



Advanced Healthcare IPC Audit and Compliance Training Course

28 December 2026 – 1 January 2027
Kuala Lumpur



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Ref: 1483_209469 **Date:** 28 December 2026 – 1 January 2027 **Location:** Kuala Lumpur **Fees:** 5200 Euro

Overview

Advanced Healthcare IPC Audit and Compliance Training Course is a one-week advanced course for infection prevention auditors, healthcare quality managers, compliance officers, clinical governance staff, and department leaders. Participants build an IPC Audit and Corrective Action File through healthcare IPC audit and compliance planning, infection prevention audit evidence sampling, IPC observation and auditor calibration, infection control nonconformity reporting, and IPC corrective action closure verification. Agile Leaders Training Center presents an assurance-focused audit lifecycle rather than general infection-prevention instruction.

Who Should Attend

- Infection prevention personnel assigned to audit and monitoring
- Healthcare quality and compliance officers
- Clinical governance and patient safety staff
- Department managers receiving or sponsoring IPC audits
- Internal auditors reviewing healthcare control evidence

The course assumes familiarity with healthcare operations or infection prevention. It does not confer auditor certification, clinical licensure, regulator authority, or legal assurance.

Departments and Industries

The course supports teams that need structured evidence and accountable follow-up across healthcare settings.

- Hospitals and specialist healthcare facilities
- Ambulatory and community care networks
- Long-term care and rehabilitation services
- Healthcare quality, compliance, and governance functions
- Infection prevention and internal audit teams

Learning Objectives

By the end of this course, participants will be able to:



- Define an IPC audit universe, objectives, criteria, scope, and frequency
- Build risk-based plans and representative evidence samples
- Conduct document review, interviews, observation, and data testing
- Calibrate auditors and classify findings consistently
- Report nonconformities and facilitate improvement-focused feedback
- Verify corrective action effectiveness and audit closure

Course Agenda

Day 1: Audit Governance and Risk-Based Planning

- IPC Audit Universe and Responsibility Map
- Risk-Based Annual Audit Plan
- Audit Objective, Scope, and Criteria Statement
- Independence, Confidentiality, and Escalation Protocol
- Audit Notification and Engagement Schedule

Day 2: Criteria, Sampling, and Evidence Design

- IPC Requirement and Evidence Criteria Register
- Process, Location, Shift, and Staff Sampling Plan
- Document and Record Review Checklist
- Interview and Direct Observation Guide
- Evidence Sufficiency and Triangulation Worksheet

Day 3: Fieldwork and Auditor Calibration

- Opening Meeting and Fieldwork Brief
- Structured IPC Observation Record
- Auditor Calibration and Scenario Comparison
- Immediate Risk Escalation Decision Chart
- Daily Evidence and Exception Log

Day 4: Findings, Feedback, and Corrective Action

- Finding Classification and Evidence Statement
- Infection Control Nonconformity Report
- Blame-Free Feedback Meeting Structure
- Root-Cause and Contributing-Factor Review
- Corrective Action Ownership and Deadline Tracker



Day 5: Closure and Audit Programme Assurance

- Suggested Exercise: Risk-Based Audit Planning
- Suggested Exercise: Evidence Sampling and Triangulation
- Suggested Exercise: Finding Classification and Reporting
- Suggested Exercise: Corrective Action Verification
- Capstone Exercise: IPC Audit and Corrective Action File

Practical Exercises

The course uses suggested activities with fictional hospital, outpatient, long-term care, and rehabilitation audit scenarios.

- Suggested activity: convert a risk profile into audit scope, criteria, sampling, and timing.
- Suggested activity: triangulate policy, record, interview, observation, and indicator evidence.
- Suggested activity: calibrate finding ratings and write evidence-based nonconformities.
- Suggested activity: test corrective action evidence and decide whether findings can close.

FAQs

Who should attend healthcare IPC audit training?

Healthcare IPC audit training suits personnel who plan audits, observe practice, review evidence, report adherence, receive findings, manage corrective actions, or provide assurance over infection-prevention controls.

How does an IPC audit differ from routine monitoring?

Routine monitoring tracks selected practices or indicators repeatedly. An audit is a structured engagement with defined scope, criteria, sampling, evidence evaluation, findings, reporting, follow-up, and closure decisions.

What makes IPC audit evidence sufficient?

Sufficient evidence is relevant to the audit criteria, drawn from an appropriate sample, traceable to its source, and strengthened through comparison of records, interviews, observations, and data where appropriate.

How should IPC findings be communicated?

Findings should state the criterion, verified condition, supporting evidence, risk implication, responsible owner, required response, and escalation route, followed by improvement-focused discussion with affected teams.



When can an IPC corrective action be closed?

Closure follows verification that the agreed action was implemented, addresses the cause, operates as intended, has supporting evidence, and reduces recurrence risk rather than merely documenting completion.

Conclusion

Participants leave with an IPC Audit and Corrective Action File containing the audit plan, criteria, samples, evidence tools, calibrated findings, reports, actions, and closure tests. The file connects observation and documentation to defensible assurance decisions. It supports an improvement-focused and repeatable audit programme.