

ASF-OPS-005

Post-Accreditation Obligations

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Approved by	Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières
Applies to	All organisations granted ASF Accreditation or Conditional Accreditation, from the date of the accreditation decision until the expiry, lapse, suspension, or withdrawal of accreditation
Related documents	ASF-OPS-001 Accreditation Decision Framework ASF-OPS-003 Accreditation Cycle Policy ASF-OPS-004 Accreditation Mark Policy ASF-GOV-003 Impartiality Policy ASF-GOV-004 Confidentiality Policy ASF-GOV-005 Complaints and Appeals Procedure
Supersedes	ASF-OPS-005 V2.0 (2026-11-26)
Next review	December 2031, or earlier on trigger

Version History

Version	Date	Nature of change	Approved by
V0.1	2026-11-03	Initial draft for internal review	—
V1.0	2026-11-16	ADC review	Accreditation Decision Committee
V2.0	2026-11-26	Approved and published	Prof. G. Pkhakadze, ASF President
V3.0	2026-12-01	Expanded to full policy; 8-row obligations summary table, full CAP requirements, significant change notification triggers, monitoring cooperation obligations, quality improvement obligations, feedback obligations, and references added	Prof. G. Pkhakadze, ASF President

1. Purpose

1.1 Accreditation is not a one-time event. It represents an ongoing commitment by the accredited organisation to maintain the quality and safety standards against which it was assessed, to cooperate with ASF's in-cycle monitoring activities, and to disclose any changes that may affect its accreditation status. This policy sets out the specific obligations that apply to every organisation holding ASF Accreditation or Conditional Accreditation from the date of the accreditation decision until the end of the accreditation period.

1.2 The post-accreditation obligations in this policy are conditions of accreditation. Failure to comply with them may result in a suspension or withdrawal decision under ASF-OPS-001, §4.7. They are accepted by the accredited organisation when it enters the Accreditation Agreement with ASF.

1.3 A summary of the principal obligations, their timeframes, and the consequences of non-compliance is provided in the Obligations Summary Table in Section 3. Sections 4 to 9 describe each obligation in detail.

2. Scope of Application

2.1 This policy applies to organisations granted full Accreditation and to those granted Conditional Accreditation. Organisations holding a Recognition Award are subject to the CAP obligation in Section 4 and the mark use obligations in ASF-OPS-004, but are not subject to the remaining obligations in this policy.

2.2 The obligations apply from the date of the accreditation decision and continue until: (a) the expiry of the accreditation period without renewal; (b) the lapse of accreditation under ASF-OPS-003, §6; (c) the withdrawal of accreditation under ASF-OPS-001, §4.7.3; or (d) such earlier date as agreed in writing with ASF.

3. Obligations Summary

3.1 The following table provides a structured overview of all post-accreditation obligations, their triggers and timeframes, and the consequences of non-compliance:

Obligation	Timeframe / trigger	Consequence of non-compliance
Submit Corrective Action Plan	30 days of decision (Conditional / Recognition Award); 60 days (full Accreditation with Significant nonconformances)	Failure to submit may trigger suspension (ASF-OPS-001, §4.7.1(c))
Submit CAP progress report (Conditional)	At 6-month mid-term review	Failure to submit: suspension considered
Annual declaration of continued compliance	Year 2 of 3-year cycle — signed by CEO or equivalent	Failure: recorded as non-compliance; follow-up required

Obligation	Timeframe / trigger	Consequence of non-compliance
Notify ASF of significant changes	Within 30 calendar days of the change	Failure to notify: may be treated as misrepresentation; suspension considered
Cooperate with monitoring reviews	When requested — documentary review within 15 working days; on-site visit at agreed date	Non-cooperation: suspension considered
Comply with ASF accreditation mark requirements	Throughout the accreditation period (ASF-OPS-004)	Mark misuse: formal notice, escalation, legal action
Confirm renewal intention	Within 30 days of 12-month renewal notice	No response: treated as intention not to renew; lapse notice prepared
Remove accreditation mark on lapse/suspension/withdrawal	14 days (lapse); 5 working days (suspension or withdrawal)	Failure: breach of licence; enforcement under ASF-OPS-004, §7

The obligations in the table above are described in full in Sections 4 to 9. In the event of any inconsistency between this summary table and the detailed sections, the detailed sections prevail.

4. Corrective Action Plan

4.1 Where the accreditation decision requires the submission of a Corrective Action Plan (CAP), the accredited organisation must submit a complete and valid CAP within the following timeframes:

- (a) Conditional Accreditation: within 30 calendar days of the decision notification;
- (b) Recognition Award: within 30 calendar days of the decision notification;
- (c) Full Accreditation with residual Significant-tier nonconformances: within 60 calendar days of the decision notification.

4.2 A valid CAP addresses every nonconformance identified in the survey report. For each nonconformance, the CAP specifies:

- (a) the criterion reference number and the nonconformance description as stated in the survey report;
- (b) the root cause or contributing factors identified through the organisation's own analysis;
- (c) the specific corrective action the organisation will take, described with sufficient precision for ASF to assess its adequacy;
- (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.

4.3 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, a nonconformance is not addressed, or a target date is absent — ASF returns it with specific feedback

and a revised submission deadline. The revised deadline does not extend the 30-day or 60-day original deadline; it is a deadline for a corrected resubmission.

4.4 Failure to submit a CAP by the required deadline, or failure to resubmit a corrected CAP by the revised deadline, may trigger a suspension decision under ASF-OPS-001, §4.7.1(c).

5. Continued Compliance

5.1 The accredited organisation is required to maintain compliance with the ASF accreditation standard throughout the accreditation period — not only at the time of the survey. Accreditation is a representation to patients, regulators, and the public that the quality and safety systems described in the survey are operational on a continuous basis.

5.2 Where a specific nonconformance has been remediated in the CAP, the corrective action must be maintained for the duration of the accreditation period. A nonconformance that recurs after remediation, and is identified at a subsequent survey or monitoring review, is treated as evidence of systemic non-compliance.

5.3 In year 2 of a three-year accreditation cycle, the accredited organisation submits an annual declaration of continued compliance, signed by the Chief Executive Officer or equivalent senior leader. The declaration confirms that:

- (a) the organisation 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 compliance with the ASF standard, other than those already notified to ASF;
- (c) all post-accreditation obligations under this policy are being met.

5.4 Failure to submit the annual declaration by the required date is recorded as non-compliance in the accreditation record and triggers a written follow-up from ASF. Persistent non-submission may trigger suspension.

6. Significant Change Notification

6.1 The accredited organisation must notify ASF promptly — and in any event within 30 calendar days — of any significant change to its operations, governance, or clinical services that may affect its accreditation status. This obligation is fundamental: ASF's accreditation decision was based on a specific organisational and operational configuration at the time of the survey. Material changes to that configuration must be disclosed so that ASF can assess whether the accreditation remains valid.

6.2 Significant changes requiring notification include:

- (a) a change in ownership or legal entity that controls the facility — including acquisition, merger, change of management company, or transfer to a different legal form;
- (b) the addition of a major new clinical service line within the scope of the accreditation standard — for example, the opening of an intensive care unit in a facility accredited under the Hospital Standard;
- (c) the removal or discontinuation of a clinical service that was in scope at the time of the survey — particularly where Critical or Essential criteria were assessed against that service;

- (d) a significant physical expansion or relocation of the facility's premises that affects the physical environment criteria;
- (e) a formal regulatory action by a competent authority — including a suspension of a facility licence, an enforcement notice, a patient safety directive, or a formal investigation by a health regulator;
- (f) a sentinel event or serious adverse event investigation finding that has direct implications for compliance with one or more Critical criteria in the ASF standard;
- (g) a material change in medical or nursing staffing levels that affects the facility's ability to meet staffing-related accreditation criteria;
- (h) a change in the information management or patient records systems that forms a material part of the facility's assessed compliance with information management criteria.

6.3 On receipt of a significant change notification, ASF assesses whether the change: (a) has no material effect on accreditation status and may be noted without further action; (b) requires a targeted documentary review or a scheduled monitoring visit; or (c) is of a severity that warrants an urgent review and potentially a suspension decision under ASF-OPS-001, §4.7. ASF notifies the organisation of its assessment in writing within 15 working days of receiving the notification.

6.4 A failure to notify ASF of a significant change when one occurs may be treated as a material misrepresentation. Where ASF discovers that a significant change was not notified, and the change would have triggered an assessment or suspension, this is treated as a serious breach that may result in withdrawal under ASF-OPS-001, §4.7.3(c).

7. Cooperation with Monitoring and Surveillance

7.1 The accredited organisation must cooperate fully with all monitoring activities conducted by ASF during the accreditation period, including:

- (a) documentary reviews — providing requested documents, records, and evidence within 15 working days of the request;
- (b) mid-term reviews (Conditional Accreditation) — providing a comprehensive CAP progress submission on the date specified in the review notice;
- (c) surveillance visits — where ASF conducts an on-site monitoring visit, the organisation makes appropriate staff available, provides access to all areas within the accreditation scope, and facilitates the visit in good faith.

7.2 Where an organisation is unable to cooperate with a monitoring activity within the required timeframe due to exceptional operational circumstances, it must notify ASF in writing before the deadline, explaining the reason and proposing an alternative date within 15 calendar days. ASF may agree to a revised timeline at its discretion.

7.3 Non-cooperation with monitoring activities — including failure to provide requested documents, refusal to facilitate a surveillance visit, or obstructing the conduct of a monitoring review — is treated as a serious breach and may result in suspension under ASF-OPS-001, §4.7.1.

8. Quality Improvement Obligations

8.1 The ASF accreditation programme is designed not only to assess current performance but to stimulate ongoing quality improvement. As a condition of accreditation, the accredited organisation commits to:

- (a) actively implementing the corrective actions committed to in the CAP, within the target dates stated;
- (b) maintaining an internal quality improvement programme that addresses the areas identified as Significant and Developmental nonconformances in the survey report;
- (c) monitoring the effectiveness of corrective actions through internal audit or equivalent processes;
- (d) sharing the survey report findings with the organisation's leadership body (Board, Supervisory Board, or equivalent governance authority) within 60 days of the accreditation decision notification.

8.2 ASF does not require the accredited organisation to use any specific quality improvement methodology. The organisation may use whatever internal improvement approach is appropriate to its context, provided it can demonstrate at the next survey that the nonconformances have been addressed and the corrective actions have been implemented.

9. Feedback and Information Obligations

9.1 The accredited organisation provides ASF with updated contact information for the primary contact responsible for the accreditation relationship whenever this changes.

9.2 The accredited organisation cooperates with ASF's post-accreditation satisfaction review, conducted by ASF at intervals not exceeding 18 months. The satisfaction review is a structured questionnaire covering the organisation's experience of the survey process, the clarity and usefulness of the accreditation report, and the organisation's views on ASF's responsiveness and support. Participation is voluntary; responses are anonymised for programme improvement purposes.

9.3 The accredited organisation may be invited to participate in ASF's stakeholder consultation processes when standards are revised (see ASF-GOV-001, §7.2). Participation in consultation is voluntary and does not affect accreditation status.

10. Consequences of Non-Compliance

10.1 Non-compliance with post-accreditation obligations is taken seriously because it undermines the continuous assurance model that ASF's accreditation represents. ASF applies a proportionate and graduated response to non-compliance:

- (a) Minor or first-instance non-compliance — written reminder from ASF with a revised deadline; non-compliance recorded in the accreditation record;
- (b) Repeated or material non-compliance — formal written notice from ASF identifying the specific breach; the matter placed before the ADC for review; suspension considered;

- (c) Serious non-compliance — including failure to disclose a significant change, material misrepresentation, or persistent non-cooperation with monitoring — suspension issued immediately pending full ADC review; withdrawal considered.

10.2 The accredited organisation may appeal any suspension or withdrawal decision under the ASF Complaints and Appeals Procedure (ASF-GOV-005) within 30 calendar days.

11. ISQua EEA Alignment

11.1 This policy supports ISQua EEA Principle 9 (Accreditation Cycle) insofar as it establishes the in-cycle obligations of accredited organisations, and Principle 8 (Accreditation Decisions) insofar as it governs the conditions under which decisions remain valid. The ASF ISQua EEA Crosswalk (ASF-EV-004) maps these provisions to the applicable EEA criteria.

12. References

[1]	ISQua International Accreditation Programme (IAP). Principles for Standards. 6th Edition. ISQua External Evaluation Association, Dublin, Ireland, 2023.
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[11]	Pomey MP, Contandriopoulos AP, François P, Bertrand D. Accreditation: a tool for organisational change in hospitals? Int J Health Care Qual Assur. 2004;17(3):113–124.
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Formal Approval

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