ACCRÉDITATION SANS FRONTIÈRES

ASF Local Advisory Services

Definition, Scope, and Reference Pricing of Advisory Services Provided to Partner Organizations

Operated locally by ASF-authorized delivery partners, governed by the ASF Advisory Services Policy

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Foreword

This document exists because a real, honest gap exists: many healthcare organizations ASF's standards govern cannot afford a full-time accreditation coordinator, a structured patient feedback system, or ongoing staff training on their own. ASF Local Advisory Services close that gap directly, through ASF-authorized local delivery partners, at published, transparent prices — governed at every point by the ASF Advisory Services Policy, which states the actual organizational separation between this offering and any accreditation decision [1].

> *Every service in this document is genuinely optional, and every price is public. Purchasing none of these services, or all of them, has no bearing on an organization's accreditation outcome — a commitment stated in full in the ASF Independence & Non-Influence Statement and enforced through the separation principle in the ASF Advisory Services Policy, Section 3.*

At a Glance

Local Advisory Services give a partner organization continuous, local, hands-on support for the whole accreditation cycle. In summary, the organization receives every month:

Dedicated Accreditation Coordinator	1 full working day on-site + up to 2 online sessions; day-to-day coordination; document and evidence management. The organization appoints one internal focal person as counterpart. The Coordinator represents the organization, never ASF, during the assessment (declared conflict of interest — Section 6).
Expert support	Access, through the Coordinator, to the local delivery partner's technical team as needed
Online training (GMJ Academy)	2 online training programmes per month, open to all staff, individual log-ins and certificates
In-person training (quarterly)	1 on-site training every 3 months, building on the online courses completed (blended learning)
Patient Voice Package (one package)	Patient Council secretariat — one meeting per month; patient feedback system (paper, electronic, QR code) with a monthly report; Independent Patient Ombudsman service — the local delivery partner as first, independent contact point for patient concerns
Publications	Up to 2 publications per month showcasing the organization's good practice
Remote technical support	Ongoing, throughout the accreditation process
Periodic services	In-person training (quarterly); environmental monitoring (twice a year); SOPs and technical documents; one full-day accreditation visit simulation

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Who Delivers What

All Local Advisory Services	The relevant ASF-authorized local delivery partner, governed by the ASF Local Partner Standard — for example, the Public Health Institute of Georgia (PHIG) in Tbilisi, www.publichealth.ge
Online training	GMJ Academy — academy.gmj.ge (individual log-ins and certificates)
In-person training	Local delivery partner trainers, on-site at the organization
Patient Voice Package	Managed by the local delivery partner (Patient Council secretariat, feedback system, Independent Patient Ombudsman)
Publications	A partner Georgian-language health platform such as Sheniekimi.ge, where the delivery partner operates in Georgia; an equivalent local channel elsewhere

Two rules to note. (1) Every service in this document is an offer: the organization may accept or decline any of them. (2) Once a service is agreed and scheduled, it must be used in that month — if the organization cancels or does not take part, the service is lost and is not carried forward or refunded (Section 3).

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1. Purpose and Definition

“Local Advisory Services” means the local professional, technical, educational, and accreditation-coordination support provided to ASF partner healthcare organizations, delivered by an ASF-authorized local delivery partner under the ASF Local Partner Standard.

Their purpose is to support the organization at every stage of the accreditation cycle — implementing standards, preparing documentation and evidence, preparing staff, engaging patients, coordinating technical matters, and getting ready for the ASF assessment.

This document defines the Local Advisory Services available to an organization under its contractual arrangement with ASF or its local delivery partner. The programme fee is set in that contract and is not repeated here; it is invoiced under that arrangement. The stand-alone prices in Section 5 are shown only for reference, to indicate what each service would cost if purchased on its own.

All services described below are offered to the organization. It is entirely the organization's decision which services to take up; it may decline any service, in whole or in part, at any time. Declining a service does not change the programme fee agreed in the contract, and — consistent with the ASF Advisory Services Policy — has no bearing whatsoever on the organization's accreditation outcome.

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2. Services Included

2.1 Dedicated Accreditation Coordinator

Why this service exists. Many healthcare organizations cannot afford, or cannot justify, a dedicated full-time accreditation coordinator on their own payroll. That is exactly the gap the local delivery partner fills: it assigns a Dedicated Accreditation Coordinator to the organization for the full accreditation process. The Coordinator is the organization's operational and technical focal point and its contact person with ASF.

What the organization must provide. The organization appoints one internal focal person (for example, a quality manager or deputy director) who coordinates accreditation activities inside the organization and is the day-to-day counterpart of the Coordinator. This does not need to be a full-time post, but it must be one named person with the authority to convene staff, obtain documents, and follow up actions internally.

The Coordinator provides:

- Time: one full working day on-site at the organization each month, plus up to two additional online working sessions per month, as needed
- Coordination: day-to-day planning, coordination, and follow-up of accreditation activities
- Documentation: organization and management of all documentation and evidence required for accreditation, and uploading documents and evidence to the ASF platform, linked to the relevant requirements
- Technical queries: answering, or obtaining answers to, technical questions about the accreditation process and requirements
- Gap follow-up: identifying gaps, assessing implementation of standards, and following up required actions during the monthly on-site day

Conflict of interest and role during the assessment. The Coordinator is assigned to the organization and works on its side. During the official ASF assessment, the Coordinator represents the organization — not ASF — in front of the surveyors. Consistent with Section 5 of the ASF Advisory Services Policy, the Coordinator does not act as a surveyor for this organization, does not serve as interpreter for the assessment team, and this assignment is formally declared under Principle 3 of the ASF Code of Conduct before the assessment takes place.

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2.2 Expert Support from the Local Delivery Partner

In addition to the Coordinator, the organization has access to the full technical support of the local delivery partner's own expert team. The Coordinator arranges access to the right expertise according to the organization's needs and accreditation stage.

2.3 Online Training Through GMJ Academy

The organization receives access to two online training programmes per month on the GMJ Academy platform (academy.gmj.ge), accredited under the ASF Training & Education Standards.

- All staff may take part — there is no limit on the number of participants
- Each participant receives individual log-in credentials
- Content supports accreditation standards, quality improvement, patient safety, and related topics
- Participation and completion are tracked; a certificate is issued on successful completion where the course provides one

The two programmes allocated to a month do not accumulate or transfer to later months if unused.

2.4 In-Person Training (Quarterly, Blended)

Once every three months, a local delivery partner trainer delivers an in-person training session at the organization, building on the online courses staff have completed during the quarter (blended learning).

- One in-person session per quarter, normally months 3, 6, 9, and 12 of the annual plan
- Topic agreed in advance, linked to online courses completed and current accreditation priorities
- Practical, case-based format — discussion, exercises, and application of standards in the organization's own setting

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2.5 Patient Voice Package

The Patient Voice Package is one service, delivered continuously every month and priced as a single item (Section 5). It brings together three ways the organization hears and responds to its patients:

- (a) the Patient Council, run by the local delivery partner as secretariat, meeting once a month
- (b) the patient feedback system — paper, electronic, and QR-code forms — with a monthly report
- (c) the Independent Patient Ombudsman service — the local delivery partner as the first, independent contact point for patient concerns

The three parts work as one cycle: feedback and Ombudsman themes are reported to the monthly Patient Council meeting, the Council agrees actions, and the secretariat follows them up.

(a) Patient Council Secretariat

The local delivery partner acts as secretariat of the organization's Patient Council, made up of patient and community members, one representative of the organization, and one representative of the delivery partner as secretariat and convenor. The secretariat prepares the agenda, materials, and minutes; presents the monthly feedback report; helps the Council agree concrete actions; provides short educational sessions for members; and brings in relevant Ombudsman themes in anonymized form.

(b) Patient Feedback System and Monthly Report

The local delivery partner sets up and manages the organization's patient feedback process — paper, electronic, or QR code — feeding directly into the monthly Patient Council meeting, with a structured monthly report of findings and recommendations.

(c) Independent Patient Ombudsman Service

As an independent organization, the local delivery partner acts as a Patient Ombudsman for the partner organization. Patients and families can contact the Ombudsman service directly when they have a concern about their care — a first, independent point of contact separate from the organization's own management, which mediates, keeps the patient informed, and reports anonymized themes to the Patient Council.

Why this matters. Most patient complaints arise from a breakdown in communication, not from the care itself; in practice, the large majority — around nine in ten — can be resolved simply through timely, open dialogue. A patient who feels unheard is far more likely to take the issue to social media or a regulator, where the reputational damage is much greater and harder to repair. An independent Ombudsman gives patients a trusted place to be heard and gives management early warning and a chance to fix problems quietly and quickly.

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2.6 Environmental Monitoring

- Technical and visual assessment of corridors, toilets, waiting areas, and other patient-facing spaces
- Review of environmental, hygiene, and safety aspects relevant to accreditation requirements
- Frequency: twice a year, each with a short written report of findings and recommended actions

2.7 SOPs and Technical Documentation

The organization receives Standard Operating Procedures, policies, templates, forms, guidelines, and other technical documents needed to implement applicable requirements, provided progressively according to need and accreditation stage.

2.8 Accreditation Visit Simulation

- A full simulation of the accreditation visit in the organization's real working environment
- Assessment of readiness and identification of remaining gaps
- Duration: one full working day, normally scheduled toward the end of the annual programme

2.9 Publications

Up to two publications per month on a partner health-news platform may present the organization's successes, Patient Council activities, innovative services, or examples of quality improvement and good accreditation practice.

2.10 Remote Technical Support

Ongoing remote technical support is available throughout the accreditation process, coordinated through the Coordinator and the local delivery partner.

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3. How Services Are Offered, Agreed, and Used

3.1 Services Are Offered, Not Imposed

Every service in Section 2 is an offer from the local delivery partner. The organization decides which services it wants and when. If the organization says it does not need a service, that service is simply not scheduled.

3.2 Monthly Planning

Each month, the Coordinator and the organization agree in advance which services will be delivered — on-site day, online sessions, trainings, meetings, reports, monitoring visits — in line with the organization's accreditation stage and the annual programme (Annex 1). Once agreed and scheduled, the local delivery partner commits its staff, experts, and time to deliver them.

3.3 Agreed Services Must Be Used in the Month — Otherwise They Are Lost

This rule is absolute. A service that has been agreed, scheduled, or made available for a given month is counted as delivered for that month, whether or not the organization uses it. It does not carry forward, accumulate, get replaced by another service, or get refunded.

- If a scheduled activity is cancelled, postponed, or not attended by the organization for any reason, that service is used up for that month
- If the Coordinator or an expert arrives on-site as agreed and the organization is not ready to work, the on-site day is counted as delivered
- A service that was never agreed or scheduled for a month, because the organization declined it under Section 3.1, is not “lost” — it was simply not taken

The reason is simple: when a service is agreed, the delivery partner reserves staff, experts, and time for it and cannot reallocate them at short notice. This rule keeps the work on a regular rhythm and protects both parties' planning.

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4. Additional Services

If the organization wants services beyond the scope, frequency, or volume of its programme — including a service it earlier declined or did not use — it may request them as additional services. These are subject to availability, prior coordination, and the stand-alone prices in Section 5, and are invoiced separately.

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5. Reference Prices

The programme fee is fixed in the contract between ASF (or its local delivery partner) and the organization, and is not shown here. The table below is for reference only: it shows what each service would cost if the organization purchased it individually, outside the programme. These prices apply only to additional services requested beyond the programme, or to organizations taking a service on a stand-alone basis. Services included in the programme are never charged again.

Service	Stand-Alone Price	Unit / Scope	Status Under LAS
Publication	**€100**	Per publication	*2/month included; extra charged separately*
Online training (GMJ Academy)	**€9/person**	Per training	*2/month, all staff, included*
In-person training (blended)	**€350**	Per session	*1/quarter included*
Technical/on-site specialist support	**€100/hr**	Min. 3 hrs	*Routine visit included; extra charged*
Patient Voice Package	**€120/month**	Monthly, continuous	*Included; extra scope charged separately*
Environmental monitoring	**€60/hr**	3 hrs/visit, 2/yr	*Included (2/yr); extra visits charged*
Evidence/document upload support	**€110/hr**	3 hrs (€330)	*Routine upload included; extra charged*
Accreditation visit simulation	**€2,000**	1 full day	*Included when scheduled; extra charged*

All prices are indicative and exclude any applicable taxes. Final prices are confirmed in the contractual arrangement with the relevant local delivery partner. See Annex 2 for a worked example comparing individual purchase against a typical programme.

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6. Coordination and Independence Safeguard

All services are coordinated through the Dedicated Accreditation Coordinator and the local delivery partner on one side, and the organization's appointed internal focal person on the other.

Consistent with the ASF Advisory Services Policy and Principle 3 of the ASF Code of Conduct, every advisory engagement is recorded using the Advisory Engagement Separation Record (Annex A of the ASF Advisory Services Policy), confirming that no individual delivering advisory services to an organization will serve as its surveyor, and that advisory personnel have no role in that organization's accreditation decision.

> *This safeguard is not a formality attached at the end — it is the reason this whole catalog can exist publicly, with real prices, rather than as an unnamed arrangement. See the ASF Advisory Services Policy in full for the actual separation principle this document operates under.*

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References

[1] ASF Advisory Services Policy (ASF-ADVISORY-001), Sections 3–5.

[2] ASF Independence & Non-Influence Statement (ASF-INDEPENDENCE-001).

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Annex 1 — Indicative 12-Month Programme

At the start of the cooperation period, the local delivery partner and the organization agree a 12-month programme. Core monthly services (every month): Coordinator on-site day; up to 2 online sessions; remote support; 2 GMJ Academy trainings; Patient Voice Package; up to 2 publications. The table below lists only the additional focus and periodic services for each month; the sequence may be adjusted by mutual agreement.

Month	Planned Focus / Periodic Services — Expected Output
1	Baseline review; workplan agreed; feedback channels and Patient Council set up — 12-month workplan agreed
2	SOPs/templates; environmental monitoring (1 of 2) — initial implementation progressed
3	In-person training (Q1); evidence review — quarterly progress reviewed
4–5	Implementation follow-up; documentation and evidence quality — gaps reduced
6	In-person training (Q2); mid-year review — six-month progress completed
7–8	Focused implementation; environmental monitoring (2 of 2) — readiness gaps identified
9	In-person training (Q3); completeness review — quarterly readiness reviewed
10	Pre-assessment preparation — organization prepared for final readiness phase
11	Accreditation visit simulation (1 full day) — final gaps identified
12	In-person training (Q4); annual review — next 12-month priorities agreed

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Annex 2 — Illustrative Cost Comparison

This annex shows what Local Advisory Services would cost if an organization bought them one by one, at the public reference prices in Section 5, so that partner organizations can see the actual value of the services they receive under their programme fee.

Worked Example: A Typical 50-Bed Hospital

Assumptions: 50 beds, approximately 60 staff, all staff enrolled in the two monthly online trainings, one on-site Coordinator day and two online sessions per month. Figures shown as average cost per month; quarterly/annual services spread evenly.

Service	Basis / Average Cost / Under Programme
Coordinator — on-site day	8h × €100 = €800/month — Included
Coordinator — 2 online sessions	2×2h × €100 = €400/month — Included
Evidence/document support	3h × €110 = €330/month — Included
Online training (all staff)	2 courses × 60 staff × €9 = €1,080/month — Included
Patient Voice Package	€120/month — Included
Publications	2 × €100 = €200/month — Included
In-person training	€350/quarter ≈ €117/month — Included
Environmental monitoring	€180/visit, 2/yr ≈ €30/month — Included
Accreditation visit simulation	€2,000/yr ≈ €167/month — Included
TOTAL — individual purchase basis	≈ €3,244/month — Covered by the single programme fee

> *Each ASF partner has its own contract, and the programme fee is set in that contract — it is not shown in this document. This annex exists purely so an organization can see, in real numbers, the value already included in what it pays.*

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