

ASF-OPS-001

Accreditation Decision Framework

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Applies to	All ASF accreditation surveys, all Accreditation Decision Committee sessions, and all accreditation decisions issued by ASF
Related documents	ASF-GOV-001 Standards Development Methodology ASF-GOV-003 Impartiality Policy ASF-GOV-005 Complaints and Appeals Procedure ASF-OPS-002 Surveyor Competency Policy ASF-OPS-003 Accreditation Cycle Policy ASF-OPS-005 Post-Accreditation Obligations
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Version History

Version	Date	Nature of change	Approved by
V0.1	2024-12-05	Initial draft	—
V1.0	2025-02-01	First published version	Accreditation Decision Committee
V2.0	2025-08-20	5-row decision type matrix added; Critical criteria weighted 2× scoring formalised	Accreditation Decision Committee
V3.0	2026-04-12	CAP 6-element structure added; ADC deliberation protocol refined	Prof. G. Pkhakadze, ASF President
V4.0	2026-09-30	Final pre-submission revision; approved for ISQua EEA package	Prof. G. Pkhakadze, ASF President

1. Purpose

1.1 This document establishes the framework within which all accreditation decisions by Accréditation Sans Frontières (ASF) are made, documented, communicated, and reviewed. It defines the five types of decision ASF issues, the criteria thresholds that determine each decision type, the composition and operating procedures of the Accreditation Decision Committee (ADC), the requirements for Corrective Action Plans (CAPs), and the procedures for communicating decisions and handling post-decision processes.

1.2 Consistent, evidence-based, and transparent decision-making is the core deliverable of ASF's accreditation programme. This framework ensures that: (a) every decision is based on objective evidence assessed against published criteria; (b) the decision-making process is independent of the survey team; (c) all decisions are documented with full reasoning; and (d) facilities receive clear, actionable guidance following every survey.

1.3 This framework is aligned with the requirements of ISQua EEA Principle 8 (Accreditation Decisions) and with the decision-making standards of major international accreditation bodies including Joint Commission International, Accreditation Canada, and the Australian Council on Healthcare Standards.

2. Accreditation Decision Committee

2.1 Composition

2.1.1 All accreditation decisions are made by the ASF Accreditation Decision Committee (ADC). The ADC is the sole decision-making body for all accreditation outcomes; individual surveyors do not make or recommend accreditation decisions.

2.1.2 The ADC comprises:

- (a) a Chair — an experienced healthcare quality professional appointed by the ASF President, independent of operational survey management;
- (b) a minimum of two additional voting members with relevant clinical, quality management, or health systems expertise;
- (c) the survey Lead Surveyor as a non-voting rapporteur — present to present findings but not to vote on the decision.

2.1.3 No ADC voting member may have served as a surveyor on the survey under consideration, and no ADC member may have a conflict of interest in respect of the facility under consideration. Declarations are made at the opening of each session in accordance with ASF-GOV-003.

2.1.4 A quorum for decision-making is the Chair plus at least one additional voting member. Decisions are made by simple majority; the Chair has a casting vote on a tie.

2.2 ADC Process

2.2.1 On receipt of the survey report from the Lead Surveyor, the ADC Chair schedules a decision session within 30 calendar days. The ADC receives:

- (a) the complete survey report, including all criterion findings, scores, and the Lead Surveyor's factual summary;
- (b) the facility's self-assessment submission;
- (c) the facility's accreditation history (previous surveys and decisions, if any);

(d) any conflict-of-interest declarations from ADC members.

2.2.2 The Lead Surveyor presents the survey findings to the ADC at the start of the session and then withdraws before deliberation and voting, in accordance with the separation requirement in ASF-GOV-003, §7.1(a).

2.2.3 The ADC deliberates in private. The full reasoning for the decision — including the evidence considered for each material criterion finding and the rationale for the decision type selected — is documented in the ADC session record before the session closes.

3. Scoring Methodology

3.1 ASF uses a criterion-based scoring methodology. Each criterion in the applicable ASF accreditation standard is assessed by the survey team as either: (a) Met — the requirement is fully demonstrated with objective evidence; (b) Partially Met — the requirement is partially demonstrated; this counts as not met for threshold calculations; or (c) Not Met — the requirement is not demonstrated, or evidence is absent.

3.2 Criteria are classified into four tiers (as defined in ASF-GOV-001, §6.2): Critical, Essential, Significant, and Developmental. For decision threshold purposes, the following apply:

- (a) Critical criteria — any single unmet Critical criterion at the close of the survey is a barrier to Accreditation and Conditional Accreditation. Unmet Critical criteria must be fully remediated before any subsequent decision of Accreditation or Conditional Accreditation can be issued;
- (b) Essential criteria — compliance rate among Essential criteria is the primary threshold for distinguishing Accreditation, Conditional Accreditation, and Recognition Award (see Section 4);
- (c) Significant and Developmental criteria — scored and reported, and contribute to the overall compliance percentage, but do not independently determine the decision type.

3.3 The overall compliance percentage is calculated as: (total criteria assessed as Met) ÷ (total scored criteria) × 100. Critical criteria are weighted at 2× their nominal value in this calculation, reflecting their life-safety significance.

3.4 The ADC is not bound to apply thresholds mechanically. Where exceptional circumstances exist — for example, where a single major construction project temporarily affects a facility's physical environment criteria, or where a criterion is not applicable to the specific facility configuration — the ADC may apply documented professional judgement, provided the rationale is fully recorded in the session minutes.

4. The Five Decision Types

4.1 ASF issues five types of accreditation decision. Each decision type has defined thresholds, duration, and consequences. The decision type matrix is as follows:

Decision type	Criteria threshold	Duration	Key consequences
Accreditation	All Critical criteria met; ≥70% of Essential criteria met; overall	3 years from survey date	Full accreditation certificate issued; public registry updated;

Decision type	Criteria threshold	Duration	Key consequences
	compliance ≥60% across all scored criteria		accreditation mark licence granted
Conditional Accreditation	All Critical criteria met; 50–69% of Essential criteria met; or overall compliance 50–59%; no Critical nonconformances remain open	12 months, with mandatory mid-term review at 6 months	Certificate issued with Conditional status; facility submits CAP within 30 days; mid-term review at 6 months; full-cycle survey before expiry
Recognition Award	All Critical criteria met; fewer than 50% of Essential criteria met; demonstrates commitment to quality improvement and has submitted a substantive CAP	12 months, non-renewable; facility must achieve Conditional or full Accreditation on next survey	Award letter (not a formal accreditation certificate); public registry notes Recognition Award status; CAP required within 30 days
Non-Accreditation	One or more Critical criteria not met; OR Essential compliance below 50% with no Recognition Award pathway available	Not applicable	Written finding issued; facility may reapply after minimum 12 months; specific deficiencies communicated in writing
Suspension	Accredited facility fails mid-term review; significant patient safety concern identified post-accreditation; or facility fails to submit required CAP or progress report	Up to 6 months; suspension is reviewed at the end of the period	Public registry status changed to Suspended; accreditation mark licence suspended; facility required to submit remediation plan within 14 days

4.2 The five decision types are described in full in Sections 4.3 to 4.7.

4.3 Accreditation

4.3.1 Accreditation is granted where the facility demonstrates that: (a) all Critical criteria are Met; (b) at least 70% of Essential criteria are Met; and (c) overall compliance across all scored criteria is at least 60%.

4.3.2 An accreditation period of three years is granted from the survey date. The accreditation certificate specifies the effective start and end dates and the ASF standard and edition against which the assessment was conducted.

4.3.3 An accredited facility receives a licence to display the ASF accreditation mark during the accreditation period, subject to the terms of the ASF Accreditation Mark Policy (ASF-OPS-004).

4.4 Conditional Accreditation

4.4.1 Conditional Accreditation is granted where: (a) all Critical criteria are Met; and (b) Essential criteria compliance is between 50% and 69% inclusive; or overall compliance is between 50% and 59%.

4.4.2 Conditional Accreditation is granted for 12 months. A mid-term review is mandatory at 6 months from the survey date, at which ASF assesses CAP progress against the specific nonconformances identified.

4.4.3 A facility on Conditional Accreditation must submit a Corrective Action Plan within 30 calendar days of the decision notification. The CAP must address every nonconformance identified in the survey report (see Section 5).

4.4.4 Before the 12-month period expires, a full-cycle survey is conducted. The outcome of that survey determines whether the facility progresses to full Accreditation, remains on Conditional Accreditation for a further 12 months (one extension only), or is Non-Accredited.

4.5 Recognition Award

4.5.1 The Recognition Award is granted where: (a) all Critical criteria are Met; (b) Essential criteria compliance is below 50%; and (c) the facility demonstrates a genuine and substantive commitment to quality improvement, evidenced by a credible and detailed CAP submitted within 30 calendar days of the survey.

4.5.2 The Recognition Award is valid for 12 months and is non-renewable. The facility must achieve Conditional Accreditation or full Accreditation on its next survey.

4.5.3 The Recognition Award does not carry the status of accreditation and does not entitle the facility to display the ASF accreditation mark. The public registry notes Recognition Award status.

4.5.4 The Recognition Award reflects ASF's commitment to supporting healthcare facilities in their quality improvement journey, particularly in resource-constrained settings. It recognises genuine effort and progress without compromising the rigour of the accreditation standard.

4.6 Non-Accreditation

4.6.1 Non-Accreditation is issued where: (a) one or more Critical criteria are not met at the close of the survey; or (b) Essential criteria compliance is below 50% and the facility does not meet the threshold for a Recognition Award; or (c) the ADC determines that the conditions for a Recognition Award are not met.

4.6.2 A non-accredited facility receives a written finding specifying the specific criteria not met and the evidence basis for the decision.

4.6.3 A non-accredited facility may reapply for accreditation after a minimum period of 12 months. ASF provides a post-decision briefing to the facility on request, to assist with preparation for reapplication.

4.7 Suspension and Withdrawal

4.7.1 Suspension of an existing accreditation may be initiated by the ADC where:

- (a) an accredited facility fails to pass its scheduled mid-term review and the ADC determines that the extent of nonconformance warrants suspension pending remediation;
- (b) a significant patient safety concern is identified post-accreditation — for example, through a regulatory notice, a serious adverse event investigation, or a substantiated complaint — that directly implicates the criteria against which the facility was accredited;
- (c) the facility fails to submit a required CAP, progress report, or other post-accreditation obligation within the required timeframe (see ASF-OPS-005).

4.7.2 Suspension is for a maximum period of 6 months. A suspended facility must submit a remediation plan within 14 calendar days of the suspension decision. The ADC reviews the remediation plan and progress at the end of the suspension period. Possible outcomes of the review are: (a) suspension lifted, accreditation reinstated; (b) suspension extended by up to a further 3 months (one extension only); or (c) accreditation withdrawn.

4.7.3 Withdrawal of accreditation is issued where: (a) the suspended facility fails to remediate sufficiently within the maximum suspension period; (b) a patient safety concern of a severity that cannot be remediated within a suspension period is confirmed; or (c) the facility has materially misrepresented information in its application or during a survey.

4.7.4 Withdrawal is permanent. A facility whose accreditation is withdrawn may reapply for accreditation after a minimum period of 24 months, subject to a full new survey process.

4.7.5 All suspension and withdrawal decisions are communicated to the facility in writing within 5 working days. The public registry is updated to reflect the suspension or withdrawal without delay.

Suspension and withdrawal decisions are subject to the Appeals Procedure (ASF-GOV-005, Section 4). A suspended facility that lodges an appeal within the required 30-day period retains its Suspended status until the Independent Appeals Panel issues its determination (see ASF-GOV-005, §4.8).

5. Corrective Action Plans

5.1 A Corrective Action Plan (CAP) is required in the following circumstances:

- (a) where Conditional Accreditation is granted — CAP required within 30 calendar days of decision notification;
- (b) where a Recognition Award is granted — CAP required within 30 calendar days;
- (c) where full Accreditation is granted but individual nonconformances remain at the Significant or Developmental level — CAP required within 60 calendar days.

5.2 A valid CAP addresses each nonconformance identified in the survey report. For each nonconformance, the CAP must specify:

- (a) the criterion reference number and a description of the nonconformance as stated in the survey report;
- (b) the root cause or contributing factors identified by the facility;
- (c) the specific corrective action the facility will take;
- (d) the person responsible for implementing the action;
- (e) the target completion date;
- (f) the evidence of completion that will be available for review at the next survey or mid-term review.

5.3 ASF acknowledges receipt of the CAP within 5 working days and conducts a completeness check within a further 15 working days. Where the CAP is incomplete — for example, where a nonconformance is not addressed, or a target date is not specified — ASF returns it with specific feedback and a revised submission deadline.

5.4 CAP progress is assessed at:

- (a) the 6-month mid-term review (for Conditional Accreditation);
- (b) the full-cycle survey at the end of the conditional period;
- (c) for full Accreditation with residual nonconformances, a documentary review of CAP evidence submissions at 12 months.

5.5 Failure to submit a required CAP within the specified timeframe, or failure to demonstrate substantive progress at a mid-term review, may trigger a suspension decision (see §4.7.1(c)).

6. Decision Communication

6.1 All accreditation decisions are communicated to the facility in writing. The decision notification includes:

- (a) the decision type (from Section 4) and its effective dates;
- (b) the basis for the decision, including the compliance percentages and a summary of material nonconformances;
- (c) for Conditional Accreditation and Recognition Award: the CAP requirement with the submission deadline;
- (d) the right to appeal, with a reference to the Appeals Procedure (ASF-GOV-005) and the 30-day appeal window;
- (e) the name and role of the ADC Chair.

6.2 Decision notification timelines:

- (a) Accreditation, Conditional Accreditation, Recognition Award, and Non-Accreditation: within 20 calendar days of the ADC decision session;
- (b) Suspension: within 5 working days;
- (c) Withdrawal: within 5 working days.

6.3 The accreditation certificate is issued within 10 working days of the decision notification for Accreditation decisions. Certificates are issued in PDF format and bear the ASF document code, the facility name, address, the standard and edition assessed, the accreditation period, and the signature of the ASF President.

6.4 The public registry on france-asf.fr is updated to reflect all accreditation decisions within 5 working days of the decision notification.

7. ISQua EEA Alignment

7.1 This framework is designed to meet the requirements of ISQua IAP EEA Principle 8 (Accreditation Decisions), which requires that:

- (a) accreditation decisions are made by a body independent of the survey team;
- (b) decision criteria and thresholds are published and applied consistently;
- (c) all decisions are communicated in writing with the reasons;
- (d) facilities have access to an appeals process (provided by ASF-GOV-005);
- (e) the outcomes of decisions are publicly disclosed in a registry.

7.2 The ASF ISQua EEA Crosswalk (ASF-EV-004) maps the provisions of this framework to the applicable EEA criteria.

8. References

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Formal Approval

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