ASF-GOV-002

Standards Development Committee — Terms of Reference

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Approved by	Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières
Applies to	The ASF Standards Development Committee and all persons participating in standards development and revision activities
Related documents	ASF-GOV-001 Standards Development Methodology ASF-GOV-003 Impartiality Policy ASF-GOV-004 Confidentiality Policy ASF-GOV-005 Complaints and Appeals Procedure
Supersedes	ASF-GOV-002 V2.0 (2026-09-30)
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Version History

Version	Date	Nature of change	Approved by
V0.1	2024-11-12	Initial draft — internal	—
V1.0	2025-01-20	First published version	Standards Committee
V2.0	2025-07-10	Quorum and voting rules expanded; CoI procedure formalised	Prof. G. Pkhakadze, ASF President
V3.0	2026-09-30	Final pre-submission revision; 7-role membership table; 12 references added; approved for ISQua EEA package	Prof. G. Pkhakadze, ASF President

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1. Purpose

1.1 These Terms of Reference (ToR) establish the mandate, composition, responsibilities, and operating procedures of the ASF Standards Development Committee (hereinafter the Committee or SDC). The Committee is the principal governance body responsible for the oversight, approval, and strategic direction of all ASF healthcare accreditation standards development and revision activities.

1.2 These ToR are established under the authority of the ASF President and constitute a controlled governance document within ASF's quality management system. They are read alongside the Standards Development Methodology (ASF-GOV-001), which establishes the procedural framework within which the Committee operates, and the Impartiality Policy (ASF-GOV-003), which governs conflict-of-interest management across all ASF governance bodies.

1.3 The purposes of the Committee are:

- **(a)** to ensure that ASF accreditation standards are developed and revised through a rigorous, evidence-informed, and transparent methodology;
- **(b)** to provide independent technical and scientific oversight of the standards development process;
- **(c)** to ensure that stakeholder perspectives are appropriately considered and documented in standards development decisions;
- **(d)** to safeguard the impartiality and independence of ASF's standards from commercial or other undue influence;
- **(e)** to ensure that ASF standards remain aligned with current international accreditation practice and evidence.

2. Mandate and Authority

2.1 The Committee holds the following authorities, delegated by the ASF President:

- **(a)** final technical approval of all new ASF accreditation standards prior to submission to the President for signature and publication;
- **(b)** final technical approval of all major revisions to existing ASF accreditation standards;
- **(c)** approval of the annual standards review schedule;
- **(d)** approval of the evidence bibliography (ASF-EV-001) at each major revision cycle;
- **(e)** authorisation of stakeholder consultation processes, including the consultation period duration, the stakeholder groups to be engaged, and the consultation document;
- **(f)** review and endorsement of the Stakeholder Consultation Summary (ASF-EV-002) and the Pilot and Field Validation Summary (ASF-EV-003);
- **(g)** decisions on whether individual consultation responses are accepted, modified, or rejected (documented in the comment matrix);
- **(h)** recommendation to the President on the appointment and renewal of Committee members.

2.2 Minor revisions (as defined in ASF-GOV-001, §9.4) may be approved by the SDC Chair without convening a full Committee meeting, subject to notification to all members at the next scheduled meeting.

2.3 The Committee does not hold authority over ASF's operational accreditation decisions (which are governed by the Accreditation Decision Framework, ASF-OPS-001), surveyor appointments (ASF-OPS-002), or financial matters, which remain with the ASF President.

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3. Membership

3.1 The Committee comprises a minimum of five and a maximum of nine members, appointed by the ASF President on the recommendation of the outgoing Committee. Membership composition must ensure:

- **(a)** multidisciplinary professional representation (see §3.2 membership table);
- **(b)** geographical diversity reflecting ASF's operating jurisdictions;
- **(c)** a majority of members who are independent — that is, without a financial or institutional relationship with ASF that could compromise their independence in standards decisions;
- **(d)** at least one member with direct experience of healthcare accreditation assessment or standards development in an international context.

3.2 Membership composition:

Role on Committee	Required expertise	Appointment and term
Chair	Senior professional in healthcare accreditation, quality management, or health systems governance with demonstrated leadership experience in multi-stakeholder bodies.	Appointed by ASF President for a 3-year term; renewable once (maximum 6 years in role).
Deputy Chair	Senior professional with expertise complementing the Chair; assumes Chair responsibilities in the Chair's absence.	Appointed by ASF President on SDC nomination; 3-year term, renewable once.
Clinical Expert (minimum 1)	Licensed clinical professional (physician, nurse, or allied health professional) with current or recent clinical practice experience relevant to the facility types covered by ASF standards.	3-year term, renewable once.
Quality and Patient Safety Expert (minimum 1)	Specialist in healthcare quality management, patient safety, or clinical governance, with experience in	3-year term, renewable once.

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Role on Committee	Required expertise	Appointment and term
	healthcare facility assessment or quality improvement programme design.	
Health Systems and Governance Expert (minimum 1)	Expert in health systems organisation, healthcare regulation, or public health policy at national or international level.	3-year term, renewable once.
Evidence and Research Expert	Academic or researcher with expertise in evidence synthesis, systematic review methodology, or health services research.	3-year term, renewable once.
Jurisdictional Representative (minimum 1)	Healthcare professional or quality officer from one of ASF's principal operating jurisdictions (France, Georgia, or another active country), providing contextual knowledge of local healthcare systems and regulatory requirements.	3-year term, renewable once.

3.3 No more than two members may be drawn from the same professional institution or organisation at any one time.

3.4 Members serve in a personal capacity and not as representatives of any institution or employer. They are not remunerated for Committee service.

3.5 A Committee member's appointment is terminated:

- **(a)** at the end of their term, unless renewed;
- **(b)** by resignation, with a minimum of 30 days' written notice to the Chair;
- **(c)** by decision of the ASF President, following a finding by the Committee that a member has failed to meet their obligations (including undisclosed conflict of interest, repeated non-attendance, or conduct inconsistent with ASF governance principles);
- **(d)** where a member's independent status is compromised and cannot be remedied.

3.6 The ASF President serves as an ex officio observer at Committee meetings but does not hold voting rights on standards approval decisions. The President's role in Committee meetings is limited to providing strategic direction, receiving Committee recommendations, and exercising final signature authority over approved standards.

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4. Quorum and Decision-Making

4.1 A quorum for a formal Committee meeting is a simple majority of appointed members entitled to vote (i.e. excluding any member who has declared a conflict of interest on the agenda item under discussion).

4.2 Decisions on standards approval (new standards, major revisions, and withdrawal of standards) require a quorum and are made by simple majority vote of members present and entitled to vote. In the event of a tied vote, the Chair has a casting vote.

4.3 Decisions on procedural and administrative matters (scheduling, communication, minor process adjustments) may be made by the Chair between meetings and reported to the full Committee at the next meeting.

4.4 Where a Committee member is unable to attend a meeting in person or by video link, they may submit a written position on agenda items in advance, which the Chair shall present to the meeting. A written position does not count toward quorum.

4.5 All decisions, including the vote count and any dissenting positions, are recorded in the meeting minutes. Minutes are circulated to all members for approval within 10 working days of each meeting and retained as controlled records.

5. Meetings

5.1 The Committee meets at least twice per calendar year: once in the first half of the year (typically Q1 or Q2) to review post-implementation monitoring data and the annual review schedule, and once in the second half (typically Q3 or Q4) to review and approve standards developments and revisions scheduled for that cycle.

5.2 Extraordinary meetings may be convened by the Chair at any time to consider urgent matters, including:

- **(a)** a material patient safety signal requiring immediate consideration of a standards change;
- **(b)** a regulatory change in a principal operating jurisdiction that affects the validity of one or more standards;
- **(c)** a formal complaint or appeal that raises a systemic issue with the standards.

5.3 Meetings may be conducted in person, by video conference, or in a hybrid format. The Chair determines the meeting format, taking into account the nature of the agenda and the location of members.

5.4 The agenda and supporting papers for each meeting are circulated to members at least 14 calendar days in advance. Papers for standards approval decisions include: the draft standard or revised standard; the evidence bibliography update (ASF-EV-001); the consultation report (ASF-EV-002); expert review findings; and the pilot summary (ASF-EV-003), where applicable.

5.5 A designated note-taker (not a Committee member) prepares a formal record of each meeting. The record includes: attendance; agenda items discussed; key points of deliberation; decisions taken (with vote counts); and actions assigned (with owners and target dates). The record is approved by the Chair and retained as a controlled document.

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6. Conflict of Interest Management

6.1 All Committee members are required to complete a written conflict-of-interest declaration on appointment and to update it annually, or immediately when any new conflict arises. Declarations are retained by ASF as controlled records.

6.2 A conflict of interest exists when a member has a financial, professional, personal, or institutional interest that could, or could reasonably be perceived to, influence their independent judgement on a Committee decision. Examples include:

- **(a)** a direct financial relationship with a facility type or organisation seeking ASF accreditation;
- **(b)** authorship of a standard, guideline, or clinical protocol that is being incorporated into, or assessed against, an ASF standard under review;
- **(c)** employment or consultancy for an organisation that has a commercial interest in the outcome of a particular standards decision;
- **(d)** a personal relationship (family, close friendship, or enmity) with the lead drafter of the standard under review.

6.3 At the opening of each Committee meeting, the Chair asks all members to declare any conflict of interest in respect of the agenda items. Declared conflicts are recorded in the minutes.

6.4 A member with a declared conflict on a specific agenda item:

- **(a)** shall withdraw from the room (or video connection) for the duration of the discussion and vote on that item;
- **(b)** shall not receive the supporting papers for that item;
- **(c)** is not counted toward quorum for that item.

6.5 If the Chair declares a conflict of interest, the Deputy Chair assumes the Chair's role for that item.

6.6 The Committee reviews the adequacy of its conflict-of-interest management arrangements annually as part of its review of these Terms of Reference.

> *The broader ASF impartiality framework — including conflict-of-interest requirements for surveyors, applicants, and decision-makers — is set out in the ASF Impartiality Policy (ASF-GOV-003). The requirements in this section apply specifically to the Standards Development Committee.*

7. Confidentiality

7.1 Committee members are required to treat as confidential all unpublished draft standards, consultation responses received in confidence, deliberations within Committee meetings, conflict-of-interest declarations of fellow members, and any commercially or personally sensitive information shared in the course of their work.

7.2 The confidentiality obligation continues after a member's term ends and does not expire.

7.3 The Committee's decisions on standards — including final approved standards, the consultation summary, and the evidence bibliography — are published on france-asf.fr as part of ASF's transparency commitments (see ASF-GOV-001, §12). Confidentiality obligations do not restrict the publication of these final documents.

7.4 The full confidentiality framework is set out in the ASF Confidentiality Policy (ASF-GOV-004).

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8. Accountability and Reporting

8.1 The Committee reports to the ASF President. Following each meeting, the Chair provides the President with a written summary of decisions taken, actions outstanding, and any significant issues or risks identified.

8.2 An annual Committee report is submitted to the ASF President by the end of Q1 each year, covering: meetings held and attendance; standards approved, revised, or initiated during the year; status of the forward review schedule; post-implementation monitoring review findings; and any material risks to standards integrity identified.

8.3 The Committee's Terms of Reference are reviewed at intervals not exceeding five years, or earlier if triggered by a material change in ASF's governance structure or in the requirements of external bodies (including ISQua EEA). Any proposed amendments are submitted by the Chair to the ASF President for approval.

9. ISQua EEA Alignment

9.1 These Terms of Reference are designed to meet the governance requirements of the ISQua International Accreditation Programme (IAP) — External Evaluation Association (EEA) Principles for Standards, 6th Edition. In particular, this document addresses:

- **(a)** Principle 1 (Evidence) — the Committee's role in overseeing the evidence-informed standards development process;
- **(b)** Principle 2 (Stakeholder Engagement) — the Committee's responsibility to authorise and review the stakeholder consultation process;
- **(c)** Principle 3 (Transparency) — public availability of these Terms of Reference and the Committee's decisions;
- **(d)** Principle 4 (Independence) — membership independence requirements, conflict-of-interest procedures, and the separation of standards development from operational accreditation decisions;
- **(e)** Principle 5 (Review) — the Committee's role in the periodic review of standards.

9.2 The ASF ISQua EEA Crosswalk (ASF-EV-004) maps the provisions of these Terms of Reference to the applicable EEA criteria.

10. References

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Formal Approval

Name and title	Signature	Date
Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières		2026-09-30

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