor, many believed the level of remuneration did not match the amount of time and effort involved in undertaking surveys. In particular, respondents highlighted the substantial amount of time required to prepare for the survey and report.
Most respondents indicated that they receive regular communication (such as e-newsletters) from their accrediting body, but there is considerable variation in the number of survey requests they receive from year to year. Poor coordination and timing of surveys (short notice, lack of flexibility in travel arrangements, delayed arrival of pre-survey materials, mismatch between the surveyor and the service to be accredited) were identified as problems for some surveyors.

**Recruitment processes**

Respondents were generally satisfied with the processes by which they were recruited as surveyors, initiated largely through recommendation and encouragement by their peers or employer, or by invitation from accrediting bodies. However, many respondents said they were not aware of the current recruitment practices adopted by their accrediting body.

Some respondents expressed the need to adopt broader and more active strategies to recruit surveyors. A few commented that the most appropriate surveyors were not always recruited.

**Initial training and assessment**

Experiences with, and perceptions of, initial training varied considerably among respondents. Some perceived their initial training to be comprehensive, useful and high in quality, but others considered their training minimal and limited. For some surveyors, training was not available when they first became a surveyor. Differences in views about the adequacy and usefulness of initial training to some extent depended on respondents’ knowledge of and professional background in health care, and the nature and extent of the training program and requirements of the accrediting body.

**Support, acknowledgement and performance management**

Overall, respondents expressed satisfaction with the support and acknowledgement they received from their primary employer and their affiliated accrediting body.

From the primary employer: For some respondents, support and acknowledgement from their primary employer were minimal and implicit, while others indicated complete and explicit support from their primary employer. The majority of respondents believed that their employer recognised the value of having staff who were accreditation surveyors, but that (financial and human) resource limitations within their organisation were the main barrier to having greater support from their employer (e.g. in terms of the number of leave days permitted to undertake surveys).

From the accrediting body: In general, respondents were positive about the accessibility of the assistance provided by staff in their affiliated accrediting body.

The nature and type of acknowledgement or recognition that respondents had received from their accrediting body varied. Some had received formal acknowledgement (letter of appreciation, Christmas gifts, certificates), while others received informal acknowledgement (verbal thanks). It is important to note that acknowledgement was generally not perceived as an issue for respondents’ participation as surveyors.

Performance feedback was a key issue for most respondents. Many said they had received little or no feedback from the accrediting body. These respondents emphasised their desire to gain insight into and improve their effectiveness as surveyors. Some respondents felt they had adequate feedback about their performance either from their survey team members or through formal feedback processes within their accrediting body.

**Continuing professional development**

A large proportion of respondents were not aware of CPD opportunities for surveyors. For those who were aware of CDP programs for surveyors, access to these programs was a key issue – in particular, they highlighted the need for financial support to attend CPD activities, and the additional time and resource demand associated with participating in CPD.
Travel or distance was a barrier to CPD participation for surveyors living in regional or remote locations. Some respondents identified the need for a variety of delivery modes for CPD.

On the whole, respondents recognised the value and importance of CPD for surveyors, especially in terms of regular updates of standards, refresher courses and discussions of issues for and among surveyors. Some respondents, in particular surveyors engaged for their specific technical expertise, believed that the CPD activities they undertake to maintain their professional skills were often adequate to maintain the skills they required for surveys.

*Mentoring and supervision*

There was considerable variation in the nature and extent of mentoring and supervision surveyors received. A large proportion of the respondents indicated that they did not receive or were not aware of formal mentoring or supervision processes for surveyors. Most said they received mentoring and supervision from more senior members of the survey team as part of the survey process, and they generally perceived it to be positive and adequate.

Some respondents believed more mentoring and supervision was necessary; others believed direct experience in surveys and informal mentoring and supervision processes would be more effective.

*Comparative ratings of surveyor management*

The ratings provided by the three groups consulted contain both similarities and differences in the way components of surveyor management are seen by accrediting bodies, provider organisations, and the surveyors themselves.

Accrediting bodies and surveyors differ in their assessment of the acknowledgement provided to surveyors. The agencies thought the amount of acknowledgement was limited compared to other aspects of surveyor management, but the surveyors themselves were generally satisfied with the acknowledgment they received, and did not regard it as critical to their participation.

Accrediting bodies thought CPD opportunities were limited, and health services thought mentoring and supervision were limited. In this case, the surveyors also generally considered these areas less satisfactory than other aspects of surveyor management.

*Inter-rater reliability*

About three-quarters of the surveyor respondents believed that inter-reliability was an issue. Others believed consistency was not an issue, since consensus was achieved during the visit, and team members were able to work through disagreements.

The surveyor respondents said the factors that influenced consistency among surveyors were experience in surveying, professional competence, knowledge and understanding of the standards, one’s own practice or background, variations between States and Territories, and between metropolitan and rural areas, personality, personal prejudices, biases or interests, the level of training and performance feedback, and time constraints during the actual survey.

Accordingly, their suggestions for improving consistency included training, in particular improving understanding of the standards, regular meetings to discuss issues for surveyors and work through survey scenarios, feedback and communication between the accrediting body and surveyors, and among surveyors. It would also promote consistency to have full-time or professional surveyors who were experts in understanding and applying standards, or experienced or senior team members, and clear guidelines and decision making tools such as checklists and standardised data recording and reporting instruments. Of course, they said, it would also promote consistency to have recruited ‘appropriate’ surveyors.
Sustainability of the surveyor workforce

Surveyors were asked to comment on barriers to the sustainability of the surveyor workforce and suggest possible ways to address them. They highlighted the need for:

- a career path for surveyors (that is, full-time or professional surveyors)
- cooperation between service providers and accrediting bodies on supporting health professionals to participate as accreditation surveyors
- financial incentives (introducing a payment system) or more adequate remuneration
- broader and more active strategies to recruit younger potential surveyors, using a range of strategies including nomination by peers and current surveyors, advertising, and invitation by accrediting bodies
- enhanced training, and leave or financial support, to maintain competence
- recognition of surveyor participation as part of the role of senior staff
- recognition of the importance of accreditation surveyors in maintaining and improving quality and safety standards
- addressing the time constraints surveyors experience
- increased funding for the role of surveyors in accreditation
Section 4: Observation site visits

With the permission of three accreditation agencies, and at the invitation of four health care facilities, pairs of consultants made site visits as observers during accreditation surveys in a metropolitan and a regional hospital, a community-based health service, and an aged care facility over nine days in February and March 2009.

What we have been able to observe is limited by the small number of visits we attended. We are conscious that approaches vary with the nature of the health service and the applicable standard. The nature of these four visits was as follows:

- Two of the visits were periodic reviews following earlier comprehensive on-site surveys, cyclical self-assessments, and responses to previous recommendations. In each case, the three surveyors were a medical administrator, a nursing administrator, and a health service administrator.
- One visit assessed compliance with external regulatory standards. The two surveyors were senior assessors drawn from the same industry sector.
- One visit, which followed a preliminary visit by a data auditor, assessed clinical and technical quality. The six surveyors (five clinicians and an administrator) represented the disciplines essential to the service.

No consumer representatives were on the site visitor teams we observed.

The purpose of the site visits was to observe the processes and roles performed by surveyors in the working context of real surveys, to compare the working practice with agencies’ documented procedures, and to gain a first-hand impression of the real and potential contribution of surveyors to the safety and quality of care.

We observed the arrangements supporting their visit, the skills and competencies the surveyors displayed, and the match between their expertise and the health service’s expectations.

In preparation for these observations, we reviewed the accreditation bodies’ documentation of their expectations of the coordination and conduct of the site visits, and the roles and activities of the site visit team members - skills, competencies, and behaviours expected in their conduct of verification, interviewing, teamwork, communication, conflict resolution, education, presentation of outcomes, and reporting.

Site visit coordination

Systems and supporting infrastructure support collaborative working links between the surveyor team and the personnel of the health care organisation undergoing accreditation.

A coordinator in the accreditation body organises the site visit logistics and resources, compiling relevant materials and information in advance. Before the visit, team members receive the schedule, travel arrangements, reporting forms, and pre-reading material (which may include a briefing materials supplied by the service, the results of recommendations from its previous accreditation, and sometimes its self assessment). Lead time for scheduling visits and circulating information, travel arrangements and pre-reading varied among accreditation bodies from three to six weeks before the visit.

These lead times met agency specific benchmarks, but did not always meet the needs of the surveyors in timeliness, relevance and completeness of information. In one instance, we saw how failure to provide a relevant report in pre-reading material was not detected until the site visit was under way, and a surveyor had to make a second visit two weeks later to cover the standard.

Pre-site visit meeting

We attended two face-to-face preparatory meetings of team members off site on the day before the site visit: the meetings were informal, and simply confirmed the arrangements already circulated. There was no formal checklist for these meetings, nor any discussion of
potential risks, sensitive issues or unexpected outcomes. In another case, a similar informal discussion took place on site before the first day’s assessment activities began. In a fourth case, no pre-visit meeting took place. Surveyors told us that pre-visit discussions were sometimes conducted by phone or email.

**Site visit task management**

In most cases, the scheduled activities included:

- a meeting with service staff for introductions and service presentations
- scheduled appointments with particular committees or unit
- times for clinicians to meet with clinical specialists
- a time and place for the site visit team to meet for confidential discussion
- time for verification of self-assessment materials, reports on compliance with earlier recommendations, and other relevant documentation
- time to work on the site visit report towards the end of the visit and before summation to the service staff

Any emerging areas of concern were discussed among team members as they arose.

Surveyors discussed their expectations about the report writing process. For some accreditation bodies, reporting was the responsibility of the team leader. Other teams wrote collaboratively, based on their capacity and expertise. Some teams expected to write the report during the site visit; others filed reports electronically after the visit was complete. In one case only, apart from a quick joint completion of a checklist, the surveyors separately wrote their own reports, though the team leader was to provide sign off on the report.

The survey teams worked to a timetable which was largely fixed in larger services, and highly flexible in smaller services. As far as possible, they divided the work according to areas of clinical and management expertise, to facilitate detailed sampling of documents, charts and programs, concentrate on detail, and ask the right questions of the right people.

Some teams held an initial or daily meeting with the senior management of the service to canvass any sensitive issues and brief them on proposed recommendations at the summation meeting. In one visit, intensive one-on-one meetings took place between clinicians and their surveyor counterparts.

**Information about the context of the accreditation**

Guidance and briefings about the service’s overarching purposes or areas such as governance, management, human resources, finances, or clinical care were generally not included in the pre-survey documentation provided to the surveyors. One accrediting body did provide information about the jurisdictional policy funding and program context of the health service.

As far as we could tell, surveyors were not always informed beforehand about other formal accreditations held by the organisation being accredited. On two of the site visits, surveyors carried out a minimum of four audit-type cross-checks of elements covered by the accreditation standards of other accrediting bodies (e.g., linen services, fire, aged care, kitchens and food safety, laboratory accreditation, etc.). In one site, the surveyors were informed about the results of a data audit and a technology audit by two other accrediting agencies.

We observed that a healthcare provider, especially a large organisation, is often in a position to shape surveyors’ activity during negotiation of the timetable between the accrediting agency or team leader and the service’s quality managers. This is inevitable, since assessment must not disrupt patient care or clinical rosters and the surveyors’ time is very limited; but potentially it dilutes the ability of the surveyors to assess substantive performance against other key regional and national safety and quality initiatives.

Not unreasonably, it is common practice among services seeking continuing accreditation to prepare polished presentations of their quality achievements, plans, and projects, in the hope
of impressing the surveyors and celebrating their own efforts. It may help orient the surveyors and make them feel welcomed, but may also make them question what they are not being told; and sometimes it leads to the surveyors’ receiving a deluge of material they must address in their report, and which they would have preferred beforehand.

At two of the site visits, the health service provided large amounts additional paper and electronic documentation to the surveyors on site. Regardless of its relevance, surveyors felt a professional responsibility to evaluate this information, thus adding a further significant challenge to their task.

**The skills and competencies of surveyors**

**The team leader**

According to the range of leadership tasks set out in the agencies’ manuals, the team leader’s responsibilities potentially include briefing the service about the role and activities of the team, ensuring that the plan for the visit is clear to team members, acting as chairperson, coordinating the activities of the team throughout the visit, supporting and facilitating the activities of each team member, providing contextual and industry specific knowledge, and maintaining good liaison between the team and the service throughout the visit.

In practice, as we observed, the team leader may be simply first among equals, in that he or she is assigned by the accrediting body before the visit, and accepts responsibility for pre-visit liaison with the accrediting agency and the site, consulting the agency if necessary during a visit, speaking first at the summation, and completing the compiled report after the visit; but in all other respects, the team is collegial.

Again, in agencies whose method is peer review, there may be no designated leader, or the team may choose its own leader, who volunteers to keep track of progress and coordinate the others’ contributions to the report. In some cases, the team members simply agreed amongst themselves, at a pre-visit meeting or on the day, how to divide the work, generally on the basis of their own specialty, experience, or interest.

On paper, the structure of a surveyor team includes a training component, in that the team leader may act as a mentor or guide or supervisor of a less experienced member. This is likely to be the case when a newly-recruited surveyor is with the team as an observer or first-timer.

Key leadership competencies of the team leader include creating an environment that enables participation of the relevant service personnel, helping team members to focus on outcomes and coordinate the others’ contributions to the report. In some cases, the team members simply agreed amongst themselves, at a pre-visit meeting or on the day, how to divide the work, generally on the basis of their own specialty, experience, or interest.

We observed a variable level of skill and expertise exhibited by team leaders across these competencies. The knowledge and competence of the team leader had a clear impact on the credibility of the team, and therefore the usefulness of the accreditation process as viewed by the health service.

**Team member role and activities**

All the team members contributed evidence and expertise to the assessment task. Their ability to do so reflected how well the accrediting body had matched their individual knowledge, silks and expertise to the nature of the organisation being accredited. We observed some partial mismatching that had significant negative impact on the ability of the surveyor to add value to units of the organisation being assessed.

The tools for assessment included direct observation, semi-structured group and individual interviews, and assessment of paper and electronic documents and records. The survey design allowed for multiple checks of various standards, using different methods and criteria across the service. Significant emphasis was placed on verification of information through review of electronic and paper records and further verbal questioning. However, one highly effective
surveyor declared, “The most important aspect of a survey is an unannounced walk-around”. In many but not all cases, surveyors discussed their findings and reached a consensus decision.

**Communication**

The site visitors worked effectively in the team by being courteous, cooperative, taking initiative in their areas of expertise, returning to the underpinnings of the standards, and working towards a justifiable rationale in forming conclusions. They used a relaxed, open, collegial style in interacting with the staff of the service.

The survey and interview data presented in this report include the importance of communication skill on the part of surveyors. In our observation visits, while the surveyor teams enjoyed consistently warm and friendly relationships with the management and staff of the services, the members displayed quite different levels of skill in eliciting information, conducting group interviews, and presenting their summary assessments.

In group interviews, for example, some surveyors began with clearly prepared well-informed prompt questions; others simply asked, “What do you have to tell me?”; one confessed to ignorance about the topic; and another opened the meeting by criticising the preparatory material. The usefulness of the responses varied accordingly. Similarly, the summations offered at the close of visits differed considerably in clarity and usefulness.

We saw some surveyors who had great skill in knowing whom to ask what, and why. Where that skill was not displayed, the exchange of information was much less valuable for ‘taking the temperature’ of the organisation against the standard.

**Matching expertise to health services**

**The twin tasks of surveyors**

Our observations confirmed what some informants had already described, that in many ways the surveyors address two associated but different tasks:

- verifying that a mandatory standard has been met, and that any previous recommendations relating to that standard had been carried out
- identifying, encouraging, and where possible advising and educating on quality actions and improvements

What happened during the site visits we observed suggests that these two tasks are usually performed concurrently, and are not clearly distinguished.

The first task (‘compliance’) occupies much of the time assigned to ‘verification’ in the visit timetable. It often relies on a large amount of data and documentation prepared in advance by the health service. In non-clinical areas, it may duplicate certifications already granted by licensed agencies (eg compliance with fire safety standards). At least one accrediting agency sends a data auditor some time before the surveyors’ visit to verify data items in the standard, so that the survey team can concentrate its efforts on the ‘non-data’ items.

While such elements of corporate or infrastructure risk are essential to mandatory standards (since they are critical to patient safety), there may be potential efficiencies and savings in extending this pattern of verification to other parts of the ‘compliance’ task.

The second (or ‘quality’) task is the aspect most valued by both the health service and the surveyors. Our observations indicate that its value and accuracy depend on the match between the surveyor and those surveyed in clinical or clinical management knowledge and experience. Where this match is strong, the exchange of insight and understanding is greatly welcomed by both parties, and the transfer of knowledge contributes directly to quality improvement.

This exchange is straightforward where the health service has a relatively narrow or specific purpose, and the surveyors come from the same disciplines. It is harder to achieve where a
small surveyor team, however carefully trained and chosen, cannot hope to engage expertly with clinicians or service units in a wide range of disciplines.

**Consumer engagement**

An issue that appeared only partly resolved was the engagement of consumers in quality improvement. In three of the four visits we observed, it was abundantly clear that the services were deeply engaged with their own patients in delivering care; yet it was not clear what role consumers should play in governance or planning. In one jurisdiction we visited, the health department now mandated a community advisory body for all public facilities.

In discussion with surveyors, one provider expressed concern about any form of consumer involvement by “professional consumers”, on the ground that it was not clear whether they really represented the wider community, and it was “not helpful to have people tell us we need to do better”. They would prefer to have lay people who were able to put the perspective of a non-health care professional, but they needed guidance on how to recruit them.

**Compliance burden**

The cost of accreditation to a health service consists of the cost of the survey to the service plus the cost of taking staff out of the clinical and management environment to prepare for the visit. Senior management discussed this issue informally during one observation visit, and said that the compliance burden of old-fashioned “tick and flick” assessments had been onerous and the effects transitory, but because the quality improvement culture was now “how we do business”, the flurry of activity around a survey and the associated cost of preparation were not significant issues, and the results were lasting. The budget for safety, quality and risk was significant, and the organisation now had a full-time officer assigned to this process continually.

Nevertheless, the management of this organisation had currently rejected all potential applications from staff to be surveyors, because in the current climate it could not afford to release staff for the required number of days each year. There was a need to consider innovative options for reimbursing organisation for surveyor time.
Section 5: Stakeholder workshop

A stakeholder workshop was held on 21 April 2009 to consider the preliminary findings, conclusions and recommendations of the project, based on the information from all the data sources described above. The workshop offered an opportunity to canvass and refine the proposed recommendations and solutions for improving the sustainability of the surveyor workforce, and to formulate strategies to incorporate the findings of the project into the accreditation process and encourage the uptake of best practice.

Twenty-three people took part in the workshop. There were eleven representatives of accrediting bodies, six representatives of medical colleges, four representatives of the private hospital sector, one of a government health department, and one of a professional association (Appendix E lists those who attended). Two of these representatives were current accreditation surveyors.

Professor Chris Baggoley, CEO of the Commission, and Professor Margaret Banks, the Commission’s Senior Programs Adviser, also participated.

This workshop was the final stage of data collection for the project. The views of the participants have helped shape the recommendations presented in Section 6.

Structure of the workshop

Before the workshop, the agenda was circulated to the participants together with a background paper about the project’s preliminary findings.

Professor Baggoley welcomed the participants and outlined the purpose of the project. An introductory presentation by the consultants gave an overview of the objectives, methodology and progress of the surveyor project.

Preliminary findings, conclusions and recommendations of the project were presented in two parts. The morning discussion dealt with recruitment, retention and sustainability of the surveyor workforce. The afternoon session addressed best practice in management of the surveyor workforce.

In each case, after a presentation of the findings, participants were assigned to two smaller groups to discuss the issues and recommendations in the preliminary report. The chair of each group facilitated the discussions, and reported the group’s consensus on the issues to a plenary session.

A final discussion session with all the participants debated and summarised the results of the workshop. A summary of the workshop’s findings – with particular emphasis on the main areas of consensus and divergence– is presented below.

Recruitment, retention and sustainability

The consultants made a short opening presentation of the project’s findings on recruitment, retention and sustainability of the surveyor workforce, including draft proposals on these topics as prompts for discussion.

The draft proposals recommended work with accrediting bodies and health care providers to increase the recruitment and retention of trained and qualified surveyors by formally recognising surveying as an aspect of clinical and health management professional practice; including time allocation and release arrangements for surveyor training and practice in enterprise agreements; developing funding models that include the costs of backfilling senior staff to participate in accreditation surveys, and making backfilling more practicable for primary employers by developing and negotiating alternative approaches to scheduling and rostering surveys.

The groups held a free-flowing exchange of views, and reported back their leading comments. In this session, the two groups reached similar conclusions.
**Group discussion – Session 1**

**The supply of surveyors**

There was general agreement about the need to maintain the supply and quality of surveyors, but there was a difference in views about the focus of the recruitment of new surveyors – in particular, whether the focus should be on removing barriers to enable a greater number of senior and experienced staff to participate in accreditation surveying, or on involving a younger cohort of health care professionals.

Some group members affirmed the value of providing new graduates with early exposure to accreditation as part of the effort to build a sustainable surveyor workforce. They said that, even though new graduates had limited understanding of accreditation at policy and system levels, they could contribute positively to the accreditation process because they had currency in practice and could bring new ideas and perspectives to health care. Other members believed that junior or inexperienced surveyors might affect the credibility of the accreditation process negatively: surveyors needed a certain level of experience in their professional field.

Nevertheless, the groups agreed that there needed to be a graceful exit process for surveyors to leave the surveyor workforce if the performance was poor, or the relevance of their experience became outdated owing to a lack of recent practice.

**Removing barriers to participation**

The groups shared a consensus that the value of surveying for professional development and dissemination of innovation needed to be recognised and promoted more widely as benefits of releasing staff to do accreditation visits. There was a need for health care service providers to understand the benefits of having staff who are trained accreditation surveyors, and more opportunities to release staff for accreditation purposes.

The groups perceived a clear need to remove the barriers to participation in accreditation surveys. A critical challenge for service providers was backfilling. Funding was one factor in providing backfilling. Improving access to training opportunities for potential and current surveyors was another. They also believed there was potential for greater inclusion of accreditation topics and activities in continuing professional development programs for health professionals.

Other incentives to encourage release of staff by service providers were suggested, such as recognition for employer organisations that encouraged staff to become surveyors, encouraging employer organisations to acknowledge their surveyors employees.

The groups agreed there should be specific research on the effects of remuneration for peer surveyors, the likely flow-on effects across agencies, and the impact on the sustainability of the surveyor workforce.

**Best practice in management of the surveyor workforce**

The afternoon session commenced with a short presentation by the consultants on issues for best practice in the management of surveyors. Proposals were outlined for:

- the availability and flexibility of the surveyor workforce
- harmonisation of surveyor engagement across agencies
- clarifying the relationship between audit and quality improvement aspects of surveys
- training consumers and carers to be surveyors
- and developing an agreed minimum data set for collecting information about the surveyor workforce.
Group discussion – Session 2

Characteristics of surveyors

The proposal to draw up an agreed core set of characteristics of the ideal surveyor, and use it to harmonise selection criteria for recruitment, professional development, and performance management was not widely supported. While it was agreed some generic competencies are shared across surveyors, there were higher-order competencies and specialist skills that came with experience in a professional field. There was no consensus view of the degree to which surveyor skills and training were transferrable across accrediting bodies, or health services undergoing accreditation.

The consultants had suggested a more strategic approach to recruitment to develop and sustain a surveyor workforce with the capacity to meet the need of diverse communities, and address issues of geographic spread and the range of service types (regional or remote, primary, secondary or tertiary services, ACCHSs). The workshop’s participants uniformly agreed on the need to develop a strategic approach to the recruitment of surveyors. They highlighted the challenges of managing volunteers who are not agency employees and who work episodically in various team combinations.

The groups explored reasons for the reported gap between agency perceptions and surveyors’ perceptions of the effectiveness of recruitment, training and performance management.

Coordination and duplication

Participants confirmed that there was overlap and duplication in accreditation processes across the accrediting bodies. They also saw a need to streamline accreditation and reduce the process burden for accrediting bodies, service providers and surveyors.

Participants suggested opportunities for cross-fertilisation among accrediting bodies, and greater links with professional associations and colleges be explored. Some suggested that the accreditation process could be streamlined by distinguishing compliance (or auditing) and quality improvement functions. Tensions exist between compliance and quality improvement in accreditation, and there was no agreement on the extent to which a separation of compliance and quality improvement functions was possible or desirable.

There were differences between the two discussion groups over the feasibility of accrediting bodies and professional associations and colleges coordinating surveyors and the timing of surveys, to improve the efficiency of the accreditation process. Members of one group considered that differences in the standards being assessed, the purposes of accreditation, the types of service being accredited, and the characteristics and training of surveyors made a unified approach to the management of accreditation surveyors problematic and impractical. The other group, however, saw great merit in exploring this possibility further.

Mapping of surveyor resources

Despite these differences, the plenary group agreed that a mapping exercise may be useful in identify areas of content overlap or duplication in accreditation standards between colleges, professional associations, and accreditation bodies; the skills required for the different aspects of surveying; current and potential contributions of existing accreditation processes and their surveyors to safety and quality in health care. This exercise may help determine how accrediting bodies could work in partnerships with professional associations, colleges and service providers to minimise overlap and duplication and maximise good and consistent outcomes.

Consumers

Workshop participants agreed there was a role for consumers in health care accreditation, but did not elaborate on how consumers could add value to accreditation, nor how consumers could be engaged in governance processes or development of standards, or as part of a survey team.
Opportunities for partnership

Finally, the participants said they appreciated the unique opportunity afforded by the Commission to meet representatives from sections of the accreditation industry to discuss these issues. Participants had not previously had an opportunity to meeting with accreditation bodies, providers and surveyors and suggested there were potential benefits in further forums that may promote partnership and share information and experience.
Section 6: Conclusions

The workshop was among the few opportunities for stakeholders from the health accreditation industry to discuss the role and contribution of surveyors to patient safety and quality of care. The participants appreciated the opportunity to do so, and encouraged continuing collaboration.

The Commission is ideally placed to build on this beginning by facilitating the specific steps needed to streamline accreditation, reduce duplication, make best use of surveyors, and in so doing reduce the accumulated process burden borne by health services assessed serially by different bodies for one aspect of their work after another.

Duplication and overlap

The Alternative Model of Safety and Quality in Health Care and the principles to guide its implementation recommend decreased fragmentation and duplication of standards and processes, and a more streamlined and nationally coordinated system.

There is an overlap across standards; in particular between the work of quality and safety surveyors and those who accredit clinical training places. If the scope of standards is broadened to include accreditation of training posts and programs by colleges, universities and professional associations, duplication will decrease and surveyor capacity will be freed.

Data on the surveyor workforce

At several points, our findings have been limited by the absence of complete data about surveyors, since recording and maintaining details of the workforce are incomplete.

At present, the twelve participating accreditation bodies combined use about 2,500 surveyors. The number of surveyors per organisation varies greatly. The smallest has four surveyors, and the largest uses more than 1,200 surveyors. Six of the twelve bodies each have fewer than 100 surveyors, while the two largest between them engage two-thirds of all the surveyors.

Some forms of accreditation are presently more visible than others. The cycle of hospital accreditation, in particular, is more public, and occupies far more of the providers’ staff and resources, than most other health sectors. The number of surveyors engaged in this cycle is considerably smaller than the numbers of those who do one-day technical assessments of pathology or radiology practices or laboratories, or accredit aged care facilities, or community-based and single purpose health care services.

An important starting point for better managing the supply of surveyors is accurate data on surveyors, including who is surveying what, how often, and the nature of their engagement.

Recruitment, retention and sustainability

Participants from the current surveyor workforce are strongly motivated to help maintain and improve the quality and safety standards of the health care system. But they say it is sometimes difficult to keep their surveying skills current when opportunities to use them in suitably matched settings are intermittent.

Providers and surveyors, and also participants in the workshop, have urged that surveying be recognised as a legitimate career development opportunity, and one to be encouraged.

Where peers are used, attracting skilled and qualified peer surveyors is a challenge for both the accrediting bodies and the health care services from which they come. These challenges include accessing staff and resources to backfill vacancies while senior officers are away on surveys, attracting clinicians away from their practice with resulting interruptions and loss of income.
Remuneration

Perceptions differ about whether remuneration motivates the participation of surveyors. Although some agencies that rely heavily on clinicians (particularly private practitioners) are under increasing pressure to compensate for lost income, remuneration does not seem to be a primary consideration for surveyors. This issue deserves further investigation.

Consumers

It is generally agreed that consumers have a role in health care accreditation but how to best engage consumers to enhance the accreditation process is unclear to many shareholders.

Elements of best practice

The information provided by accrediting bodies shows that current management practices for the surveyor workforce are in line with sound human resources management practice and best practice surveyor management, described in the literature. It appears that workforce data held by the accrediting bodies varies considerably between agencies.

An essential criterion for selection of a surveyor is the ability to communicate clearly, skillfully, and cordially, and these capacities are fostered in training and CPD. While many of the surveyors demonstrate excellent communication, not all are able to use this skill to elicit information, conduct group interviews, or present their assessments.

Credibility as a surveyor is drawn from:

- knowing enough about the detail of a subject to ask intelligent questions,
- making connections between differing sources of information,
- asking relevant follow-up questions; and
- using relevant anecdotes and offering insights from personal experience.

Credibility is also determined by reputation, expertise and personal style.

Maintaining credibility throughout a survey visit including at the presentation and acceptance of a summation report, is critical. Loss of credibility can undermine the process and negatively impact on the accreditation program and outcome.

These are skills that can be developed and enhanced through training.

Compliance and quality improvement

An issue identified by all groups of respondents was tension between verifying compliance with standards, versus quality improvement activities. Quality improvement activities are generally thought to include functions that are additional to compliance assessment, such as providing advice, education, sharing of experiences, and affirming practices.

Some accreditation processes require only compliance, or assessment against an objective standard. This is most apparent in highly technical assessments. At least two accreditation bodies perform the compliance and quality improvement activities separately, with a compliance audit before or after a quality improvement visit.

Both survey respondents and respondents who were interviewed commented on the benefits of surveying, including the opportunity to:

- discuss quality improvement (which was most valued by providers and surveyors),
- work flexibly across standards and services,
- meet other professionals and work in a survey teams,
- participate in the surveyor role; and
- value-add at their primary place of employment as a result of the knowledge and experience gained from surveying.
Two aspects of quality appear to receive little analysis during surveys. One is the close association between a health service’s leadership and good governance, and safe and high quality care. The second is the link between resources and fiscal efficiency, and safe and high quality care (one team told us that “resources and resource allocation and utilisation are definitely not part of accreditation, and are not discussed”).

**Model of best practice in surveyor management**

A best practice model of surveyor management has been developed from both the literature and stakeholder views gathered during the project. The model includes:

**Recruitment**

- Consider mechanisms to raise awareness of and offer experience in surveying among all new graduates as a long term recruitment strategy.
- Promote the benefits of surveying for the surveyor, accrediting body, and health service organisation.
- Create and promote career opportunities for surveyors and to new recruits.
- Develop and keep current an accurate description of the role of a surveyor, the key attributes required, including the selection criteria and process.
- Provide potential surveyor recruits with an opportunity to discuss the surveyor role in detail before selection and training is undertaken.
- Conduct a fair and transparent selection process among applicants based on procedural justice, assessed against established criteria, with selection decisions made by a panel of decision-makers, which includes constructive feedback to unsuccessful applicants.
- Convene induction programs that ensure surveyors understand the standards, the process, and the expectations of the accreditation body in which they are engaged.

**Training**

- Identify on-going training needs against required competencies.
- Make clear the links between training activities, organisational objectives, and the volunteers’ immediate work requirements.
- Maintain and transfer the skills gained in training by providing opportunities to surveyors to exercise the skills acquired in practice.
- Evaluate the benefits of the training program for the organisation and the services it provides by monitoring the performance of volunteers and the effectiveness of their training.

**Performance appraisal**

- Establish clear performance measures for surveyors.
- Train surveyors in the performance review system the organisation uses, document the system, and use it as a tool in learning and development.
- Ensure that team members have time and confidential space for regular meaningful feedback.
- Conduct more formal documented appraisal against performance measures at least annually (and preferably more frequently).
- Develop secure systems for holding records of the performance of surveyors.
- Ensure there are systems in place to identify and support surveyors who are experiencing difficulty or are considered to be performing poorly.
- Develop an appropriate exit process for surveyors who intend leaving the surveyor workforce.
Team structure

- Ensure any survey team includes surveyors with the professional technical skills required.
- Match team members’ skills to the type of survey to be undertaken.
- Train and support team leaders in providing performance feedback and mentoring to other team members.
- Select team leaders based on skills, experience and credibility as a surveyor and mentor.
- Provide organisational support for teams in the field, including conflict resolution.

Acknowledgment

- Implement reward and recognition programs in both the accrediting body and those employers who provide surveyors that allow both organisations to demonstrate the value of volunteers.
- Make effective reward and recognition immediate, specific and genuine.
- Continually acknowledge and reward those who contribute in greater measure than is expected of them.
References


Appendix A: Project plan

At the beginning of the surveyor participation project, the Australian Commission on Safety and Quality in Health Care agreed with Siggins Miller on these actions to fulfil the brief:

**Stage 1-September and October 2008**

Meet with the Commission in Sydney to discuss project and finalise the list of the participating agencies, discuss draft project plan, agree on the key stakeholders and select the list of accreditation bodies in scope
Set up databases for the project and its management
Develop scope of literature review, identify key words and terms and databases for search and identify agency and government websites for searching relevant to terms of reference

**Stage 2-November –December 2008 to January 2009**

Submit detailed project plan for comment and finalising
Conduct literature and document review
Contact agencies that have agreed to participate, identify key contact person and request data on surveyor workforce that are available and relevant to the project’s terms of reference, agree on data exchange and management protocols, seek advice on potential site visits and interviews and their timing
Conduct literature search and collect and collate documents from agency websites
Complete the literature review and provide in draft to the Commission for comment
Identify, collect and collate policies and protocols of agreed accreditation bodies
Provide advice to the Commission on the implications of the literature review and document analysis for the key domains for questions for informants
Draft interview and focus group protocols and design on line survey
Contact identified organisations for site visits, including at least one major metropolitan hospital, one regional hospital, one community based health service, and one aged care facility and negotiate agreements about the nature and purpose of the site visits, in partnership with the Commission and the relevant accreditation agency.
Organise site visits and interviews, and distribute on-line surveys
Provide progress report

**Stage 3-February to March 2009**

Organise site visits and interviews
Collate and analyse data from on-line surveys
Conduct telephone interviews, including follow-ups and reminders
Conduct agreed site visits

**Stage 4-March 2009**

Compare, analyse and write up data from interviews and site visits
Organise a reflection/action research workshop
Provide progress report

**Stage 5-April 2009**

Hold a workshop to present data and canvass recommendations and solutions
Draft the project report for feedback and comments
Provide progress report

**Stage 6-early May 2009**

Amend and finalise the report based on feedback and comments
Appendix B: Research findings on volunteer recruitment and retention

**Volunteer recruitment**

There is extensive research on the recruitment and selection of paid workforce. It is not always clear how far these research findings could be applied to volunteers or an accreditation surveyor workforce, but a number of factors are worthy of consideration in ensuring the sustainability of the surveyor workforce in Australia.

To maximise the likelihood that appropriate personnel are recruited, a job is analysed to develop the selection instruments and identify criteria that allow feedback and appraisal (Gatewood & Field 2001). Job analysis, which involves developing a job description, person specifications and key selection criteria, improves decision-making objectivity and job relevance.

Through a meta-analysis of 71 studies on recruitment, Chapman *et al* (2005) identified predictors of job choice (that is, whether a preferred candidate accepts an offer) and job performance. Factors found to be important for successful recruitment were:

- An accurate description of the job and the organisation
- Critical contact (the information provided, and the training and temperament of the recruiter)
- Perceptions of ‘fit’ – that is, a match in the values and goals between the applicant and the organisation (see also Boezeman & Ellemers 2007, 2008)

The least useful predictors of successful recruitment were pay, compensation or advancement, and the availability of perceived alternative work.

Volunteerism takes multiple forms, each inspired by a different set of values, and different groups attach different values to the same voluntary work (Wilson 2000). Understanding individual motivation to volunteer therefore has implications for volunteer recruitment. Dutta-Bergmann (2004) pointed to the need for ‘an exchange’ between the organisation and the volunteer, not simply shared values. She argued that ‘the choice to actively participate in the community is driven by a strong sense of reciprocity and exchange, with an understanding that responsible participation in the community rewards the individual in the form of better resources, stronger impact on policy, better health and so forth’ (7).

The psychographic variables related to volunteerism identified by Dutta-Bergman (2004) are:

- **Health consciousness**
  - intrinsic motivation to maintain good health
  - demonstrate internal locus of control
  - underlying notion of responsible living
  - engages in healthful life choices
  - high level of personal responsibility
  - correlation between manifestations of responsibility in the public and private domains

- **Consumerism**
  - aware of his/her needs and actively participates in the exchange process in the marketplace to satisfy those needs
  - seeks out information, is sensitive to the quality of products or services
  - action-oriented, a willingness to take charge and to take responsibility for one’s consumption choices

- **Environmental consciousness**
  - likely to engage in those activities that protect the quality of the environment
  - volunteering for community organisations and caring about one’s environment are both markers of a sense of responsibility directed outwards.
Dutta-Bergman’s research (2003, 2004) indicated that organisations wishing to attract volunteers should appeal to the volunteer’s high self-efficacy and active orientation; emphasise strong arguments that highlight the quality of the product or service; respond to consumer needs by providing adequate information; monitor and publicise health benefits of the product or service; and fundamentally demonstrate that the organisation’s strategic choices embody social responsibility.

Chapman et al (2005) provide the following advice for recruitment:

- early in the process use personable, trained recruiters
- emphasise the positive characteristics of the work environment and the organisation’s image
- ensure fair and considerate treatment throughout the process; provide explanations for selection procedures; keep applicants informed; avoid undue delays in responses
- focus on the values and needs of the organisation that seem most in line with the values and needs of the applicant.

**Volunteer retention**

Research on volunteer workforce retention highlighted a number of factors that influence volunteers’ decision to continue or cease their participation.

Self et al (2001) found that volunteers were more likely to continue when they felt:

- needed, appreciated and competent
- a sense of accomplishment
- job satisfaction
- there is opportunity to express their belief or support to the organisation’s purpose
- respected as a team member
- there is opportunity to develop friendships, communicate and develop support groups
- there is opportunity for personal recognition

In contrast, factors associated with ceasing volunteerism include:

- work and family obligations
- communication
- status
- acceptance problems between volunteers, paid staff and clients
- unrealistic expectations
- unclear roles
- inadequate training
- insufficient use of volunteer staff

Organisational commitment is also important in volunteers’ decision to stay or leave an organisation. Boezeman and Ellemers (2007, 2008) found that normative commitment (ie feelings of responsibility) was a stronger predictor of intention to stay in an organisation than affective commitment (ie emotional attachment). This finding is in line with Dutta-Bergman’s (2003, 2004) research into the psychographic variables of volunteerism, which emphasised the need to embody social responsibility in the strategic choices and actions of the recruiting organisation. Boezeman and Ellemers (2007, 2008) also found that volunteers were more likely to stay when the organisation contributed positively to the volunteers’ self-image. Pride and respect emerged as the two key reasons for attachment to an organisation, which in turn leads to identification with and commitment to the organisation.

According to Cuskelly and Auld’s model (Active Australia 2000a, 2000b; see also Active Australia 2000d), which is endorsed by the Active Australia Volunteer Management Program, five core elements need to be considered when addressing the retention of volunteers:
• Orientation to provide information about the organisation and the roles and responsibilities of the volunteer

• Training and development, which involves:
  - identifying training needs (eg through a training needs analysis) to allow the organisation to identify the skills, knowledge, and area of training required and plan program and allocate resources. A training needs analysis also ensures that all relevant people are involved in and affected by the training and development activities and ensure that training outcomes are relevant to organisational and individual needs.
  - implementing a training program that makes clear the links between training activities, organisational objectives, and the volunteers’ immediate work, and tailored to individual needs where possible.
  - transferring and maintaining skills gained by encouraging the use of skills developed while volunteering. Having a team leader or ‘buddy’ to assist and guide the application of skills and knowledge obtained during the training is important.
  - evaluating the benefits of the training program to the organisation and the services it provides by monitoring the performance of volunteers and the impact of their training

• Performance appraisal provides a formative way by which to recognise and reward volunteers and identify areas for improvement (Active Australia 2000a). Performance management is a valuable learning experience and is vital in the development of the volunteer (Active Australia 2000e), particularly as an individual’s knowledge of how they are progressing in their role can influence their job satisfaction and determine their level of competence. Feedback should be provided more frequently when the volunteer is new to the organisation. Even when volunteers are established in their role, feedback should be provided at regular intervals. Further, it should address the core issues of their role, namely their progress, areas for improvement and recognition of achievements (Brighton and Hove Volunteer Bureau 2004).

• Rewards and recognition programs allow an organisation to demonstrate the value of volunteers to the organisation (Vineyard & McCurley 2001). Research has found that rewards and recognition can provide a link between an individual volunteer’s motivation and the satisfaction that they receive from the role (Self et al 2001). Effective reward and recognition is immediate, specific, and genuine and should be presented enthusiastically (Noble et al 2003). To retain volunteers, it is important to reward those who contribute to the organisation in a greater capacity than what is expected of them to maintain their motivation to serve the organisation and for the volunteer to experience a sense of satisfaction (Active Australia 2000b). The acknowledgment of volunteers’ contribution to and involvement in the organisation should be continual.

• Retention or replacement of the volunteer by having an exit strategy in place is important. An interview or questionnaire may be used to discuss and understand why a volunteer decides to leave and identify ways to improve the organisation (Feldman & Klass 1999). By attempting to discover the specific reasons for turnover, the concerns of remaining employees can also be addressed and appropriate adjustments can be made to the volunteer program (Active Australia 2000b; Feldman & Klass 1999).

These five core elements, however, will not be successful if they are not implemented and endorsed in a supportive organisational environment (Self et al 2001).
Organisational support

Positive organisational support will be achieved if the organisation is flexible in adapting to the needs of the individual volunteer, if the supervisor and managers are accessible, and support is available from a number of people and sources. The main components of effective organisational support are: effective communication, relationships and leadership.

- Communication – The most commonly reported communication problems reported by volunteers are: not being adequately informed, experienced difficulty reaching staff, lack of feedback from leaders regarding the status of the volunteer and the organisation, policies and procedures not being communicated or misunderstood, and not being briefed by their supervisor on current events and activities (Self et al 2001). To reduce these concerns, Self et al (2001) recommended that periodical briefings be held, bulletin boards be utilised, a list of recommended materials be listed and operational manuals be developed.

- Relationships – Relationships between volunteers and their direct supervisor, and with paid staff, the management board, and other volunteers also influence the way in which organisational support is perceived. Common concerns regarding workplace relationships reported by volunteers include not being taken seriously by staff, open and underlying conflict between staff and volunteers, the disregard of suggestions made by volunteers, and volunteers being viewed as a ‘nice extra’ rather than a necessity (Self et al 2001). To alleviate relationship problems, particularly between paid staff and volunteers, it is proposed that staff be trained on how to work with volunteers, and encourage staff to participate in volunteer training and for volunteers to participate in staff training where appropriate (Self et al 2001).

- Leadership – Effective leadership for a volunteer program requires a leader to consider the strategic direction of the organisation whilst maintaining a genuine regard for individuals, and to interact with them and understand their needs (Noble, Rogers & Fryar 2003). Volunteer coordinators should be included in all human resource management decisions that impact on volunteers, know and value each volunteer, be able to assess volunteers’ needs and easily accessible to volunteers (Active Australia 2000c, Vineyard 1991). Volunteer coordinators are more likely to be perceived as effective leaders if there are clear communication channels between volunteers and their coordinators.

Organisational support can also lead to perception of respect, which can be achieved through expressions of appreciation for time and effort; personalised communication to individuals; and concrete forms of assistance, such as mentoring, guidance or additional resources when confronted with a problem.
Participation of Surveyors in Safety and Quality Accreditation
Accrediting Bodies: Interview Protocol

<table>
<thead>
<tr>
<th>Part A: General Information</th>
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</thead>
<tbody>
<tr>
<td>1. Name:</td>
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<td>2. Position:</td>
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<td>3. Organisation:</td>
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<table>
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<tr>
<th>Part B: Surveyor Management Practices</th>
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<tbody>
<tr>
<td>This section is designed to confirm current practices in surveyor management.</td>
</tr>
<tr>
<td>1. Describe your organisation’s approach to the management of accreditation surveyors?</td>
</tr>
<tr>
<td>2. Please comment on the following aspects of surveyor management:</td>
</tr>
<tr>
<td>a) Surveyor Selection</td>
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<tr>
<td>- Selection criteria and the characteristics (personal attributes and competencies) of an ideal surveyor</td>
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<tr>
<td>- Engagement of surveyors (eg paid or unpaid (volunteer); full-time or part-time)</td>
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<tr>
<td>- Recruitment processes</td>
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<tr>
<td>b) Surveyor workforce</td>
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<tr>
<td>- Composition (eg professional background and specialisation, private or public sector, community practice or acute care sector)</td>
</tr>
<tr>
<td>- Survey team composition (characteristics, role of consumers)</td>
</tr>
<tr>
<td>- Motivation to become a surveyor (Does your organisation collect information on motivations to become a surveyor? If so, what are the reported motivations?)</td>
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<tr>
<td>c) Orientation, initial training and assessment</td>
</tr>
<tr>
<td>d) Maintenance of competencies (continuing education and professional development programs and requirements)</td>
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<td>e) Supervision and other support (eg mentoring, feedback)</td>
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<tr>
<td>f) Performance management (eg review and re-certification processes)</td>
</tr>
<tr>
<td>g) Acknowledgement mechanisms</td>
</tr>
<tr>
<td>h) Retention (Does your organisation collect exist data on surveyors? What reasons are reported for surveyor discontinuation?)</td>
</tr>
<tr>
<td>3. What are the cost factors in maintaining your surveyor workforce?</td>
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</tbody>
</table>
4. Compared with a paid workforce, do you think there are practices unique to the various aspects of surveyor management (refer to the list in Section 2 above)? If so, what are they?

5. How could the management of surveyors be improved?
   - What would best practice management of surveyors look like?

Part C: Surveyor Management

For each of the items below, please: (1) rate the level of comprehensiveness using the 7-point rating scale, where 1 = limited, 7 = comprehensive and (2) explain your rating.

In your opinion, how comprehensive are the following:

1. The surveyor application, recruitment and selection processes used by your organisation?
   Limited  1  2  3  4  5  6  7  Comprehensive
   Your comment:

2. a) The initial training (eg orientation/induction) offered by your organisation?
   Limited  1  2  3  4  5  6  7  Comprehensive
   Your comment:
   b) The assessment process of surveyor competency undertaken by your organisation?
   Limited  1  2  3  4  5  6  7  Comprehensive
   Your comment:

3. The continuing education and professional development opportunities for surveyors offered by your organisation?
   Limited  1  2  3  4  5  6  7  Comprehensive
   Your comment:

4. The mentoring and supervision provided by your organisation?
   Limited  1  2  3  4  5  6  7  Comprehensive
   Your comment:

5. The opportunities to acknowledge surveyors?
   Limited  1  2  3  4  5  6  7  Comprehensive
   Your comment:

6. The support provided by your organisation to surveyors?
   Limited  1  2  3  4  5  6  7  Comprehensive
   Your comment:

Part D: Inter-rater Reliability

The consultation process has reported inconsistencies with inter-rater reliability. Do you agree? If so, what factors influence inter-rater reliability and how could these be improved?

Part E: Sustainability of the Surveyor Workforce
1. What factors do you think influence surveyor workforce sustainability?

2. How can workforce sustainability be improved?

3. What, if anything, do you do to ensure a sustainable workforce?

Part F: Other Comments

Any other comments on these matters are welcomed

Thank you for taking part in this consultation process.
### Part A: General Information

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<th>Name:</th>
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<td>Position:</td>
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<td>Organisation:</td>
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<td>Location:</td>
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<td>Type and size of Facility:</td>
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</table>

### Part B: Accreditation Surveyor Participation

1. How many (or what proportion of) staff in your organisation participate as accreditation surveyors?
   - Describe the characteristics of those staff (eg positions, professional background)

2. In your view, what are the attributes and competencies of an ideal surveyor?

3. What does having your staff participate in accreditation training/surveying involve for your organisation?
   - What are the benefits of having staff participation as surveyors in accreditation for your organisation?
   - What are the challenges for your organisation in having staff participate as surveyors in accreditation?

4. Do you think the current arrangements for staff participating in accreditation surveys are sustainable? Why or why not?
   - What needs to be available to ensure that there is a sustainable surveyor workforce?
   - What, if anything, does your organisation do to encourage staff to participate as surveyors?
   - What, if anything, does your organisation do to discourage staff to participate as surveyors?

5. In your view, what are the elements of best practice in the management of staff who participate as accreditation surveyors?
### Part C: Surveyor Management

For each of the items below, please: (1) rate the level of comprehensiveness using the 7-point rating scale, where 1 = limited, 7 = comprehensive and (2) explain your rating.

**In your opinion, how comprehensive are the following:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Scale</th>
<th>Your comment</th>
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</thead>
<tbody>
<tr>
<td>1. The level of support your organisation gives to surveyors?</td>
<td>Limited 1 2 3 4 5 6 7 Comprehensive</td>
<td>Your comment:</td>
</tr>
<tr>
<td>2. The level of acknowledgement your organisation gives to surveyors?</td>
<td>Limited 1 2 3 4 5 6 7 Comprehensive</td>
<td>Your comment:</td>
</tr>
<tr>
<td>3. Mentoring and supervision your organisation provides to surveyors?</td>
<td>Limited 1 2 3 4 5 6 7 Comprehensive</td>
<td>Your comment:</td>
</tr>
<tr>
<td>4. Level of continuing education and professional development opportunities your organisation provides for surveyors?</td>
<td>Limited 1 2 3 4 5 6 7 Comprehensive</td>
<td>Your comment:</td>
</tr>
</tbody>
</table>

### Part D: Inter-rater Reliability

The consultation process has reported inconsistencies with inter-rater reliability. Do you agree? If so, what factors influence inter-rater reliability and how could these be improved?

### Part E: Other Comments

Any other comments on these matters are welcomed

*Thank you for taking part in this consultation process.*
Participation of Surveyors in Safety and Quality Accreditation

Online Survey for Current Accreditation Surveyors

Thank you for your willingness to participate in this survey, which is being conducted by Siggins Miller as part of the Surveyor Participation in Safety and Quality Accreditation project for the Australian Commission on Safety and Quality in Health Care.

Some of the questions in the survey can be answered simply by selecting a response from a set provided. Other questions will require a more detailed written response. The survey will take approximately 30 minutes to complete.

Your participation in this survey is entirely voluntary and you may discontinue your participation at any time, for any reason. All the information that you provide will remain confidential and anonymous, and reported only in a de-identified aggregate form.

If you have any questions or concerns about the project and/or your participation in this survey, please feel free to contact Dr Sally Lai from Siggins Miller on (07) 3374 2801 or Sally.Lai@sigginsmiller.com.au.

Your Survey Code

To ensure that your responses remain anonymous, we would like you to create your survey code. This survey code allows us to match survey responses with interview responses while maintaining the anonymity of responses.

Your anonymous survey code consists of four (4) elements:

1. Your gender (M for male or F for female)
2. The date on which you were born
3. The last two (2) letters of your family name
4. The first two (2) letters of your street name

Example A: John Brown was born on 9th September. He lives on Maple Street. John’s survey code would be: M09WNMA

Example B: Sarah McDonald was born on 12th December. She lives on North Lake Avenue. Sarah’s survey code would be F12LDNO

Your survey code is: __ __ __ __ __ __
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</thead>
<tbody>
<tr>
<td><strong>Part A: General Information</strong></td>
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<td></td>
</tr>
<tr>
<td>1. Gender</td>
<td>☐ Male</td>
<td>☐ Female</td>
</tr>
<tr>
<td>2. Age Group</td>
<td>☐ Under 35 years</td>
<td>☐ 35-44 years</td>
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<td>3. Professional Background</td>
<td>☐ Medical Practitioner</td>
<td>☐ Nurse</td>
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<td>4. Area of Special Interest in Accreditation</td>
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<td>5. Location of Primary Workplace</td>
<td>☐ Australian Capital Territory</td>
<td>☐ Queensland</td>
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<td></td>
<td>☐ New South Wales</td>
<td>☐ Victoria</td>
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<td>☐ Northern Territory</td>
<td>☐ Western Australia</td>
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<td>☐ Tasmania</td>
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<td>6. Current Employment Position Title</td>
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<tr>
<td>7. Status as an Accreditation Surveyor</td>
<td>a) ☐ Volunteer</td>
<td>☐ Paid contractor</td>
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<tr>
<td></td>
<td>☐ Other (please specify):</td>
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<tr>
<td></td>
<td>b) ☐ Part-time</td>
<td>☐ Full-time</td>
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<tr>
<td>8. Years as a surveyor (Approximately)</td>
<td>_________ years</td>
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<td>9. Number of surveys completed to date (Approximately)</td>
<td>_________ in total</td>
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<td>10. Average number of surveys you participate in per year (Approximately)</td>
<td>_________ surveys</td>
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<td>11. Average number of days required for each survey (Approximately)</td>
<td>_________ days</td>
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<td>12. Type of facility you survey</td>
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</tbody>
</table>
### Part B: Working as an Accreditation Surveyor

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What motivated you to become an accreditation surveyor?</td>
<td>Your response:</td>
</tr>
<tr>
<td>2</td>
<td>In your opinion, what are the characteristics (personal attributes and competencies) of an ideal surveyor?</td>
<td>Your response:</td>
</tr>
<tr>
<td>3</td>
<td>For you, what are the benefits or advantages of being an accreditation surveyor?</td>
<td>Your response:</td>
</tr>
<tr>
<td>4</td>
<td>For you, what are the disincentives or disadvantages of being an accreditation surveyor?</td>
<td>Your response:</td>
</tr>
<tr>
<td>5</td>
<td>What are the challenges you face as an accreditation surveyor? What do you think is needed to address these challenges?</td>
<td>Your response:</td>
</tr>
<tr>
<td>6</td>
<td>How do you think others could be encouraged to become accreditation surveyors?</td>
<td>Your response:</td>
</tr>
<tr>
<td>7</td>
<td>What factors would encourage you to continue to be an accreditation surveyor?</td>
<td>Your response:</td>
</tr>
<tr>
<td>8</td>
<td>What factors would discourage you to continue to be an accreditation surveyor?</td>
<td>Your response:</td>
</tr>
</tbody>
</table>
## Part C: Surveyor Selection, Training and Support

For each of the items below, please: (1) rate your level of satisfaction (using a 7-point rating scale, where 1 = very dissatisfied, 7 = very satisfied) and (2) explain your rating (eg Why? What are the advantages/disadvantages or challenges? What improvements are needed?)

### How satisfied are you with the following:

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating Scale</th>
<th>Your comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Your engagement with the accrediting body you are associated with?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>b) The recruitment processes used by the accrediting body you are associated with?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>c) The quality of the initial training and assessment provided by the accrediting body you are associated with?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>d) The effectiveness of the initial training and assessment provided by the accrediting body you are associated with?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>e) The support available to surveyors from the accrediting body you are associated with?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>f) The support available to surveyors from your primary employer?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>g) Access to continuing education and professional development programs or opportunities for you as a surveyor?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>h) Impact of surveyor continuing education and professional development programs on your role as a surveyor?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>i) The acknowledgement by the accrediting body given to staff who participate as accreditation surveyors?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>j) The acknowledgement by your primary employer given to staff who participate as accreditation surveyors?</td>
<td>Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied</td>
<td></td>
</tr>
</tbody>
</table>
k) Performance management supports and systems offered by the accrediting body to surveyors (eg role statement and expectations, duty statement, updates, performance feedback and coaching, performance review and re-certification)?

Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied

Your comment:

l) The mentoring for surveyors offered by the accrediting body you are associated with?

Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied

Your comment:

m) The supervision for surveyors offered by the accrediting body you are associated with?

Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied

Your comment:

Part D: Inter-rater Reliability

1. Do you think consistency (ie inter-rater reliability) is an issue for accreditation surveyors? Why or why not?

Your response:

2. a) What do you think are the factors influencing consistency across surveyors?

Your response:

b) How do you think consistency could be improved?

Your response:

Part E: Sustainability of the Surveyor Workforce

1. a) What do you think are the challenges for a sustainable surveyor workforce in Australia?

Your response:

b) What is needed to address these challenges?

Your response:

Part F: Other Comments

Any other comments on these matters are welcomed.

Your comments:
Thank you for completing this survey.

In order to gain a greater understanding of the issues that affect accreditation surveyors, we will be conducting follow-up telephone interviews (during early March) with a random stratified sample of surveyors.

These interviews are designed to enable a more in-depth discussion of the topics and questions covered in the survey.

If you are willing to be interviewed, please provide your name and contact details below (we will contact you to arrange an interview appointment if you are randomly selected for a follow-up interview).

Name:

_______________________________________________________________________

Contact phone number:

_________________________________________________________________

Contact email address: _______________________

______________________________
Appendix D: List of representatives interviewed

Representatives of participating accreditation bodies

<table>
<thead>
<tr>
<th>Accreditation agency</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Australian Council on Health Care Standards (ACHS)</strong></td>
<td>Mr Brian Johnston</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td></td>
<td>Ms Anne O’Loughlin</td>
<td>Customer Services Manager</td>
</tr>
<tr>
<td><strong>Australian General Practice Accreditation Ltd/ Quality in Practice (AGPAL/QIP)</strong></td>
<td>Dr Stephen Clark</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td></td>
<td>Ms Kylie Fahey</td>
<td>Deputy Chief Executive Officer</td>
</tr>
<tr>
<td></td>
<td>Ms Natalie Petrikis</td>
<td>Manager Surveyor Workforce</td>
</tr>
<tr>
<td></td>
<td>Ms Patricia Jones</td>
<td>Surveyor</td>
</tr>
<tr>
<td><strong>GPA Accreditation Plus</strong></td>
<td>Ms Miriam Crane</td>
<td>Program Manager</td>
</tr>
<tr>
<td></td>
<td>Ms Nicole Pearce</td>
<td>Surveyor Coordinator</td>
</tr>
<tr>
<td><strong>National Association of Testing Authorities (NATA)</strong></td>
<td>Ms Megan Nelson</td>
<td>Medical Testing Manager</td>
</tr>
<tr>
<td></td>
<td>Ms Jennifer Evans</td>
<td>General Manager Operations</td>
</tr>
<tr>
<td><strong>Quality Improvement Council (QIC)</strong></td>
<td>Mr Steve Einfeld</td>
<td>Executive Director</td>
</tr>
<tr>
<td><strong>Quality Management Services Inc (QMS)</strong></td>
<td>Ms Rebecca Smith</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td></td>
<td>Ms Jenny Klause</td>
<td>State Manager, NSW/ACT</td>
</tr>
<tr>
<td></td>
<td>Ms Kate Lord</td>
<td>State Manager, Tas</td>
</tr>
<tr>
<td></td>
<td>Ms Alison Sinclair</td>
<td>State Manager, SA/WA</td>
</tr>
<tr>
<td><strong>Quality Improvement &amp; Community Services Accreditation (QICSA)</strong></td>
<td>Ms Pam Kennedy</td>
<td>Executive Officer</td>
</tr>
<tr>
<td><strong>Institute for Healthy Communities Australia Limited (IHCA)</strong></td>
<td>Mr Tony Williams</td>
<td>Executive Officer</td>
</tr>
<tr>
<td><strong>Aged Care Standards and Accreditation Agency Ltd (ACSAA)</strong></td>
<td>Ms Ann Wunsch</td>
<td>State Manager NSW/ACT</td>
</tr>
<tr>
<td></td>
<td>Ms Anne Ivanson</td>
<td>Human Resources Manager</td>
</tr>
<tr>
<td><strong>Benchmark Certification Health Division</strong></td>
<td>Ms Deanne Emmerson</td>
<td>Business Manager (Senior Auditor)</td>
</tr>
<tr>
<td></td>
<td>Ms Glenda Hall</td>
<td>National Audit Manager</td>
</tr>
<tr>
<td></td>
<td>Ms Rebecca Bradshaw</td>
<td>Client Manager</td>
</tr>
<tr>
<td><strong>BreastScreen Australia</strong></td>
<td>Ms Andriana Koukari</td>
<td>Assistant Secretary, Population Health Programs Branch</td>
</tr>
<tr>
<td></td>
<td>Ms Lou Williamson</td>
<td>Chair, National Quality and Management Committee</td>
</tr>
<tr>
<td></td>
<td>Ms Fleur Webster</td>
<td>Secretariat, National Quality and Management Committee</td>
</tr>
<tr>
<td></td>
<td>Ms Alison Lang</td>
<td>Acting Assistant Director, Screening Section</td>
</tr>
<tr>
<td></td>
<td>Ms Karla Lister</td>
<td>Acting Assistant Director, Screening Section</td>
</tr>
<tr>
<td></td>
<td>Ms Jennifer Muller</td>
<td>Director Cancer Screening Services</td>
</tr>
<tr>
<td><strong>Global-Mark Pty Ltd</strong></td>
<td>Mr Herve Michoux</td>
<td>Managing Director</td>
</tr>
</tbody>
</table>
## Representatives of health care provider organisations and government health departments

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Jan Newland</td>
<td>Policy and Development Manager</td>
<td>General Practice NSW</td>
</tr>
<tr>
<td>Dr Don Martin</td>
<td>Director, Central Clinical Governance Unit, Centre for Healthcare Improvement (CHI)</td>
<td>Queensland Health</td>
</tr>
<tr>
<td>Dr John Wakefield</td>
<td>Senior Director, Patient Safety Centre</td>
<td></td>
</tr>
<tr>
<td>Ms Alice Jones</td>
<td>Director Patient Safety and Quality Unit</td>
<td>Department of Health and Community Services ACT</td>
</tr>
<tr>
<td>Ms Penny Parker</td>
<td>Medical Superintendent</td>
<td></td>
</tr>
<tr>
<td>Ms Helen McArdle</td>
<td>Medical Adviser-Safety and Quality, Care Reform</td>
<td>Department of Health and Human Services, Clinical Performance and Emergency Management, Tasmania</td>
</tr>
<tr>
<td>Ms Jill Porteus</td>
<td>Area Director Safety and Quality</td>
<td>WA Country Health Service</td>
</tr>
<tr>
<td>Ms Wendy McIntosh</td>
<td>Program Manager Clinical Practice Improvement and Audit</td>
<td></td>
</tr>
<tr>
<td>Ms Tina Chinery</td>
<td>Regional Director Pilbara</td>
<td></td>
</tr>
<tr>
<td>Ms Jenny Steven</td>
<td>Area Director Aged Care</td>
<td></td>
</tr>
<tr>
<td>Ms Alison McMillan</td>
<td>Director, Quality and Safety Branch</td>
<td>Department of Human Services, Victoria</td>
</tr>
<tr>
<td>Ms Jenny Rance</td>
<td>National Quality and Compliance Officer</td>
<td>Healthscope</td>
</tr>
<tr>
<td>Ms Tracy Robertson</td>
<td>Director Safety and Quality and Performance,</td>
<td>Women &amp; Newborns Health Service, King Edward Memorial Hospital, WA Department of Health</td>
</tr>
<tr>
<td>Ms Michelle Mclean</td>
<td>Manager, Customer Services</td>
<td></td>
</tr>
<tr>
<td>Ms Julie Murkins</td>
<td>Director, Quality and Accreditation Section, Performance and Quality Branch</td>
<td>Office of Aboriginal and Torres Strait Islander Health, Dept of Health and Ageing</td>
</tr>
<tr>
<td>Mr Allan Wilson</td>
<td>National Risk Manager</td>
<td>St Vincent's Health Australia</td>
</tr>
<tr>
<td>Ms Debbie Croyden</td>
<td>Team Leader, Practice Team</td>
<td>Brisbane South Division of General Practice</td>
</tr>
<tr>
<td>Ms Helen Sutherland</td>
<td>Program Manager</td>
<td>BreastScreen ACT &amp; SE NSW, ACT Cervical Screening</td>
</tr>
</tbody>
</table>
### Appendix E: Workshop participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eleanor Cameron</td>
<td>Royal Australasian College of Physicians</td>
</tr>
<tr>
<td>Julian Cross</td>
<td>Royal Australian and New Zealand College of Obstetricians and Gynaecologists</td>
</tr>
<tr>
<td>Sheridan Cubby</td>
<td>Institute for Healthy Communities Australia Limited</td>
</tr>
<tr>
<td>Steve Einfeld</td>
<td>Quality Improvement Council</td>
</tr>
<tr>
<td>Peter Graham</td>
<td>St Vincent's Hospital (Pathology)</td>
</tr>
<tr>
<td>John Hodge</td>
<td>Australian Council on Health Care Standards (ACHS)</td>
</tr>
<tr>
<td>Alice Jones</td>
<td>ACT Health</td>
</tr>
<tr>
<td>Pam Kennedy</td>
<td>Quality Improvement and Community Services Accreditation</td>
</tr>
<tr>
<td>Laurie Leigh</td>
<td>Australian Council on Health Care Standards (ACHS)</td>
</tr>
<tr>
<td>Lynne Madden</td>
<td>Royal Australasian College of Physicians (Faculty of Public Health Medicine)</td>
</tr>
<tr>
<td>Sue McKean</td>
<td>Uniting Care Health</td>
</tr>
<tr>
<td>Megan Nelson</td>
<td>National Association of Testing Authorities</td>
</tr>
<tr>
<td>Lisa Penlington</td>
<td>Royal Australian and New Zealand College of Radiologists</td>
</tr>
<tr>
<td>Glenn Petrusch</td>
<td>Royal Australasian College of Surgeons</td>
</tr>
<tr>
<td>Helen Philp</td>
<td>Aged Care Standards and Accreditation Agency Limited</td>
</tr>
<tr>
<td>Peter Reeves</td>
<td>Pharmacy Guild of Australia</td>
</tr>
<tr>
<td>Gary Smith</td>
<td>Australian General Practice Accreditation Ltd / Quality in Practice (AGPAL/QIP)</td>
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<tr>
<td>Don Swinbourne</td>
<td>Royal Australian and New Zealand College of Radiologists</td>
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<tr>
<td>Tony Williams</td>
<td>Institute for Healthy Communities Australia Limited</td>
</tr>
<tr>
<td>Allan Wilson</td>
<td>St Vincent's Australia</td>
</tr>
<tr>
<td>Ben Wong</td>
<td>Global-Mark</td>
</tr>
<tr>
<td>Ann Wunsch</td>
<td>Aged Care Standards and Accreditation Agency Limited</td>
</tr>
<tr>
<td>Ann Young</td>
<td>St Vincent's Private Hospital (Sydney)</td>
</tr>
</tbody>
</table>