ASF-OPS-003

Accreditation Cycle Policy

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Approved by	Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières
Applies to	All ASF accreditation agreements — new applications, active accreditations, and renewal processes
Related documents	ASF-OPS-001 Accreditation Decision Framework ASF-OPS-002 Surveyor Competency Policy ASF-OPS-005 Post-Accreditation Obligations ASF-OPS-006 Eligibility and Scope Policy ASF-GOV-005 Complaints and Appeals Procedure
Supersedes	ASF-OPS-003 V2.0 (2026-11-24)
Next review	September 2031, or earlier on trigger

Version History

Version	Date	Nature of change	Approved by
V0.1	2024-12-10	Initial draft	—
V1.0	2025-02-01	First published version	Prof. G. Pkhakadze, ASF President
V2.0	2025-10-05	8-row cycle timeline table added; 12-month advance renewal notice formalised	Accreditation Decision Committee
V3.0	2026-09-30	3-type in-cycle monitoring added; 3 exceptional extension grounds; approved for ISQua EEA package	Prof. G. Pkhakadze, ASF President

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1. Purpose

1.1 This policy defines the structure, duration, and sequencing of the accreditation cycle for all ASF accreditation programmes. It sets out the obligations of both the applicant or accredited organisation and ASF at each stage of the cycle — from initial survey through to renewal or lapse — and establishes the monitoring activities that ASF conducts during the accreditation period.

1.2 A clearly defined accreditation cycle is essential for: (a) providing accredited organisations with a predictable framework within which to plan quality improvement activities; (b) enabling ASF to schedule survey and monitoring resources effectively; and (c) demonstrating to ISQua and other external parties that ASF's accreditation programme operates on a systematic, time-bounded basis with defined intervals between assessments.

1.3 This policy is read alongside ASF-OPS-001 (Accreditation Decision Framework), which governs the decision types that arise from surveys, and ASF-OPS-005 (Post-Accreditation Obligations), which sets out the specific obligations of accredited organisations during the accreditation period.

2. Accreditation Cycle Duration

2.1 The standard accreditation cycle for a facility granted full Accreditation is three years from the date of the survey on which the decision was based. The accreditation certificate specifies the start date and the expiry date.

2.2 For Conditional Accreditation, the cycle is 12 months from the survey date, with a mandatory mid-term review at 6 months. A maximum of one 12-month extension to Conditional Accreditation may be granted where significant progress has been demonstrated but full accreditation thresholds have not yet been met.

2.3 For the Recognition Award, the cycle is 12 months, non-renewable. A facility holding a Recognition Award must achieve Conditional Accreditation or full Accreditation on its next survey.

2.4 Accreditation periods are not extended except in the circumstances specified in clause 2.5.

2.5 An extension to the accreditation period of up to six months may be granted by ASF in the following exceptional circumstances only:

- **(a)** a significant force majeure event — such as a natural disaster, armed conflict, or public health emergency — that prevents the facility from conducting normal operations or from accommodating a survey;
- **(b)** a material change in the applicable ASF accreditation standard — for example, the publication of a new edition — where ASF determines that it would be unreasonable to require a facility to be assessed against the new edition without a reasonable preparation period;
- **(c)** an operational constraint on ASF's side (surveyor unavailability) that prevents scheduling within the normal window, at no fault of the facility.

2.6 Extensions are approved by the ASF President in writing and documented in the accreditation record. The extended expiry date is reflected in the public registry.

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3. Accreditation Cycle Timeline

3.1 The following table sets out the key activities and documentation requirements at each stage of the accreditation cycle from survey date to expiry:

Timepoint	Activity	Documentation required
Survey date	Full accreditation survey conducted against applicable ASF standard	Complete survey report submitted by Lead Surveyor within 10 working days of survey close
+ 30 calendar days (ADC session)	Accreditation Decision Committee session held; decision issued	ADC session record; decision notification letter with compliance percentages and nonconformances
+ 30–60 days post-decision	Corrective Action Plan submitted by facility (where required per ASF-OPS-001, §5.1)	CAP covering each nonconformance with root cause, action, owner, target date, and completion evidence
+ 6 months (Conditional only)	Mid-term review — ASF assesses CAP progress	Facility CAP progress submission; ASF mid-term review finding
+ 12 months (Conditional / Recognition)	End-of-conditional-period survey or review	New survey report; ADC decision; updated certificate or further action
Year 2 (full Accreditation)	Annual declaration of continued compliance submitted by facility	Signed annual declaration; updated contact and ownership details
12 months before expiry	ASF issues renewal notice; facility invited to book survey	Renewal notice letter; confirmed survey booking
Expiry date	Accreditation period ends; facility must hold valid accreditation or be in active renewal process	New accreditation certificate or lapse notice

> *The timeline above represents a full three-year cycle for a facility that achieves full Accreditation. Facilities on Conditional Accreditation follow the 12-month pathway described in §2.2 and ASF-OPS-001, §4.4.*

4. Survey Planning and Scheduling

4.1 ASF is responsible for scheduling surveys within the required timeframes. Surveys are scheduled in collaboration with the facility at a mutually agreed date, subject to the constraints of ASF's survey capacity and the facility's operational calendar.

4.2 For renewal surveys (surveys conducted at the end of a three-year accreditation period), ASF issues a formal renewal notice to the accredited facility no later than 12 months before the expiry date. The renewal notice:

- **(a)** confirms the current accreditation expiry date;
- **(b)** invites the facility to confirm its intention to seek renewal;

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(c) proposes a survey window (a 90-day period within which the survey should be conducted) consistent with a target survey date of approximately 60 days before the expiry date, allowing time for the ADC decision and certificate issue before expiry.

4.3 The facility must confirm its intention to renew within 30 calendar days of receiving the renewal notice. Failure to respond within this period is treated as a notification of intention not to renew; ASF records the decision and prepares a lapse notice for issue at the expiry date.

4.4 Survey scheduling for new applications is governed by the Eligibility and Scope Policy (ASF-OPS-006). The target from receipt of a complete application to survey date is 90 calendar days, subject to surveyor availability.

4.5 Surveys are conducted at the facility premises. Remote or documentary-only surveys are not accepted as the basis for an accreditation decision. In exceptional circumstances (see clause 2.5(a)), ASF may conduct a hybrid survey with on-site and documentary elements; the accreditation decision in such cases reflects the limitations of the hybrid approach.

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5. Monitoring During the Accreditation Period

5.1 ASF conducts the following structured monitoring activities during the accreditation period, in addition to the mid-term review required for Conditional Accreditation:

5.1.1 Annual Declaration of Continued Compliance

In year 2 of a three-year accreditation cycle, the accredited facility submits an annual declaration confirming that: (a) the facility continues to operate within the scope of its accreditation; (b) there have been no material changes to its governance, ownership, or service configuration that would affect its compliance with the ASF standard; and (c) all post-accreditation obligations under ASF-OPS-005 are being met. The declaration is signed by the facility's Chief Executive Officer or equivalent senior leader.

5.1.2 Significant Change Notification

An accredited facility is required to notify ASF promptly — and in any event within 30 calendar days — of any significant change to its operations that may affect its accreditation status or the scope of the assessment on which its accreditation was based. Significant changes requiring notification include:

(a) a change in ownership or legal entity that controls the facility;

(b) the addition or removal of a major clinical service line that falls within the scope of the accreditation standard;

(c) a significant physical expansion or relocation of the facility's premises;

(d) a regulatory action — such as a suspension of a licence, a formal enforcement notice, or a patient safety directive — issued by a competent authority in the jurisdiction;

(e) a sentinel event or serious adverse event investigation finding that has implications for compliance with Critical criteria in the ASF standard;

(f) a major change in staffing that affects the facility's ability to meet staffing-related accreditation criteria.

5.2 On receipt of a significant change notification, ASF assesses whether the change: (a) has no material effect on accreditation status — in which case the change is recorded and no further action

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is taken; (b) requires an unplanned documentary review or a targeted on-site visit; or (c) is of a severity that warrants a suspension decision under ASF-OPS-001, §4.7.

5.1.3 Reactive Monitoring

5.3 ASF may initiate a reactive monitoring review at any time during the accreditation period in response to:

- **(a)** a substantiated complaint about the accredited facility that implicates its compliance with one or more ASF criteria;
- **(b)** an adverse media report or publicly available regulatory finding that raises concerns about patient safety or service quality at the facility;
- **(c)** information received from a third party (regulator, professional body, or patient representative) that raises a concern about compliance.

5.4 A reactive monitoring review is proportionate to the nature of the concern and may take the form of: a written request for information from the facility; a targeted documentary review; or an unannounced on-site visit, in exceptional circumstances.

6. Lapse of Accreditation

6.1 Accreditation lapses automatically on the expiry date if ASF has not issued a new accreditation certificate by that date. A lapse occurs where:

- **(a)** the facility does not confirm its intention to renew within the required timeframe (clause 4.3);
- **(b)** the renewal survey is not completed before the expiry date and no extension has been granted under clause 2.5;
- **(c)** the renewal survey results in a Non-Accreditation decision.

6.2 A facility whose accreditation has lapsed must immediately cease use of the ASF accreditation mark (per ASF-OPS-004). The public registry is updated to reflect the lapsed status within 5 working days of the expiry date.

6.3 A facility whose accreditation has lapsed may reapply at any time as a new applicant, subject to ASF-OPS-006 (Eligibility and Scope Policy). There is no minimum waiting period for a lapse due to administrative reasons (e.g. failure to confirm renewal in time), provided the facility demonstrates it remains eligible. A lapse following a Non-Accreditation decision carries the 12-month reapplication restriction set out in ASF-OPS-001, §4.6.3.

7. Relationship to Other ASF Policies

7.1 This policy establishes the temporal framework of the accreditation cycle. The following policies govern specific elements of the cycle in more detail:

Policy	Aspect of the cycle governed
ASF-OPS-001 Accreditation Decision Framework	Decision types, thresholds, CAP requirements, and suspension/withdrawal from the cycle
ASF-OPS-002 Surveyor	Survey team composition and surveyor qualifications

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Policy	Aspect of the cycle governed
Competency Policy	
ASF-OPS-005 Post-Accreditation Obligations	Specific obligations of the accredited organisation during the accreditation period
ASF-OPS-006 Eligibility and Scope Policy	Eligibility criteria for new applications entering the cycle
ASF-OPS-007 Language and Translation Policy	Language requirements during surveys within the cycle
ASF-OPS-008 Surveyor Costs and Expenses	Financial arrangements for surveys within the cycle
ASF-GOV-005 Complaints and Appeals Procedure	Redress options available at any point in the cycle

8. ISQua EEA Alignment

8.1 This policy addresses ISQua EEA Principle 9 (Accreditation Cycle), which requires that an accreditation programme has a defined and documented cycle with regular re-assessment intervals, systematic in-cycle monitoring, and defined procedures for lapse, suspension, and withdrawal. The ASF ISQua EEA Crosswalk (ASF-EV-004) maps the provisions of this policy to the applicable EEA criteria.

9. 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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