ASF

Accréditation Sans Frontières

Coordinator & Monitor Handbook

The working reference for the two certified roles at the heart of the ASF quarterly cycle

September 2026 · 1st Edition · ASF-QEM-001-01

Foreword

This is the 1st Edition of the ASF Coordinator & Monitor Handbook, issued September 2026. It consolidates, into a single working document, everything a certified Coordinator or Monitor needs to perform their role competently, ethically, and consistently with ASF's Seven Constitutional Protections.

This handbook is a companion to, not a replacement for, the ASF Standards and the 47 institutional policies. Where this handbook and a numbered policy appear to conflict, the policy governs.

Issued by the ASF Board on behalf of the Standards & Accreditation Committee. Document code: ASF-QEM-001-01. Review cycle: annual, or sooner following a material change in the accreditation model.

1.0 Philosophy

ASF's verification model rests on a single idea, borrowed and adapted from the oldest surveyor traditions in this field: a Monitor is a critical friend, not a judge. The relationship is not adversarial.

- Verification confirms the facility's own self-assessment and widens its view of where it can still improve — it does not exist to catch anyone out.
- A Monitor's questions should help the facility explain its own reasoning, not test whether it can recite the standard back.
- Success in a verification is measured by whether the facility leaves with a clearer, more honest picture of itself — not by how many findings were logged.
- A finding of Requires Evidence or Disputed is encouragement to close a real gap, never a verdict of failure.

This philosophy does not soften the standard. A Non-Negotiable criterion that fails is still a failure. What it changes is tone: a Monitor who embodies this philosophy gets more honest self-disclosure from facility staff than one who arrives as an inspector, and a more honest disclosure is a safer facility.

2.0 The Two Roles, Side by Side

	Coordinator	Monitor
Job in one line	Runs the self-assessment and evidence file	Independently verifies it is true
Reports to	The facility	ASF, via the ADC
Minimum age	No formal minimum; must hold a relevant qualification	30, reflecting the judgement required to verify independently
Time (Internal)	25–35 hours/year, one facility	1 day/year, one facility (Q4)
Time (External)	25–35 hours/facility/year	2 days/facility/year (Q2 online + Q4 on-site)
Max consecutive years before rotation	No limit stated	3 (Internal) / 5 (External), then a 1-year gap
Certification	AC-XXXXX, GMJ Academy, renewed annually	AM-XXXXX, GMJ Academy, renewed annually

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3.0 Qualifications and Required Competencies

3.1 Minimum Qualifications

- A health science, public health, or relevant management qualification, or a minimum of 5 years' operational experience in a healthcare facility.
- Demonstrated quality-improvement experience — having run, not merely observed, a quality system.
- Current working knowledge of the health regulations and professional standards applicable in the facility's country.

- No disciplinary finding, criminal conviction relevant to fitness for the role, or unresolved conflict-of-interest declaration.

3.2 Core Competencies (Both Roles)

Competency	What it means in practice
Standards knowledge	Can explain the intent behind a criterion, not just quote its wording, and apply it sensibly to a facility's actual context
Data collection & analysis	Draws on document review, observation, and interview together — never just one
Communication	Explains a complex finding in language a night-shift nurse and a hospital director would both understand
Report writing	Produces a finding that is concise, evidenced, and actionable within the required turnaround
Adaptability	Works effectively in facilities of very different size, resourcing, and culture without applying a single template

3.3 Additional Competency — Monitor Only

Competency	What it means in practice
Independent judgement	Reaches a Verified/Requires Evidence/Disputed conclusion that would not change under pressure from the facility or from ASF
Conflict management	Delivers a difficult finding without the conversation becoming personal, and without softening the finding to keep the peace

4.0 Ethics

4.1 Confidentiality

- A Coordinator or Monitor must keep confidential everything learned about a facility during the course of the role, beyond what appears in the official report.
- No photographs, audio, or video recordings of a facility, patients, or staff may be taken while performing the role, except where the facility has given written consent for a specific, agreed purpose.
- No document or sample belonging to the facility may be removed for personal use, publication, or use with another client.
- Any document obtained during a verification must be destroyed or returned once the accreditation decision for that cycle has been issued, unless ASF's records-retention policy requires it be kept centrally.

4.2 Conflict of Interest

- A Coordinator or Monitor must not use the role to seek personal advantage of any kind.
- No gift, hospitality, or benefit that could reasonably be seen to influence a finding may be accepted — see the No-Gift Rule below.
- A Monitor must not verify a facility, or any facility in the same corporate group, where they have provided paid consultancy or clinical service within the preceding 2 years.
- A Monitor must not request any accommodation, comfort, or convenience beyond what ASF has already arranged with the facility.
- Any conflict of interest, actual or potential, must be disclosed to ASF before an assignment is accepted, and re-confirmed at least once a year even where nothing has changed.

4.3 Other Ethical Obligations

- Respect the rights and dignity of everyone involved — patients, families, facility staff, and fellow Coordinators or Monitors.

- Never suggest or imply that a facility will be certified or accredited before ASF has made and published its official decision.

5.0 Code of Good Practice — During a Visit or Verification

- Review the facility's self-assessment and prior reports in advance; arrive with the key questions already identified, not discovering them on the day.
- Ask only for the additional information genuinely needed — don't pad a request out of habit.
- Don't change an agreed schedule without good reason; if a change is unavoidable, agree it with the facility first, not unilaterally.
- Never compare one facility's performance to another's by name — every facility is assessed against the standard, not against its neighbour.
- Never ask a patient about their care experience in public or in front of the staff who provided it.
- Connect every question back to what it means for patient care — a finding that can't be connected to patient impact is usually the wrong finding to chase.
- Use plain language. A finding that needs translating twice was not written clearly enough the first time.
- Combine observation with questioning — what you see and what you're told should each be checked against the other.
- Give every finding at a level of detail the facility can actually act on — specific enough to fix, not so prescriptive that it removes the facility's own judgement about how.
- Let the facility choose its own solution wherever more than one reasonable solution exists. State the gap and the goal; let them own the method.

6.0 Writing a Verification Report

A report is the one artefact of a verification that outlives the visit itself. A facility's team worked hard for the result the report describes — write it with the same care.

6.1 The GER Structure — for Every Individual Finding

- G — Gist: state the point in one sentence, tied to the criterion or its intent.
- E — Example: give 1–2 concrete examples of what was seen or reviewed — specific enough that the facility recognises exactly what you mean.
- R — Result/Relevancy: close with the outcome, if one exists, or the relevance/impact if the gap is left unaddressed.

6.2 The ADR Structure — for Commending Good Practice

- A — Approach: what the facility actually did.
- D — Deployment: how far it reaches — one ward, or every inpatient unit.
- R — Result: the measurable outcome, where one exists.

Worked example: “The facility restructured its medication double-check process to require a second qualified nurse's signature before any high-alert medication is administered (Approach). This applies across every inpatient unit, including the ICU (Deployment). Reported medication errors involving high-alert drugs fell from 4 per quarter to 0 in the two quarters since introduction (Result).”

6.3 Report Discipline

- Finish the report as close to the end of the visit as possible — memory of specifics fades fast.
- Use positive, constructive language. State the goal to be achieved, not a prescribed method to achieve it, unless the criterion itself specifies the method.
- Keep each finding to one issue. Where several small issues share one root cause, group them under a single heading rather than listing them as unrelated points.

- A finding's score and its written justification must agree with each other — a report reviewer should never have to guess why a score was given.

7.0 The No-Gift Rule at a Site Visit

- No gifts, however small — not a bottle of wine, not a gift basket, not a discount at the facility's own shop.
- No hospitality beyond what is reasonable and necessary — a working lunch on-site is fine; a dinner invitation off-site is not.
- No travel upgrades, no extra nights, no offers to “show the Monitor around” the city.
- No cash reimbursement beyond the pre-agreed day-rate and documented travel cost.

A Monitor who is offered any of the above declines it, notes it in the verification report regardless of whether it was accepted, and reports a persistent or pressuring offer to the Ethics Focal Point immediately.

8.0 The Cycle: What Happens When

Q1 — Full Self-Assessment

Coordinator completes every criterion with a mandatory evidence declaration. This is the baseline for the year.

Q2 — Online Verification

Monitor conducts a document review plus video call, roughly 3–4 hours, no travel.

Q3 — Update

Coordinator updates the self-assessment and Improvement Plan.

Q4 — Full In-Facility Verification

Monitor spends a full working day on-site, 100% criteria coverage. This is the quarter the annual accreditation decision is built on.

9.0 The Dispute Pathway — Findings

Requires Evidence and Disputed findings are not failures of the process — they are the process working.

- 1. Monitor documents the specific gap in writing.
- 2. Coordinator has 14 days to respond with evidence or a correction.
- 3. If resolved, both sign off the updated finding.
- 4. If unresolved, the Monitor escalates to ASF with both positions documented.
- 5. The ADC makes the final call — never the Monitor, the facility, or ASF staff alone.

10.0 Appeals — Certification Decisions About You

This is a different pathway from Section 9. This one applies if you personally are refused certification, refused renewal, or have your certification suspended or withdrawn — not to a finding about a facility.

- Submit a written appeal to ASF within 30 days of being notified of the decision.
- A 3-person Appeals Panel is convened: one Board member (chair), one senior Coordinator or Monitor from the public registry, and the Ethics Focal Point (secretary, non-voting).
- The Panel has 30 days to decide, extendable once by a further 30 days with written reasons given to the appellant.
- The Panel's decision is communicated in writing within 15 days of being reached.

- The Board Chair's decision on the appeal is final.

11.0 Renewal, Leave, and Resignation

11.1 Renewal

Certification is renewed annually, subject to: at least one completed assignment in the preceding year (or an approved exception, see below), no unresolved ethics finding, and a satisfactory record on the disputes handled during the year.

11.2 Temporary Incapacity

- If illness or an emergency prevents a scheduled visit, notify ASF's coordination contact immediately so a replacement can be arranged — do not wait until the visit date.
- For an extended absence (illness, parental leave, or similar) expected to last more than one cycle, notify ASF in writing; certification is placed on hold rather than lapsed, and reactivates on your return without needing to recertify from scratch.

11.3 Resignation

- Give ASF at least 30 days' written notice before stepping down, so a facility is never left without a certified Coordinator or Monitor with no transition plan.

12.0 Records ASF Keeps About You

- Contact details, qualification records, and the credential ID (AC-XXXXX or AM-XXXXX).
- A record of every assignment: facility, date, findings issued, and any dispute raised.
- Training and renewal history.
- Any ethics disclosure or complaint on file, and its resolution.

Handled under Policy 16 (Data Protection and Privacy). You may request a copy of your own record at any time.