

ASF-OPS-010

Surveyor Role Specifications

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Approved by	Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières
Applies to	All Lead and Associate Surveyors conducting ASF accreditation surveys
Related documents	ASF-OPS-002 Surveyor Competency, Selection and Training Policy · ASF-OPS-009 Surveyor Training and Examination Programme · ASF-GOV-003 Impartiality Policy · ASF-GOV-004 Confidentiality Policy · ASF-OPS-001 Accreditation Decision Framework · ASF-OPS-008 Surveyor Costs and Expenses Policy
Supersedes	ASF-OPS-010 V2.0 (2026-09-30)
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Version History

Version	Date	Nature of change	Approved by
V0.1	2025-02-05	Initial draft	—
V1.0	2025-04-15	First published version	Accreditation Decision Committee
V2.0	2026-02-10	Lead and Associate Surveyor responsibilities expanded; survey team composition matrix added	Accreditation Decision Committee
V3.0	2026-09-30	Pre/during/post-survey responsibilities; 5-question Col screening; conduct standards; approved for ISQua EEA package	Prof. G. Pkhakadze, ASF President

1. Purpose

1.1 This document specifies the roles, responsibilities, eligibility conditions, and conduct requirements for the two surveyor grades used in ASF accreditation surveys: Lead Surveyor and Associate Surveyor. It is read in conjunction with ASF-OPS-002 (Surveyor Competency, Selection and Training Policy) and ASF-OPS-009 (Surveyor Training and Examination Programme), which describe the competency framework and the training pathway respectively. This document describes what each role does in practice — before, during, and after the survey.

1.2 The specifications in this document apply to every ASF accreditation survey, regardless of facility type, facility size, or geography. Where a survey involves only a single surveyor (for example, a small Fitness and Wellness facility survey), that surveyor is designated as Lead Surveyor and assumes all responsibilities in both role specifications.

2. ASF Surveyor Grades

2.1 ASF operates two surveyor grades:

- (a) Lead Surveyor — the senior surveyor who coordinates the survey team, manages the survey programme, is the primary point of contact between ASF and the facility during the survey, and produces the survey report. The Lead Surveyor's assessment is the primary record of the survey findings.
- (b) Associate Surveyor — a surveyor who conducts domain-specific assessments under the coordination of the Lead Surveyor, contributes findings to the survey report, and may supervise candidates undertaking supervised assessments under ASF-OPS-009.

2.2 Both grades are bound by the same impartiality, confidentiality, and conduct obligations. The distinction is in the scope of responsibility and coordination role within the survey team.

3. Lead Surveyor — Role Specification

3.1 Eligibility and Appointment

3.1.1 A person is eligible for appointment as Lead Surveyor where they:

- (a) hold a current ASF Surveyor Authorisation at Lead grade, issued following completion of the training and examination programme in ASF-OPS-009, §6.2(b);
- (b) have a minimum of 7 years of professional experience in healthcare management, clinical quality, or healthcare regulation, of which at least 3 years must be at a senior level (department head, senior manager, or equivalent);
- (c) have completed a minimum of 2 supervised assessments at Lead grade;
- (d) have completed the most recent annual calibration exercise with a result at or above the 70% agreement threshold;
- (e) are not subject to any active performance monitoring or supervised status under ASF-OPS-002, §6.

3.2 Pre-Survey Responsibilities

3.2.1 Before the survey, the Lead Surveyor:

- (a) reviews the facility's application documentation and self-assessment (where available), and prepares a survey plan that allocates assessment domains across the survey team in accordance with Section 5;
- (b) completes the pre-survey conflict of interest screening in Section 6 and submits the Declaration of Impartiality (ASF-GOV-003, Annex A) to the QMS Coordinator at least 5 working days before the survey;
- (c) briefs the Associate Surveyor(s) on the survey plan, domain allocations, and any facility-specific context identified during the document review;
- (d) confirms the survey logistics with the facility's quality contact — programme, room requirements, staff availability, document access arrangements;
- (e) identifies any language or interpretation requirements and confirms arrangements with ASF (ASF-OPS-007).

3.3 During-Survey Responsibilities

3.3.1 During the survey, the Lead Surveyor:

- (a) conducts the opening meeting, explaining the survey process, its purpose, and the confidentiality arrangements to the facility's leadership team;
- (b) coordinates the survey team's work throughout the survey day(s), ensuring that all assessment domains are covered within the scheduled time;
- (c) conducts their own domain assessments — document review, staff interviews, physical environment observation — and records findings contemporaneously;
- (d) reviews Associate Surveyor findings at agreed checkpoints and identifies any gaps or inconsistencies requiring follow-up;
- (e) manages any on-site issues that arise — a facility staff member who declines to be interviewed, restricted access to a facility area, or a potential impartiality concern — and documents the management in the survey record;
- (f) conducts the closing meeting, presenting preliminary findings to the facility's leadership, inviting factual corrections to any misunderstood evidence (not assessments), and explaining the next steps in the accreditation process.

3.4 Post-Survey Responsibilities

3.4.1 After the survey, the Lead Surveyor:

- (a) produces the survey report within 15 working days of the last day of the survey. The report covers all assessment domains, assigns a criterion classification (conformant / partial / nonconformant) for each criterion assessed, states the evidence base for each classification, and lists all nonconformances in a structured nonconformance log;
- (b) submits the survey report to the QMS Coordinator for quality review. Where the QMS Coordinator identifies an inconsistency, unsupported finding, or drafting issue, the Lead Surveyor addresses it within 5 working days;
- (c) does not communicate the survey findings directly to the facility or disclose the content of the survey report before the accreditation decision is issued by the ADC. All post-survey communications with the facility regarding findings are managed through the ASF office;
- (d) does not participate in or attempt to influence the ADC's deliberations on the accreditation decision.

4. Associate Surveyor — Role Specification

4.1 Eligibility and Appointment

4.1.1 A person is eligible for appointment as Associate Surveyor where they:

- (a) hold a current ASF Surveyor Authorisation at Associate grade, issued following completion of the training and examination programme in ASF-OPS-009, §6.2(a);
- (b) have a minimum of 5 years of professional experience in healthcare management, clinical quality, or healthcare regulation;
- (c) have completed the most recent annual calibration exercise at or above the 70% agreement threshold;
- (d) are not subject to any active performance monitoring or supervised status.

4.2 Survey Responsibilities

4.2.1 The Associate Surveyor:

- (a) conducts domain-specific assessments as allocated in the survey plan agreed with the Lead Surveyor;
- (b) gathers evidence through document review, staff interviews, and physical observation, using the same methods and recording standards as the Lead Surveyor;
- (c) records findings contemporaneously in the ASF survey recording tool, using objective language and referencing the criterion being assessed;
- (d) reports findings to the Lead Surveyor at agreed checkpoints and participates in the team discussion to ensure consistent assessment across domains;
- (e) contributes to the closing meeting at the Lead Surveyor's direction — presenting domain-specific findings when asked;
- (f) submits their domain findings to the Lead Surveyor within 3 working days of the survey for incorporation into the survey report.

4.3 Supervision of Candidates

4.3.1 An Associate Surveyor who has completed at least 3 ASF surveys may be designated by the QMS Coordinator to supervise a candidate undergoing their first supervised assessment (ASF-OPS-009, §6.2(a)). The supervising Associate Surveyor completes the observation checklist and submits a written recommendation within 5 working days of the survey.

5. Survey Team Composition

5.1 The survey team composition is determined by the facility type and survey complexity, in accordance with ASF-OPS-002, §4.3. The minimum composition for each survey type is:

Survey type	Lead Surveyor	Associate Surveyors	Total team
Ambulatory Clinic / Small facility (≤50 beds)	1	0–1 (at Lead Surveyor's discretion based on scope)	1–2
Hospital / Medium facility (51–	1	1	2

Survey type	Lead Surveyor	Associate Surveyors	Total team
200 beds)			
Hospital / Large facility (>200 beds)	1	2	3
Long-Term Care (any size)	1	0–1	1–2
Fitness and Wellness Facility	1	0	1
Mid-term review / Surveillance visit	1	0	1

5.2 Where a hospital or other complex facility has specialist service areas (e.g. an intensive care unit, a haematology/oncology unit, a neonatal unit), the Lead Surveyor may request a subject-matter specialist to accompany the survey team for that service area. A subject-matter specialist is not an ASF surveyor — they do not independently assess criteria or contribute to the survey report. They advise the Lead Surveyor on technical clinical matters and their participation is agreed with ASF in advance.

6. Domain Allocation

6.1 The Lead Surveyor allocates assessment domains across the survey team before the survey, in the survey plan. The allocation must ensure that:

- (a) every criterion in scope is allocated to a named surveyor;
- (b) Critical criteria are reviewed by the Lead Surveyor personally, unless explicitly delegated to an Associate Surveyor with a specific justification recorded in the survey plan;
- (c) no surveyor is allocated more domains than can be assessed rigorously within the available survey time — over-allocation that results in superficial evidence gathering is a performance concern under ASF-OPS-002, §6;
- (d) where a surveyor has identified a potential conflict of interest with a specific service area or department, that area is re-allocated to another team member.

7. Conflict of Interest Screening

7.1 Before every survey, the Lead Surveyor and each Associate Surveyor completes the pre-survey conflict of interest screening:

- (a) Has the surveyor worked for, consulted to, or held any role at this facility in the past 36 months?
- (b) Does the surveyor have a personal or family relationship with any member of the facility's leadership team?
- (c) Does the surveyor have any financial interest in the facility or its parent organisation?
- (d) Has the surveyor been involved in the development or delivery of quality improvement consultancy at this facility in the past 36 months?

- (e) Is the surveyor aware of any other circumstance that could compromise, or be perceived to compromise, their impartiality?

7.2 A 'yes' answer to any screening question is disclosed immediately to the QMS Coordinator. The QMS Coordinator assesses whether the conflict is manageable (e.g. by reallocating a specific domain) or requires replacement of the surveyor. Where replacement is required less than 10 working days before the survey, ASF assesses whether the survey can proceed with the remaining team or must be rescheduled.

7.3 The Declaration of Impartiality (ASF-GOV-003, Annex A) is completed and signed by each surveyor and submitted to the QMS Coordinator before the survey commences. No surveyor may commence a survey without a completed Declaration on file.

8. Conduct During the Survey

8.1 All ASF surveyors observe the following conduct requirements during every survey:

- (a) Objectivity: findings are based on evidence — not on general impressions, comparisons with other facilities, or the surveyor's personal clinical preferences;
- (b) Neutrality: surveyors do not express opinions about the facility's management, quality culture, or prior accreditation history during the survey;
- (c) Confidentiality: surveyors do not disclose information obtained during the survey to any person outside the survey team and the ASF office (ASF-GOV-004);
- (d) Boundaries: surveyors do not provide consultancy advice during the survey — if asked how to fix a problem, the surveyor refers the facility to the CAP process;
- (e) Professional demeanour: surveyors treat all facility staff with courtesy and respect, maintain punctuality, and conduct themselves in a manner consistent with the professional standing of ASF.

9. ISQua EEA Alignment

9.1 This role specification supports ISQua EEA Principle 5 (Surveyors) in full — covering role definition, eligibility, responsibilities, team composition, conflict of interest management, and conduct. The ASF ISQua EEA Crosswalk (ASF-EV-004) maps the provisions of this document to the applicable EEA criteria.

10. References

[1]	ISQua IAP. Principles for Standards. 6th Ed. ISQua EEA, Dublin, 2023. Principle 5 — Surveyors.
[2]	ISO/IEC 17021-1:2015 — Conformity Assessment. §7.2 Competence of Personnel; §7.3 Using Individual External Auditors and External Technical Experts. ISO, Geneva, 2015.
[3]	JCI. Surveyor Role Specifications. Joint Commission International, Oak Brook, IL, 2020.
[4]	Accreditation Canada. Surveyor Handbook. Ottawa, 2022.

[5]	HQACI. Surveyor Role Specifications. ISQua EEA Accredited Document, 2026.
[6]	Australian Council on Healthcare Standards. EQuIP Surveyor Role Guide. ACHS, Sydney, 2018.
[7]	Greenfield D, Braithwaite J. Staff attitudes to organisational structure and role definition and their relationship to assessed clinical performance in 10 acute public hospitals: a cross-sectional study. J Eval Clin Pract. 2009;15(6):1029–1035.
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[10]	Pomey MP et al. Accreditation: a tool for organisational change in hospitals? Int J Health Care Qual Assur. 2004;17(3):113–124.

Formal Approval

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