### Interest form for OECI Accreditation Auditors

Please fill out the form completely, including digital signatures and a Curriculum Vita, and return it by e-mail to the OECI Management unit: Harriët Blaauwgeers, h.blaauwgeers@iknl.nl

|  |  |
| --- | --- |
| Title  |   |
| First Name |  |
| Family name  |  |
| Employed at |  |
| Type of institution of residence |  |
| Position/function in the institution |  |
| Postal Address |  |
| Phone  |  |
| Fax |  |
| E-mail Address |  |

**Previous auditing experience:**

………………………………………………………………………………………………….

………………………………………………………………………………………………….

**Fields of expertise**

Auditing training (please specify):

………………………………………………………………………………………………..……………………………………………………………………………………………………..

Auditing experience (please specify):

|  |  |
| --- | --- |
| **Field** | **If yes, speciality** |
| [ ]  Management |  |
| [ ]  Quality control  |  |
| [ ]  Patients involvement |  |
| [ ]  Medical oncology |  |
| [ ]  Nursing |  |
| [ ]  Care |  |
| [ ]  Surgery |  |
| [ ]  Radiology/Nuclear Medicine |  |
| [ ]  Radiotherapy |  |
| [ ]  Laboratory |  |
| [ ]  Pharmacy |  |
| [ ]  Pathology |  |
| [ ]  Supportive/ palliative care |  |
| [ ]  Prevention |  |
| [ ]  Research  |  |
| [ ]  Education |  |

**Language skills spoken**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  English | [ ]  French | [ ]  Spanish | [ ]  Portuguese  | [ ] Italian | [ ] Swedish | [ ] Norwegian  | [ ] Finnish | [ ] …… |

**Language skills written**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  English | [ ]  French | [ ]  Spanish | [ ]  Portuguese | [ ] Italian | [ ] Swedish | [ ] Norwegian | [ ] Finnish  | [ ] …… |

**By submitting this application, I certify that:**

* I am authorized by my (cancer) centre to act as an auditor in the OECI Accreditation programme,
* I meet the criteria for OECI auditors (included),
* I agree to the rules and regulations of the OECI Accreditation programme.

**Signature applicant auditor:**

**Signature of Director/Chief Executive Officer of (cancer) centre:**

Please insert print name of Director/CEO:………………………………………………..

Contact information of Director/CEO (phone number an e-mail): ……………………….

**Date: Place:**

### Profile

### Auditor

#### Required skills

* you are employed by a health care centre; cancer centre or hospital
* you work and you are registered as a medical specialist ( medical oncologist, surgeon, radiation therapist, pathologist)
* you work as a (quality) manager or an oncology nurse or a cancer researcher or microbiologist
* the board of management of your institute supports your application
* you are willing and able to participate in a two-day auditor training
* you have the following skills:
	+ fluent in English both speaking and writing
	+ helicopter view of oncological care
	+ good social skills
* you have the following qualities
	+ team player
	+ objective tenacious
	+ analytic way of thinking
	+ quality improvement attitude
* you are ready to commit time and efforts for peer review and reporting

#### Tasks

The auditor:

* Prepares the peer review visit according to the preliminary designation type,
* Prepares the peer review visit by analysing the self assessment results and documents of a cancer institute,
* Attends the preparation meeting of the audit team one month in advance of the peer review visit (Conference call),
* Attends the preparation meeting on the evening before the start of the peer review,
* Performs the peer review according to the agenda and designation checklist,
* Writes notes during interviews, presentations and tours,
* Scores the standards as a team during the peer review visit,
* Draws peer review findings as a team for the preliminary results presentation at the end of day two of the peer review: strengths and opportunities,
* Processes notes in e-tool in the first week after the visit and score the standards that are reviewed,
* Provides a list of strengths and opportunities chapter of the standard,
* Provides a description of the checklist items for confirmation of the designation type,
* Gives written response on the comments and feedback on the draft report of the cancer institute, and formulates the final strengths, opportunities and conclusions of the peer review.

#### Time estimation

* auditors training: two days (once)
* peer review: four days (including travel days)
* reporting: two day

#### Training organisation:

Kerteza (Belgium) [www.kerteza.com](http://www.oeci.eu/Accreditation/www.kerteza.com)