

STAFF AND SURVEYOR TRAINING IN LOW- AND MIDDLE-INCOME COUNTRIES AS AN ENABLER FOR HOSPITAL ACCREDITATION AND VALUE-BASED HEALTHCARE

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ABSTRACT

OBJECTIVE:

To examine the context of Hospital Accreditation Programs (HAPs) in Low- and Middle-Income Countries (LMICs): 1) training of health staff; 2) training and professional development for accreditation surveyors.

DESIGN:

Qualitative study

SETTING:

Thirty purposively selected representatives from national HAPs and international accreditation and funding agencies were interviewed using a semi-structured guide.

MAIN OUTCOME MEASURES:

Methods, importance, competencies, challenges and innovative strategies of training health staff and surveyors in HAPs in LMICs

RESULTS:

Staff competencies are important for quality improvement (QI) and maintaining organisational and quality culture. Innovative strategies included training of internal assessors and initial pre-assessment training. Maintenance of competencies amidst staff turnover was reported as a major challenge. Surveyor training usually includes in-person didactic training, practical skills-based experiential training, observation of surveys, and refresher training. Required competencies were based on facilitating QI, assessment methodologies, and report writing. Reported challenges were a lack of time for training. Innovative strategies included virtual training and annual conferences.

CONCLUSIONS:

Training of staff and surveyors is an important component of effective and viable hospital HAP implementation in LMICs. Global programs follow comparable strategies for staff and surveyor training. This research has identified several innovative strategies, which could be further developed, evaluated and disseminated.

KEYWORDS

Value-based care, hospital Accreditation, Quality and Patient Safety, Health Staff Training, Accreditation Agency Surveyor Training, Low- and Middle-Income Countries, Qualitative Study

INTRODUCTION

The concept of Value-based healthcare originated in the 1990s and is still important in the current context, as it ensures balance between quantity, cost and quality of services [1]. Value-based healthcare focuses on maximising the value of care for patients and reducing the cost of healthcare [2], and the value of care is defined as patient-relevant outcomes, compared to the costs per patient across the full cycle of care to achieve these outcomes [3].

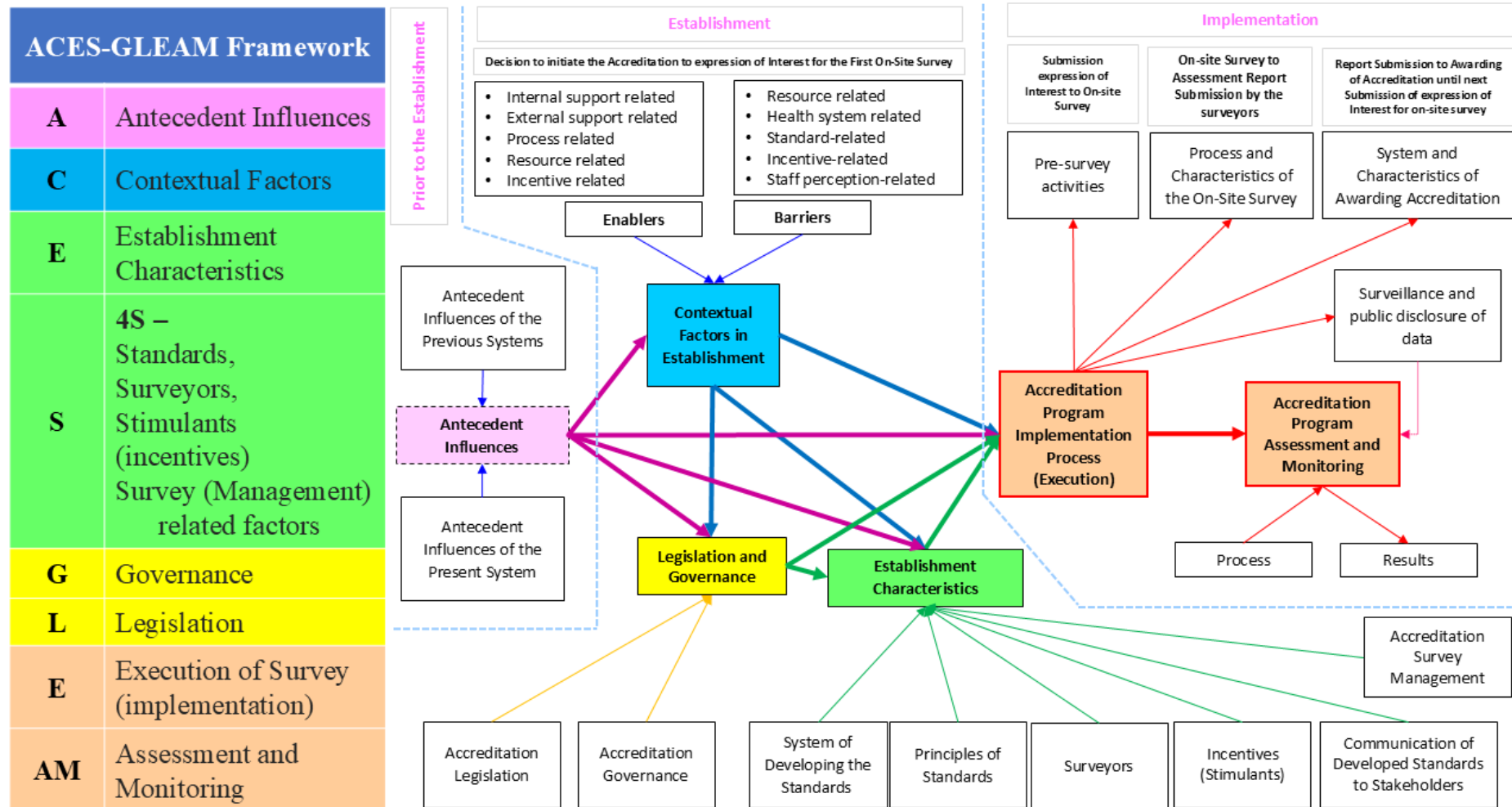
Value-based healthcare is imperative in Low- and Middle-Income Countries (LMICs), as these countries need to ensure patient safety and quality with minimal use of resources. These resource-constrained settings have a high burden due to poor quality and patient safety. The recent Global Patient Safety Report – 2024, World Health Organisation (WHO), reported that there were 134 million adverse event incidents, contributing to 2.6 million deaths per year in LMICs [4]. Hospital accreditation programs (HAPs) can ensure value-based healthcare by continuously improving healthcare systems and assessing their performance. They also have the ability to transform hospitals to improve quality and patient safety, thus contributing to value-based healthcare.

HAPs are composed of complex interrelationships of multiple domains, as outlined in the ACES-GLEAM Framework (Figure 1) [5]. Initially, antecedent influences impact the establishment of HAPs. Thereafter, legislation and governance systems influence the establishment. The subsequent establishment and implementation comprised four main components, i.e., Standards, Surveyors, Stimulants, Survey Management, with communication of standards. These components will mediate the implementation of HAPs, and program assessment and monitoring are important components of a HAP. All domains are affected by contextual factors, either as enablers or barriers [5].

During the process, surveyors and health staff are important internal stakeholders of HAPs, and improving their competencies is imperative to the successful and sustainable establishment of HAPs [5, 6]. Health staff are important for the implementation of standards in their hospital settings [7, 8]. Surveyors are important in assessing hospitals in relation to compliance with standards as external evaluators [9, 10].

This research note presents a synthesis of insights of global stakeholders in relation to the importance, methodologies, required competencies, challenges and innovative strategies of training for health staff and surveyors in the implementation of HAPs in LMICs. It is a preliminary reflection, from a comprehensive exploration of insights generated from global stakeholders to elicit contributory factors for the establishment, implementation, success and sustainability of HAPs in LMICs.

FIGURE 1: ACES-GLEAM FRAMEWORK [5]



METHODS

A qualitative cross-sectional study was conducted using interviews with 30 purposively selected key informants. Fifteen key informants from national accreditation agencies from five WHO regions were interviewed (Eastern Mediterranean Region – 4; African Region – 4; South-East Asian Region – 3; Western Pacific Region – 3; Region of the Americas – 1). Additionally, 11 participants from international accreditation agencies who are operating in more than one country and four participants from multi-national agencies, who are providing technical and financial assistance to HAPs in LMICs, were also interviewed.

A semi-structured interview guide was used, which was developed based on the previously described ACES-GLEAM Framework [5] and validated using Sri Lankan healthcare administrators. Data collection was done in January and February 2025 by the first author. Thematic analysis was done by the first author and validated by the co-authors. Ethics approval was granted by the Griffith University Human Research Ethics Committee.

RESULTS

Results were initially classified into themes related to accreditation surveyors and health staff. Subsequently, five sub-themes were identified within each of the two themes, i.e., methods of training, importance of training, required competencies, challenges and innovations.

HEALTH STAFF TRAINING

Training of health staff is required to ensure clear and consistent communication of the aims and requirements of accreditation standards, especially during revisions. Sub-themes, codes and selected quotes are depicted in Table 1.

TABLE 1: SUB-THEMES, CODES AND SELECTED QUOTES IN RELATION TO THE THEME OF HEALTH STAFF TRAINING

Sub-theme	Code	Selected Quotes
Methods	Assessment Linked with Support to meet Recommendations	<i>....by providing a lead assessor to work as a consultant, as a quality partner to guide and coach and provide support as to how are you going to meet those recommendations..." (AA-02)</i>
	Done by a Consultation / Training Division of the Accreditation Agency	<i>"We established another sort of sister company or arm that advises on quality and patient safety using accreditation And we would help them in training their um employees ..." (GA-02)</i>
	Done by an External Agency to the Accreditation Agency	<i>"Organisations like ours conduct a lot of training programs, which is where [Agency] comes into the picture, though we are not directly connected with [Accreditation Agency], we realise there is a gap in the [Accreditation Agency] training..." (GA-03)</i>
	Need to separate the processes of training and accreditation	<i>"...We do provide consultancies, but we ensure that we have firewall the consultancies from the assessment, so the person does, the consultancy cannot go and do the assessment....." (AA-08)</i>
Importance	Communication of Standards to Staff	<i>".....We had from 5th edition to the 6th edition is being launched So the [Training Agency] will also take a kind of training and sensitising programs to sensitise hospitals about the 6th edition...." (GA-07)</i>

Sub-theme	Code	Selected Quotes
	Sensitising Staff on the Importance of Accreditation	"Through education through marketing, this top management, people in the hospital will really consider accreditation as important....." (GA-09)
	Awareness of the Intent of Implementing the Standards	"...and there is a lot more capacity building that is needed in the country in order to implement our goal, which is patient safety and quality, so for us, this is very important that people understand the right intent...." (GA-03)
	Overcoming the resistance to change through improving awareness	"... First few awareness programs, people walked out this is a western concept...You cannot have quality and quantity linked together...This quality is going to cost a lot of money... We formed a team and went for every nick and corner to bring in awareness..." (GA-14)
Competencies	Standards	"We normally first sensitise the leadership, to the methodology and for them understanding the standards then now we get go down to the middle level and another training to really unpacking the standards for them...." (AA-02)
	Quality Improvement	"... at the county level. We have a quality improvement coordinator...the one that is responsible for improvement initiatives, ...in every service area, they come up with work improvement teams...they identify gaps and then they do what you call use PDSA..." (GA-13)
	Policies and Procedures of Accreditation	"So if for example, they may not had fully understood with what certain policies or procedures what the particular requirements are, or another common example is and specifically related to quality improvement ...then you'll find with the Technical Support services..." (GA-02)
	Quality Culture	".... again to develop a culture to learn from the errors...Is again a very important thing..... And so the various mechanisms must be thought about whether there are webinars or training programs or there are, you know, sensitization of different departments..." (GA-07)
Challenges	Maintenance of Competencies amidst Staff Turnover	"then secondly, is the turnover in the, in the health facilities in the counties because you need to train people on this, it's a new way of doing things. So, you would train and then. After a while, people, there's memory loss...." (AA-02)
	Poor Participation	"So, you have a very small group where the training or the activity where its support activity was intended for 20 participants, and you only have 10 people. I'm arriving and that kind of I think also hinders the progress and the expected outcome...." (AA-05)
	Quality, Safety and Accreditation were not a part of Basic Training	"Quality of care is something that has for us, who went to medical school a while ago. It was never discussed in medical school, so many people in the health facilities don't see, don't understand the concept of quality of care,..." (GA-02)

Sub-theme	Code	Selected Quotes
Innovations	Pre-assessment Training after Self-assessment and Gap Analysis	".... So, we do first the self-assessments, then we do the gap analysis. then we do the training and the capacity building. So, we do that focused or based on our gap analysis..." (AA-01)
	Certification Courses on Quality and Safety	"Particularly for quality management, risk management and infection prevention leadership, we have different courses and certification courses to empower the people working in healthcare..." (GA-02)
	Training of Internal Assessors or Quality Advisors	"We train internal assessors so that they will know on how to comply the standards.... only facilitate their hospital to comply with the standards, but they are not our employees. " (GA-09)
	Virtual or Remote Training	"...So, during COVID and so learnt a lot about remote training and how to help people with that and in interesting we now do our standards training remotely ..." (AA-08)

Participants reported that staff training is usually embedded within the assessment and post-assessment of hospitals. Accreditation agencies usually support hospitals in meeting recommendations after the accreditation assessment. However, some agencies have a consultancy division to provide pre-assessment training, and in some countries, there are separate training agencies to conduct training. In either case, participants reported that there should be a firewall to separate the processes of training and accreditation assessments, to avoid conflicts of interest.

Staff training is important mainly to communicate details of standards to hospital staff, as mentioned by participants. Additionally, it is important to sensitise staff on the importance of accreditation and be aware of the intent of implementing standards, to avoid adhering to standards and accreditation blindly as an opportunistic process. According to study participants, training and awareness of staff will contribute to overcoming resistance to change.

Participants highlighted that training is mostly important to instil competencies on accreditation standards. Additionally, competencies related to quality improvement, policies and procedures of accreditation and quality culture are also important ones that are intended to be imparted through staff training.

The main challenge reported was maintaining staff competencies amidst frequent staff turnovers and poor participation in training. Notable and interesting quotes mentioned by a few participants were related to not having quality, safety and accreditation incorporated within basic training of health professionals.

The following innovations were mentioned by participants in relation to staff training. Usually, accreditation agencies conduct training during or after the conduct of the accreditation assessment. However, some agencies conduct training based on a gap analysis between self-assessment and formal assessment, before having training during the assessment or post-assessment. Additionally, the conduct of certification courses on quality and safety, training of hospital staff as internal assessors or quality advisors and virtual training modalities were reported as innovative strategies, employed by HAPs in LMICs.

ACCREDITATION AGENCY SURVEYOR TRAINING

Training of accreditation agency surveyors was conducted as induction and refresher training of accreditation surveyors to enable reliable and unbiased assessments. Sub-themes, codes and selected quotes relevant to this theme are depicted in Table 2.

TABLE 2: SUB-THEMES, CODES AND SELECTED QUOTES IN RELATION TO THE THEME OF ACCREDITATION AGENCY SURVEYOR TRAINING

Sub-theme	Code	Selected Quote
Methods	In-person Didactic Training	"....5-day training session, face-to-face, where they do cover the standards...." (AA-03)
	Practical Skills-based Experiential Training	"The next day we're in the departments.... we train as we do, so, you feel the actual assessment process..." (GA-01)
	Participation in Surveys as Observers	"After we recruit them and train them, theoretical and practical, we offer for them to observe a survey and..." (GA-05)
	Follow up with Refresher Training	"...During those two years, there are a number of minimum requirements that they have to achieve, which include continuous professional development trainings, a number of accreditations that they have to participate in... " (GA-10)
Importance	Assessing against Standards and Verifying Accreditation Status	".... check if these organisations attained or not attained the standards...." (GA-04)
	Enhances the Image of the Accreditation Agency and the Credibility of the Program	"If they are good, competent, trained, and professional, there will be a good image and can enhance the credibility of our program..." (GA-05)
	Survey Reliability related to Competency	"It [survey] depends upon the person.... It's that skill and different person ... and that is the challenge..." (GA-09)
	Facilitate a Cycle of Improvement through Findings and Recommendations	"...how they put a good findings recommendation So, all the time it's about a cycle of improvement..." (GA-05)
Competencies	Theoretical Knowledge on Standards and the Program	".... Theoretical one to know the requirements of our program, the standards and Code of conduct, laws and regulations..." (GA-05)
	Methodology of Assessment and Report Writing	"...go through accreditation methodology, how to conduct accreditation, how to interview people, how to write, report, how to raise a non-compliance, how to talk to the hospitals..." (GA-03)
	Support Facilities for Quality Improvement	"...it shouldn't be just an assessment. It should be an assessment including.... guiding the health facilities to do quality improvement. " (GA-01)
Challenges	Lack of Time for Training for Existing Health Professionals	"...That but number one challenge is there is they have to attend the training program if they have time ..." (GA-09)
	Lack of Surveyor Time for Maintaining	".....However, they are not available because they are not full-time staff. They are part-time and usually do not

Sub-theme	Code	Selected Quote
	Competencies, as Surveyors are Part-time	<i>provide us with many days. They are not available. they only provide us with a minimum number of days required for recertification..." (GA-02)</i>
	Limited Attention to Continuous Professional Development	<i>"..... It [CPD] is almost like a self-learning thing, but there are refresher things happening on and off one hour, 2 hours. It's not enough. " (GA-03)</i>
Innovations	Virtual Surveyor Training Programs	<i>".... We developed an online surveyor training program for them. So they can now repeat that program....." (AA-01)</i>
	Annual Conferences	<i>"we run large scale conferences so that they can understand what's going on in the world of quality and patient safety, accreditation ..." (GA-10)</i>
	Unpaid (Free) Training	<i>"..... It's not a paid training Because if you make it a paid training, anyone who have money they can join the training.... " (GA-05)</i>
	ISQua Accreditation	<i>"Because our surveyor programme is ISQua accredited as well, we follow the strictest ISQua guidelines ..." (AA-08)</i>

According to participants, the surveyor training process is generally initiated with in-person didactic training. This was followed by practical skills-based experiential training with a mentor. Thereafter, trainee surveyors will participate in surveys as observers and will be recruited as surveyors. These training courses will be followed up with annual refresher training to maintain their competencies and to raise their awareness about new developments in standards and HAPs.

Participants highlighted that surveyors are an important element in assessing hospitals against standards and verifying accreditation status. Additionally, they enhance the image of the agency and the credibility of the program, as the reliability of surveys is directly related to their competencies. Moreover, they are important to facilitate quality improvement in healthcare institutions through their survey recommendations.

Participants reported that accreditation surveyors require the following competencies: The most prominent is theoretical knowledge of standards. Additionally, competencies in methodology of assessment, report writing skills, and finally, skills required to support facilities for quality improvement are also important.

The main challenge for surveyor training, as reported, was the lack of time to participate in training programs, as most surveyors were currently working as health professionals. Additionally, the lack of surveying time for part-time and volunteer surveyors to maintain their competencies and limited attention to continuous professional development were other main reported challenges.

Innovations mentioned by participants were virtual training, annual conferences held for continuous development, and providing surveyor training without any payment from the prospective participants. ISQua accreditation of surveyor training programs was the most recognisable innovation employed by HAPs in LMICs.

DISCUSSION

STATEMENT OF PRINCIPAL FINDINGS

This study identified the importance of health staff and accreditation agency surveyors in achieving value-based care through supporting the effective and sustainable establishment and implementation of HAPs in LMICs. Health staff training programs targeted at improving awareness, meeting recommendations, and imparting quality improvement, which are linked with accreditation. HAPs used pre-assessment training and training of hospital staff as internal assessors as innovative

strategies. Accreditation surveyor training had comparable strategies (didactic, experiential, on-the-job, and refresher training) and similar required competencies (accreditation standards and methodology, and quality improvement) across national and international settings. However, there were challenges in implementing such programs, which warrant innovative strategies, such as virtual training.

STRENGTHS AND WEAKNESSES

The study has incorporated insights from participants from different settings who were directly involved with HAPs in LMICs, either nationally or internationally, through their accreditation, technical and funding agencies. Importance, methods, challenges, competencies, and innovations of health staff and surveyor training programs were identified through this study.

Similar to this study, many global studies have recognised the importance of health staff training for effective and sustainable implementation of HAPs in LMICs [5, 11-16]. Accordingly, the International Society for Quality in Healthcare (ISQua) has recently published guidelines for staff training on quality and patient safety [17]. Despite having similar ISQua guidelines for surveyor training [18] and being recognised through this study, only limited studies and reviews highlight the importance of surveyor training programs, even at the global level [6, 13, 15, 16, 19, 20].

This study reported that health staff need skills in relation to standards, quality improvement and accreditation processes, as they are involved in the basic pathway of achieving accreditation, which was reiterated in international literature [11-13, 21]. Similarly, quality improvement competencies were targeted across surveyor training programs in HAPs, as reported in our study, as well as in international literature [5, 22, 23], as surveyors were expected to facilitate quality improvement during the accreditation surveys [22]. Consequently, accreditation-related concepts such as standards, assessment methodologies, and policies and procedures of accreditation are important competencies for surveyors [24].

Poor participation in staff training and maintaining competencies amidst frequent staff turnover were reported as the main challenges of staff training in both our study as well as international studies [11, 12]. Continuous professional development and maintenance of competencies are important concepts in training [25], which was reported as a challenge for surveyor training in our study. However, maintaining surveyor competencies due to poor attention to refresher training was not recognised in contemporary accreditation-related literature.

Participants suggested several innovations to overcome these challenges in our study. The main reported innovation in staff training was pre-assessment training of health staff using internal or external surveyors, which was incorporated in a few selected programs in HAPs in LMICs [5, 24, 26]. Virtual surveyor training was the most common innovation reported in our study. It was able to address low participation, poor refresher training, and maintain competencies amidst the high turnover of surveyors. However, virtual surveyor training was limitedly reported in global accreditation literature, despite being used extensively for global training programs [27].

This study has several limitations due to the utilisation of a qualitative study design. Purposive sampling may have introduced a selection bias, which was minimised through the use of a wide range of participants. Data saturation through iterative data analysis was not possible due to the global scale of the study and related limited networking opportunities. Interviews were conducted in English, which may have limited the expressions of non-native English-speaking participants.

IMPLICATIONS OF THE STUDY

Staff and accreditation agency surveyor training has gained due prominence in HAPs in LMICs and globally due to the availability of ISQua guidelines. However, the study has identified a few challenges of staff and surveyor training, i.e., limited participation in training, lack of refresher training, and maintaining competencies amidst increased staff and surveyor turnover. By the utilisation of virtual training modalities, all of these aforementioned challenges could have been averted. The other notable innovation, pre-assessment staff training, should be promoted among HAPs in LMICs, as it will be an opportunity for preparing hospitals for prospective accreditation surveys in a step-wise manner, amidst resource constraints.

CONCLUSION

This study elicited key insights of national and international accreditation stakeholders on key components attributed to health staff and accreditation agency surveyors. Global accreditation programs had comparable strategies, challenges, and required competencies for staff and surveyor training. These training programs are important components of HAPs in LMICs to make them effective and sustainable, and subsequently to ensure value-based care. This research has identified several innovative training strategies employed by different accreditation programs in LMICs, some of which are important strategies for resource-constrained settings. These innovative training strategies could be further developed, evaluated and disseminated to enhance the implementation of accreditation programs and improve quality and safety with minimal cost and resources.

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