

**NABET Accreditation Scheme for Hospital  
& Healthcare Consultant Organization  
(HAH): Rev 6**

**National Accreditation Board for Education and  
Training Quality Council of India**  
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## **About NABET**

QCI is an autonomous non-profit organization., It was set up jointly by Government of India and the Indian Industry represented by the three premier industry associations, Associated Chambers of Commerce and Industry of India (ASSOCHAM), Confederation of Indian Industry (CII) and Federation of Indian Chambers of Commerce and Industry (FICCI) in 1997 with an aim to establish & operate National accreditation structure and promote quality in every walk of life.

National Accreditation Board for Education and Training (NABET), one of the constituent Board of QCI, operates schemes for accreditation of schools as education and training is in the mandate. In addition, NABET is operating accreditation schemes for facilitation of Consultant Organizations in the environment impact assessment. This scheme is called the Scheme for EIA Consultants.

Accreditation is complex to understand and requires extremely meticulous implementation of procedures and compliance to accreditation clauses. This invariably leads to the mushrooming of consultants and consulting organizations for helping the organizations willing to seek accreditation from NABCB, NABL, NABH and other foreign Accreditation Bodies. With the aim of bringing quality in the accreditation eco-system, NABET is operating this scheme for accreditation of Consultant Organizations which offer consultancy to Hospitals & Healthcare organizations for NABH accreditation. The parameters of accreditation as well as the process are explained in detail in the following pages.

**DISCLAIMER: IT MAY BE KEPT IN MIND THAT USE OF AN ACCREDITED CONSULTING ORGANIZATION AS PER THIS SCHEME BY A HOSPITAL/HEALTHCARE ORGANIZATION WILL NOT GUARANTEE/ENSURE NABH ACCREDITATION. BOTH THE PROCESSES ARE INDEPENDENT AND MUTUALLY EXCLUSIVE OF EACH OTHER.**

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## 1. ABBREVIATIONS

AC	Accreditation Committee
AO	Applicant Organization(s)
ASSOCHAM	Associated Chambers of Commerce
CAPA	Corrective Action & Preventive Action
CII	Confederation of Indian Industry
CO	Consultant Organization
EMS	Environment Management System (ISO 14001)
ACO	Accredited Consultant Organization
CV	Curriculum vitae
DA	Desktop Assessment
DSR	Diagnostic Study Report
FICCI	Federation of Indian Chambers of Commerce and Industry
HAH	Hospital & Health Care
HAH CO	Hospital& Health Care Consultant Organization
IA	Initial Assessment
IH	In- house
ISO	International Organization for Standardization
IRDA	Insurance Regulatory and Development Authority
MOU	Memorandum of Understanding
NABET	National Accreditation Board for Education & Training
NABH	National Accreditation Board for Hospitals & Healthcare Providers
NGO	Non-Government Organization
NC	Non- conformance
OA	Office Assessment
Obs.	Observations
OHSAS	Occupational Health and Safety Assessment System
QCI	Quality Council of India
QMS	Quality Management System
RA	Re-Accreditation
SA	Surveillance Assessment
TA	Technical Assessor
TC	Technical Committee
TQM	Total Quality Management
CQAS	Consultancy Quality Assurance System
VE	Visiting Expert
AB	Accreditation Body

## **2. GENERAL INFORMATION**

### **2.1 Background of Scheme**

In the recent times, demand for quality in healthcare services has risen due to various market forces such as medical tourism, insurance, corporate growth and competition. As a result of these the expectations of the consumer for best in quality has also risen, which has led to the introduction of national and international accreditation bodies to act as a quality assurance mechanism, thus enhancing customers trust and access to better healthcare services. National Accreditation Board for Hospitals and Healthcare Providers (NABH) defines Hospital Accreditation as a public recognition by a national or international healthcare accreditation body, of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organizations level of performance in relation to the standards.

A number of consultants are available in the market helping various organizations in the Hospitals and Healthcare (HAH) sector for achieving NABH Standard of accreditation. The selection of a capable Consultant by an organization is an important step in ensuring that their management system is capable of meeting the planned objectives of the organization in the most efficient and cost-effective manner and finally complying to the NABH standard of accreditation.

Hospitals may cater to multi-disciplinary activities where inputs are required from specialists in different areas, therefore besides capable consultants, a consultant organization would require to have a capable Coordinator or Team Leader who would lead the team of consultants and/or experts to provide a comprehensive guidance to the HAH and develop an effective system as per NABH guidelines

### **2.2 An Outline of the Scheme**

In view of the above it is therefore proposed to develop a credible Accreditation Scheme specifying the requirements for the accreditation of Hospital & HealthCare Consultant Organization (HAH-CO) like suitable infrastructure, qualified & competent human resource, Hospital & Health care expert, system oriented working system, sustainable and ethical working as well as risk assessment and its management.

This scheme is developed by NABET in consultation with NABH, consultant organizations, Hospital & healthcare institutes, HAH experts, regulators and other stakeholders. Independent and transparent accreditation scheme is operated by NABET

This comprehensive document describes the accreditation scheme requirements of human resources, consultancy quality assurance systems and procedures to be followed, the assessment process and the accreditation criteria. Various aspects of the scheme will be –

- a) Eligibility (who can get accreditation) of the CO in terms of its legal status.
- b) Scope of work
- c) Hospital & Health Care Experts – qualification, experience and competence requirement
- d) Consultancy quality assurance system
- e) Assessment and Accreditation process
- f) Requirements for Compliance to the conditions of accreditation
- g) Closure/ on hold etc. of applications
- h) process of suspension/delisting of accredited COs
- i) Code of conduct, confidentiality
- j) Fee Structure

Scheme is dynamic in nature and modifications and up-dations may take place from time to time, as it ought to be for continual improvement of the delivery and effectiveness of the consultancy.

### **3. ACCREDITATION REQUIREMENT & PROCESS**

#### **3.1 Scope of Accreditation**

This document specifies the requirements that an applicant Hospital & Health Care Consultant organization should meet if it is to be recognized/accredited by NABET as a Consulting Organization in Hospital & Healthcare system for felicitation of NABH accreditation.

#### **3.2 Eligibility for Hospital & Healthcare Consultant Organization /Legal Status**

The Consultant organizations for Hospital & Healthcare (NABH Standard) space desirous of NABET Accreditation should be legal entities. Legal entity is defined as an organization that can be held legally responsible for its consultancy services. It implies that an organization which can sue and be sued in its own name as per the legal interpretation in the relevant economy. In India, it could be a public or private limited company, LLP, a trust or a society. Any exception regarding legal status would be made only by a specific decision of the Board keeping in view the legal provisions in the economy in which the certification body is established as a legal entity.

### 3.3 Experts

Hospital & Healthcare (NABH Standard ) consultancy is multi-disciplinary task which requires inputs from specialists having knowledge of Hospital & Healthcare sector, NABH Standards, quality assurance, resource and hospital management, innovations & creativity in the sector applicable local laws, environment health and safety, process development and their verifications, regulatory framework etc. related with requirements pertaining to NABH accreditation.

#### **Human Resource Requirement:**

- a. The NABH consultant organizations shall have adequate number of well-qualified professionals (consultants, experts etc.). The staff maybe full time, visiting or on the panel to support the scope of services being offered by the consultant organizations. CO must have minimum one **in- house** expert with **medical qualification**.
- b. The in-house expert must be possessing a MCI recognized degree and should be able to exhibit competence in HAH consultancy. All the requirements with respect to qualification, experience and competency disciplines and standard must be met.
- c. All consultants working/empaneled with the organization should have successfully completed NABH Assessor Training Course/ Programme on Implementation of NABH Hospital Standards – Internal Counsellor’s Course).
- d. List of proposed experts (if possible, CO should have backup experts) with her/his identified competence, their roles and responsibilities in consultant organization. These should be submitted along with the application form.
- e. For visiting/ Part-Time expert, there should be a written agreement/MOU between the organization and visiting expert as mentioned in **Annexure 4**.
- f. **Current/active NABH assessors cannot be associated with the Consulting Organization in any manner. Affidavit to this effect must be submitted at the time of accreditation. The same must be confirmed in writing every 6 months by the accredited CO.**

### 3.4 Infrastructure

Hospital & Healthcare (NABH Standard) Consultant Organization wishing to apply for accreditation under this Scheme should have the following facilities:

- a. Office setup, suitable meeting/ discussion room(s). The space could be owned or rented.
- b. Experts room / work stations
- c. Contemporary discussions/ training aids (as projectors, white board,

- markers, flipchart, audio, video facilities etc.) Including requisite software for their staff or clients
- d. CO should have library facilities or appropriate subscriptions to update their knowledge about the latest developments in the area of Hospital & Healthcare (NABH Standard) Consultancy.
  - e. IT support equipment to carry out the work of consultancy should be available and used adequately.
  - f. If CO is having offices at multi locations, these should be mentioned in application with details of experts, infrastructure etc.

### **3.5 Consultant Quality Assurance System (CQAS-HAH):**

Consultant organization should have quality assurance system for continual improvement of the delivery and effectiveness of Hospital & healthcare (NABH Standard) consultancy. It could be based on Quality Management System (QMS) as prescribed in latest and relevant version of ISO 9001 standard. The CQAS of the organization should have the procedures prescribed below:

- I. Procedure for evaluating, selecting, appointing and monitoring expert for the Hospital & Healthcare Consultancy.
- II. Procedure for developing Diagnostic study report and conducting Hospital & Healthcare Consultancy.
- III. Procedure for collecting feedback and its analysis and evaluation for improving the methodology, delivery and effectiveness of future Hospital & Healthcare consultancy programmes.
- IV. Procedure for addressing, suggestions and conflict of interest.
- V. Procedure for periodic review of the Hospital & Healthcare requirements wrt law, rules & regulations and consultancy material updates.
- VI. Procedure for maintaining and control of records and documents related to consultancy.
- VII. Procedure for risk identification and its mitigation.
- VIII. Procedure for handling complaints and appeals
- IX. Organizational chart and details of the roles and responsibility of each member.
- X. Procedure for ensuring the implementation of all the above procedures.

## **4. ASSESSMENT & ACCREDITATION PROCESS**

### **4.1 Application Process**

Details of the accreditation scheme and the Application Form (**Annexure 1**) are posted on the QCI- NABET website. Any institution/organization desirous of accreditation under this scheme should carefully go through the requirements



of the Scheme, processes and assess their own adequacy. The prospective applicant CO must take care of shortfalls, if any, before applying.

Application form complete in all respects giving relevant details of application fee can be sent in a soft copy. However, a hard copy of the same application form along with application fee should be sent to –

The Joint Director,  
National Accreditation Board for Education & Training,  
Quality Council of India, Institute of Town Planners  
India, 6th Floor, 4 A, Mahatma Gandhi Road (Ring  
Road), New Delhi - 110 002, India Tel: +91 11 233 23  
416 / 417 / 418 / 419 / 420  
[anurag@qcin.org](mailto:anurag@qcin.org)

Hard copy of any other relevant document may have to be submitted if asked for by NABET, subsequently. NABET Secretariat will inform the CO of any clarification/additional information that may be required for completeness of the application.

## 4.2 Assessment Process

Assessment Process comprises three parts-

### 1. Initial Assessment –

➤ **Application Completeness:** Submitted application shall be reviewed by NABET secretariat for its completeness. Inadequacies in application (if any) shall be informed to applicant organization. CO should submit response to the inadequacies within 30 days. Only completed applications will be processed further. CO should submit the filled self-assessment report in NABET format shared by NABET Secretariat at the time of application acceptance.

**Note 1:** If inadequacies are found in the response, the same will be communicated and the CO will have additional time of 30 days to respond. If CO fails to submit satisfactory response even after this additional time then the application will be made inactive.

**Note 2:** The inactive period will be for 60 days. The CO may reapply with requisite fees after this period.

➤ **Desktop Assessment:** NABET assessor conducts adequacy assessment (application & technical assessments of documents submitted by CO). Observation(s) and NCs (if any) would be communicated by NABET

secretariat to the applicant CO. CO will have time of 30 days to submit the response.

**Note 3:** Closure of NCs and observations submitted by CO will be verified by NABET assessor.

**Note 1 & 2** given above will be followed for timelines.

**Non-Conformity (NC):** - Non-fulfilment of the requirement/s of the scheme criteria.

**Observation (Obs):** Any point which may lead to non-conformity if not addressed.

- **Office Assessment:** Following the review and acceptance of the documentation and procedures submitted by the CO, NABET shall undertake full assessment at CO premises. It shall include interaction with each expert (in house and visiting) /quality manager, concerned administrative staff etc. verification of infrastructure, implementation of consultancy quality assurance system and clients feedback. Assessment report [findings like observation(s) and NCs (if any)] would be reported by NABET assessors to NABET secretariat and in turn communicated to CO. Corrective measures shall be submitted by CO within 30 days. All CO assessment reports will be reviewed by NABET secretariat and put up to Accreditation Committee for granting accreditation. Decision regarding grant/denial of accreditation would be communicated to CO by NABET secretariat.

**Note 4:** Closure of NC's and observations submitted by CO will be verified by NABET assessor.

**Note 5:** In case an applicant CO has branch offices, all branches will be assessed during IA.

- 2. Surveillance Assessment (SA)-** If there is no change in approved experts, consultancy quality manual, infrastructure, etc. since the Initial Accreditation then Accredited CO shall pay surveillance fee and inform NABET for surveillance due. The Surveillance Assessment should be completed within 365 days (1 year) of the Initial Assessment. It is therefore mandatory for the CO to apply for SA within 10 months of the IA so that all SA formalities are completed with completion of 1 year from the date of grant of IA.

If there is any change in experts, team composition, quality manual, infrastructure, modification of scope etc. then applicant with updated details and applicable fee shall submit the details to NABET Secretariat.

NABET Secretariat will review the documents and proceed with the process of surveillance assessment of applicant organization.

SA will be conducted with particular emphasis on performance, quality of consultancy delivery, client's feedback, implementation of CQAS, compliance to conditions of accreditation. Two SA to be carried out within 12 and 24 months from the date of accreditation. The SA will involve evaluation of documents as well as Site Visit.

**Note:** In case an applicant CO has branch offices, x branches will be assessed during each SA.

- 3. Re-Accreditation (RA)**– Process will be similar to initial assessment, with particular emphasis on performance, feedback by clients, CQAS etc. The RA needs to be completed within three years from the date of accreditation. RA application shall be submitted 3 months prior to date of expiry of accreditation certificate issued. RA process shall be completed before the expiry of accreditation to avoid any discontinuation of accreditation.

***Extra Visit if needed:*** *On the bases of risk factors, received information or complaint from primary or secondary source, surprise Visit / extra visit may be planned unannounced or announced as the case may be.*

### **4.3 Criteria for granting Accreditation**

On the basis of desktop assessment (DA), report by assessor(s) and satisfactory closure of NCs and observations, office assessment will be conducted by NABET assessor(s). Based on office assessment report, NCs and observation, if any, shall be communicated to the CO for the necessary closure and compliance. CO shall submit evidence-based compliance of NCs and observations at the earliest but not later than a month (30 days). If required, additional office and witness assessment may be carried out for verification of evidences for closures.

Accreditation period of three years will be counted from the date of grant of accreditation by the AC; however, this validity period is subject to satisfactory SA.

Accreditation under this criterion will be granted under fulfillment of all of the following:

- Submission of requisite documents with application
- Closure of all NCs at the DA stage
- Successful completion of SV and closure of observed NCs in required time and to the satisfaction of the assessing team.

- Approval of accreditation by the NABET Accreditation Committee
- Fulfilment of all requirements for maintaining accreditation.

## **5. TERMS & CONDITIONS TO MAINTAIN ACCREDITATION**

### **5.1 Compliance to the Conditions of Accreditation**

- Accreditation period of three years shall be counted from the date of grant of accreditation by the AC.
- Accredited CO should submit regularly six-monthly reports and complete SA/RA application two to three months prior to due date (12/24/36 months from the date of accreditation) to maintain the accreditation continuity.
- Accreditation shall expire at the end of its validity unless renewal is sought in time.
- All payments shall be made in advance.
- Franchising, licensing, subcontracting of NABET Accredited consultant organizations is NOT permissible.
- Accredited Consultant Organizations (ACO) should submit a six-monthly report about the Hospital & Healthcare projects taken up and list of approved experts involved and status of project.
- Any change in expert, employment status, scope etc. shall be informed to NABET within 10 days with relevant documents.
- Accredited CO just after accreditation shall sign the 'Code of Conduct' and send it to NABET Secretariat.
- The Accredited CO shall maintain relevant records of each consultancy conducted.
- The accredited CO shall share list of consultants with NABET which NABET will put on its website.
- The accredited CO shall share with NABET the list of consultancy projects undertaken (ongoing as well as completed) every six months.

### **5.2 Suspension / Withdrawal of Accreditation**

NABET will suspend or withdraw accreditation on account of any or more grounds during accreditation process or after, but not limited, to the following:

- Non-compliance, violation of the NABET requirements, conditions of Empanelment
- Deviation from facts as stated in application and enclosures
- Submission of false or misleading information in the application or in subsequent submissions
- Improper use of NABET accreditation mark and logo.
- Carrying out changes in experts/ quality procedures without NABET's

approval

- f) Failure to report any major legal (mandatory compliance) changes.
- g) Using fraudulent practices by the accredited CO in respect of its submission/ interaction with NABET which would include, but not limited to, deliberate concealment and/or submission of false or misleading information, suppression of information, falsification of records or data, unauthorized use of accreditation, and non-reporting of complaints against training institutions to NABET.
- h) Non- payment of applicable fees in time to NABET.
- i) Not submitting SA/RA application in time.
- j) Franchising, licensing or subcontracting of consultancy/ programs
- k) Any other condition deemed appropriate by NABET
- l) Suspension/ withdrawal will be with the approval of accreditation committee

### **5.3 Code of Conduct**

All ACO's are obliged to improve the standing of the profession by rigorously observing the Code of Conduct. Failure to do so may result in the suspension or cancellation of empanelment.

The ACO undertakes:

- a. To act professionally, accurately and in an unbiased manner.
- b. To be truthful, accurate and fair to the assigned work, without any fear or favor.
- c. To judiciously use the information provided by or acquired from the applicant and to maintain the confidentiality of information received or acquired in connection with the assignment.
- d. To avoid and / or declare any conflict of interest that may affect the work to be carried out.
- e. Not to act in a manner detrimental to the reputation of any of the stakeholders including NABET and the customer.
- f. To co-operate fully in any formal enquiry procedure of NABET.
- g. Not to employ active NABH assessors. Any person who is conducting assessments for NABH should not be a consultant with the HAH CO

### **5.4 Complaint and Appeals**

- i. The ACO shall establish documented procedures for handling and disposal of complaints and appeals within a reasonable time. The documented procedure shall include provision for-
  - a. Providing information regarding complaint handling process to all interested parties
  - b. Acknowledgement of complaints
  - c. Complaint analysis/ investigation for redress of complaint/appeals.

- d. Communication with the complainant/appellate for satisfactory closure of the complaint.
  - e. Involvement of NABET in unresolved complaints or appeals if any.
- ii. The ACO shall maintain records of all complaints and their resolutions including actions taken.
  - iii. All complaints and appeal to be assessable to NABET assessment.

## **5.5 Payment of Fee**

Details of fee structure are given in Section 6.

- a. The fees are to be paid by a Demand Draft payable at Delhi or a local Cheque of Delhi in favor of “Quality Council of India” or can be transferred to QCI account (details available <http://www.qcin.org/nabet/pop/Bank-details-Nov-2009.pdf>)
- b. Application fee has to be sent along with the application. Applications not accompanied by the application fee will not be processed further.
- c. Any pending fee payments must be made before finalizing the date of assessment.
- d. Annual Accreditation Fee shall be paid every year.
- e. No SA, RA, issuance of certificate if dues are pending.
- f. The fees are not refundable.
- g. Tax/GST- as applicable.
- h. Application fee payment to be made in advance and mention of payment transaction no. details to be made in the application. Applications without fee transfer details in the application will not be processed further.
- i. If dues not paid for 60 days then name of the Accredited CO may be removed from list of Accredited CO without prior information.

## **5.6 Governance**

NABET reserves the rights with respect to empanelment scheme for HAH Consultant organization NABET will have following functions (but not limited to):

- a. Changing/ modifying the criteria/ guidelines/ fee structure
- b. Suspension/cancelling of accreditation in case of violation of any clause of the Scheme
- c. Surprise visits/ extra witness assessments

## **5.7 Confidentiality**

- a. All information, documents submitted by an applicant to NABET shall be used by NABET (including NABET Assessors and Members of Accreditation Committee) for the purpose of assessment & empanelment only. These may also be used for research purpose or sharing with any ministry, IAF/APLAC

and other members of the International Personnel Certification Association. However, the identity of the empaneled CO would be protected for sensitive information related to business whenever it is called for/ appropriate. In case a CO wants the information to be kept confidential, a communication shall be sent to NABET citing reasons for the same. NABET reserves the right to take decision in this regard.

- b. ACO shall have adequate arrangements consistent with applicable laws to safeguard confidentiality of all information provided by stakeholders.
- c. The Accredited CO should maintain confidentiality of their client's related information like location, products, processes, vendors, feedback form, personal details etc.

## 5.8 Use of QCI-NABET Logo

NABET Logo can be used by accredited CO and is restricted only to the promotional material and stationery saying CO is accredited by NABET for Hospital & Healthcare (NABH Standard) consultancy only.

NABET logo can be used by ACO only at following places:

- a. On promotional material and study material stating that the CO is empaneled by NABET.
- b. On letter head and visiting cards mentioning that the CO is accredited by NABET for the Hospital & Healthcare (NABH Standard) consultancy only.
- c. ACO should ensure that NABET logo should not be used until accredited by NABET for specific sector.
- d. On suspension, withdrawal, after expiry of accreditation validity, earlier Accredited CO must not use NABET logo. It may attract legal implications.

## 6. Fee Structure

Fees will be charged to the CO under the following heads:

Fee Details		Excluding Taxes
<b>a) Application Fee</b>		Rs 30,000/-
<b>b) Initial Accreditation</b>		
I.	Technical review of document/application	1 to 2 man-days
II.	Office Assessment	1 to 4 man-days
<b>c) Annual Fee</b>		Rs 30,000/-
<b>d) Surveillance (every year)</b>		
I.	Technical review of document/application	1 man-day
II.	Office Assessment	1 to 2 man-days
<b>e) Re-accreditation (after 3 years)</b>		
	Application Fee	Rs 30,000/-

I.	Technical review of document/application	1 to 2 man-days
II.	Office Assessment	1 to 4 man-days
<b>*‘Man-days’ charges are Rs. 12,000/ at the present</b> <b>#Travel and stay of assessors – as per actual</b>		

**Note:**

- i. Fees once paid will not be refunded under any circumstance.
- ii. Numbers of days for assessment are estimated based on the number of candidates to be interviewed, size of the organization, documents/laboratory to be seen etc. QCI/NABET reserves the right to revise the person day rate, if deemed necessary.
- iii. Travels by air economy class or 2T AC (if no air connection), three-star hotel boarding and lodging charges (to be borne by the CO at actual). If any deviation, then with the consent of CO.
- iv. If closure of NCs/Observations require extra office/ witness assessment or for any additional verification visit that will be charged extra Rs. 12000/ per person day.
- v. Any change in certificate with respect to scope, premises, expert, address etc. will be charged Rs. 1000/-
- vi. “\*” Indicates a typical example. The number of man-days may vary depending on size of the consultant organization and the type of non-conformities.
- vii. “#” Expenses on local travel, outstation travel, boarding etc. of Assessors will be charged on actuals.



**Qualifications, Experience and Technical requirement for Experts**

**1. Minimum Educational Qualification and Experience:**

The CO must have minimum one **in-house** expert with MCI recognized degree. The professionals must fulfill following qualification and experience-

<b>S. No</b>	<b>Educational Qualification (From recognized Institutes / college / University)</b>	<b>Total Experience (including Professional + NABH Standard implementation) (A+B)</b>	<b>Professional experience in medical &amp; hospital related activities (A)</b>	<b>Exp. in documentation, implementation in the successful Pre entry- level NABH certification or accreditation of hospital &amp; healthcare organization of 50 beds or more (B)</b>
i.	MCI recognized degree	3 years	2 years minimum experience after medical degree and at least 2-year experience in implementation of NABH standard	1 years
ii.	Graduate in any branch of AYUSH (AYUSH) with * with PG Diploma* in Hospital & Healthcare Administration/ Healthcare Management alike.	4 years	2 years	2 years
iii.	Nursing Graduate and PG Diploma in Hospital & Healthcare Administration /Management	5 years	2 years	3 years

iv.	Science graduate with Biology/Bio Tech and MBA with PG Diploma in Hospital & Healthcare Administration /Management alike	7 years	5 years	3 years
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**2. Minimum Technical Qualification:**

The Professional shall be successfully completed the following from NABH/QCI-

- i. Programme on Implementation on NABH Standard.
- Or
- ii. NABH Assessor course from NABH

*\* In Hospital & Healthcare Administration/ Healthcare Management alike shall be consider.*

### **Guidelines for developing Consultancy Quality Assurance System (CQAS)**

Consultant organisation should have quality assurance system for continually improving the delivery and effectiveness of Hospital & Healthcare consultancy. It could be based on Quality Management System (QMS) as prescribed in ISO 9001:2015 standards, however CQAS of the organization should have the procedures prescribed below:

**Broad guidelines on issues to be addressed for each of the above items are given below:**

- i. **Procedure for evaluating, selecting, appointing and monitoring expert for the Hospital & Healthcare Consultancy** – *should give procedures for*
  - a. Prescribing qualifications, experience, competence requirements for Hospital & Healthcare experts/resource persons (in-house/ external)
  - b. Assessing competence of a Hospital & Healthcare expert/resource person prior to appointment.
  - c. Assessing performance/ monitoring Hospital & Healthcare expert after appointment and during/after consultancy
  - d. Identifying training areas of improvements for Hospital & Healthcare expert/resource person
  - e. Fixing Terms of Reference for retention and guidelines for-
    - I. Imparting impartial consultancy
    - II. Code of conduct and Conflict of Interest
  
- ii. **Procedure for developing diagnostic study report and conducting Hospital & Healthcare Consultancy-** *should give procedures for*
  - a. Meeting clients, discussions, defining minimum infrastructure requirements in terms of Conference space, seating, projectors, consultancy material etc.
  - b. Defining roles and responsibilities of the Hospital & Healthcare consultancy experts and support team
  - c. Continuous upgrading the documentation and regular review of the milestones of the consultancy.
  - d. Communication with client, giving information about consultancy activity, main area, communication channel information, feedback etc.
  - e. Developing procedure how to fulfil the requirements of consultancy and closure of project.
  
- iii. **Procedure for collecting feedback, analysis and evaluation of feedback**

**for improving the methodology, delivery and effectiveness of future Hospital & Healthcare consultancy programmes – giving procedures for**

- a. Inviting feedback on consultancy imparted from clients in specific formats to assess Hospital & Healthcare expert competence, mode of delivery, effectiveness etc.
- b. Evaluating the feedback for areas of strengths and improvements in respect of documentation, implementation and quality of consultancy.
- c. Corrective & preventive actions for gaps in the deliverables/ expectation of clients.
- d. Action to be taken to close the gap on quality of consultancy including changing the concerned Hospital & Healthcare expert, if required
- e. Updating the consultancy parameters, as necessary

**iv. Procedure for addressing complaints, suggestions and conflict of interest – *Applicable to CO***

- a. Informing the stakeholders about the provision of complaints and conflict of interest
- b. Accepting, handling and disposal (including authority and responsibility) of the same within reasonable time
- c. Maintaining records of complaints
- d. Conflict of interest (COI) procedures, monitoring
- e. Ensuring implementation COI/ preventive/ corrective actions

**v. Procedure for periodic reviewing the Hospital & Healthcare requirements, law, rules and consultancy materials-**

- a. Approving documents prior to issue
- b. Updation of documents, as required
- c. Ensuring quick availability of relevant revision of the document
- d. Maintaining consultancy specific records of venue, date, promotional literature, Hospital & Healthcare expert/resource persons involved,
- e. Storage, protection, retrieval and disposal of documents

**vi. Procedure for maintaining records and documents related to consultancy:**

- a. Management committee review/ periodic review of actions pending from last review
- b. Action on feedback from stakeholders to update consultancy requirements
- c. Updating of amendments in rules/laws, new case studies, latest scenario
- d. Updating as per Hospital & Healthcare /sustainability/ environmental aspects
- e. Administrative issues including future consultancies and sectors.

**vii. Procedure for ensuring the implementation of above all procedures**

### ASSESSMENT PROCESS

**Assessment Process comprises three parts:**

- **Desktop/Initial/Office Assessment** – completeness of application, technical assessments of documents submitted and office assessment including interaction with CO’s expert(s) and concerned administrative staff to understand capability for consultancy.
- **Surveillance Assessment** - Same as above, with particular emphasis on performance, quality and effectiveness of consultancy provided, compliance to conditions of empanelment, carried out within 12 and 24 months after initial empanelment.
- **Re-Accreditation** – same as 1<sup>st</sup> assessment, with particular emphasis on performance during the accreditation cycle including feedback by client(s), after 3 years of initial accreditation.

#### **Initial Accreditation**

Aspects to be considered and their weightage:

#### **For Empanelment –**

1	Desktop assessment, number of Hospital & Health care consultancy Experts, competence of experts (documentary evidence of knowledge base) available with Applicant Consultant Organization, trainings attended	<b>40%</b>
2	Infrastructural facilities of Applicant Consultant Organization, consultancy material, provision how to update experts time to time	<b>20%</b>
3	Consultancy Quality Assurance System and implementation	<b>30%</b>
4	Past experience and successful projects completion by CO for Initial Assessment and Feedback of clients.	<b>10%</b>

**APPLICATION FORM**

**Accreditation for Hospital & Healthcare Consultant Organization**

1) Applicant Organization

a) Name:

b) Head Office- address, email, telephone:

c) Branch Office(s) - addresses, email, telephone:

d) Website:

Photo of  
authorized  
Person

2) Name of Head of the Applicant Organization with designation:

3) Contact person details:

a) Name:

b) Tel No.:

c) Mobile:

d) Email:

4) Application for (please mark (√) the appropriate status):

a) Initial Accreditation (New)

b) Re- accreditation

5) Legal Status of the Organization (please mark (√) the appropriate status):

a) Public/Private/Government

b) Company/ Partnership/ Proprietorship/ Registered Society

c) Research/Academic Institute

d) Industry Association

e) Others (please specify and attach necessary evidence)

6) Date of Registration/Incorporation

(DD/MM/YYYY): (Attach copy of certificate  
of incorporation/registration)

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7) Year of Establishment: 

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8) Details of consultancy provided in Hospital & Healthcare Organization

Sr. No.	Project in which Consultancy Provided	Year	Duration	Remark

- 9) Other services provided by Consultant Organization (if any like Training etc.)
- 10) If involved in Training, please provide details of Training (Use Separate Sheet if required)  
a) Topic                      b) Duration

11) Is Institution affiliated with any Regulatory Body?

11.1 If YES, please mention the following:

- a). Name of the Body (s) with which affiliated: -----
- b). Affiliation No. and validity: -----
- c). Year of affiliation: -----

**(Note: Attach affiliation certificate)**

12) Organization structure (with details of locations/ associates etc)

13) Consultancy Facilities –

Summary of personnel involved in hospital & health Care consulting services –

- i. In house Experts –
- ii. Empanelled/ Visiting Experts –
- iii. Administrative staff -

**(Note: Attach list of proposed experts with their CV as per Annexure 3 in application)**

Sl. No.	Name	IH / Em p	Educational Qualification	Training Certificates, if any	Professional experience in medical & hospital related activities (Years)	Exp. in documentation, implementation in the successful Pre-entry- level NABH Certification or accreditation of hospital & healthcare organization of 50 beds or more (Years)

**Kindly ensure that the proposed experts meet the qualification and experience requirements as prescribed in the Appendix 1 of the Scheme.**

14) Have you developed a Quality Manual meeting the requirements CQAS of the

Scheme as mentioned in Appendix 2)?

Yes/ No

(Attach Consultancy Quality Assurance System (CQAS), Institution Brochure and Associated Documents.)

- 15) Please find enclosed the Demand Draft/ Cheque (Delhi only) no .....for Rs..... dated ..... drawn on.....in **favour of Quality Council of India**, payable at New Delhi towards the application fees (**Enclosure**)

16) **Declaration**

We have carefully read all NABET guidelines for Accreditation of **Hospital & Healthcare Consultant Organization**. We confirm that the information in support of the application is correct to the best of our knowledge. We agree to abide by the code of conduct and terms & conditions of NABET as applicable from time to time.

We authorize NABET to make any enquiry as deemed fit as part of the reviewing process. We understand that in case any information is found to be incorrect, it may result in rejection of this application and/or disqualification. We authorize NABET to utilize the information provided in this application for legal, research, training, sharing with other IPC members and/or for any other purpose as may be deemed fit by NABET.

If accredited, we commit to notify NABET immediately of any changes in the status where information regarding such changes, if declared may affect the consideration for Accreditation of the organization

Authorised Signatory

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date:

Place:



**DECLARATION OF ACCEPTING NABET’S CODE OF CONDUCT**

**C.E.O. / Head of Applicant Consultant Organization**

This is to confirm that I ....., working as CEO/ Head of agree with the Code of Conduct (Section 4.3 of Scheme), conditions of accreditation of NABET and give an undertaking that I would abide by the stated conditions for all activities pertaining to Consultancy Services/ Activities.

I also understand that awarding/ continuation of accreditation of my organization is subject to continual compliance to conditions of accreditation.

Name .....  
Designation .....  
Date .....  
Signature .....

**Annexure 3**

**Resume Format**

**Consultant/Expert Resume Format**



Dr./Mr./Ms./Mrs/.

\_\_\_\_\_

(First Name)

(Middle Name)

(Last Name)

1. Status in the Organization:  In-house Full Time  Visiting/Empanelled

2. Date of Birth \_\_\_\_\_

3. Office Address

\_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

4. Tel. No. \_\_\_\_\_ 5. Fax No. \_\_\_\_\_

6. Email address \_\_\_\_\_

7. Mailing address  Home/ Office

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. General Education (Senior Secondary)

Period (Year)	Board	Qualification	Educational Institution & Address	Subjects	Grade

9. Professional Education:

Period (Year)	Institution Name & Address	Qualification	Stream	Grade / % Marks

10. Registered / recognized training courses attended:

Sr No.	Course Name	Attended	Conducted By	Duration & Dates	Result
1.	NABH Assessor Training Course	Y/N			
2.	Programme on Implementation of NABH Hospital Standard	Y/N			
3.	Other Courses				

11. Membership of Professional Bodies:

Sr. No.	Professional Body (Name & Address)	Membership		Valid Till
		Grade	No.	

12. Experience (Please write in chronological order with present experience listed first):

A. General:

Period (Month and Year)	Organization with address	Department	Designation	*Role/Duties/Responsibilities

B. Specific experience related to Hospital & Healthcare Consultancy:

S. No	Name of the Employer	Complete Name of the Project	Roles and Responsibilities (Nature of)	Period & Year

			<b>Experience)</b>	

**13. Declaration by the applicant**

I attest that the above information relating to my education and experience is correct. I do understand that any incorrect information will result in the disqualification of self and the organizational accreditation with NABET.

I hereby declare that I am not working as Assessor for NABH.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**14. Declaration by the Consultant Organization**

The above information in relation to Dr./Mr./Ms. .... has been verified and found to be correct.

Dr./Mr./Ms ..... not giving his/her service as Assessor for NABH.

I understand in case the information is found to be incorrect it may result in the rejection/ suspension of this application for the accreditation of Hospital & Healthcare Consultant Organization.

Attested By

Authorized

Signatory:

Name

Designation

Date

Place

**MOU/Agreement of Visiting /Empaneled Expert**

Written MOU/Agreement shall be signed between the organization and visiting expert whose services are used for conducting consultancy. Such MOU/Agreement should include:

- i. Name of the HAH expert & Consultant Organizations
- ii. Duration of association
- iii. Specific roles & responsibilities and acceptance of visiting expert
- iv. Information Regarding associated with any other HAP consultant organizations

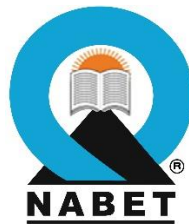
## Checklist

<b>List of Enclosures (to check)</b>	<b>Enclosed</b>
1. Registration Certificate	Y/ N
2. Organization chart	Y/ N
3. Consultancy promotional material developed	Y/N
4. List and resumes of experts/staff (indicating qualification & Experience)	Y/ N
5. Admin. Support Staff (indicating qualification and Experience)	Y / N
6. Details of Grants received in last 3 years, if any	Y/ N
7. Summary of Audited Financial Reports of last 3 years	Y/ N
8. Consultancy Quality Assurance System, Institution Brochure and Associated Documents	Y/ N
9. Application Fee (as applicable)	Y/N

### GENERAL INSTRUCTIONS

- All columns of application form must be filled up in legible handwriting, typed or printed.
- Copies of all the relevant documents should be sent with the application.

**For further details contact-**



**National Accreditation Board for Education and  
Training Quality Council of India**

Institute of Town Planners India, 6<sup>th</sup> Floor 4 A, Mahatma  
Gandhi Road (Ring Road) New Delhi - 110 002, India  
Tel +91 11 23323416 – 20,  
Email id: [anurag@qcin.org](mailto:anurag@qcin.org)

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