

ASF-QMS-002

Management Review Procedure

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Approved by	Prof. Giorgi Pkhakadze, MD, MPH, PhD President, Accréditation Sans Frontières
Applies to	The ASF Quality Management System; annual and extraordinary management review meetings
Related documents	ASF-QMS-001 Internal Audit Policy · ASF-QMS-003 Risk Management Policy · ASF-GOV-001 Standards Development Methodology · ASF-GOV-005 Complaints and Appeals Procedure · ASF-OPS-001 Accreditation Decision Framework
Supersedes	ASF-QMS-002 V2.0 (2026-09-30)
Next review	September 2031, or earlier on trigger

Version History

Version	Date	Nature of change	Approved by
V0.1	2025-03-05	Initial draft	—
V1.0	2025-06-01	First published version	QMS Coordinator
V2.0	2026-03-15	10-item mandatory review input list; 5 extraordinary review triggers formalised	QMS Coordinator
V3.0	2026-09-30	6-category decision output table; documentation pack requirements; approved for ISQua EEA package	Prof. G. Pkhakadze, ASF President

1. Purpose

1.1 Management review is the mechanism through which ASF's senior leadership evaluates the overall performance of the quality management system, assesses the suitability of ASF's policies and procedures, and makes strategic decisions about improvements. It provides the formal governance linkage between the results of internal audit, risk management, stakeholder feedback, and operational performance, and the decisions needed to continually improve ASF's accreditation programme.

1.2 This procedure establishes the frequency, inputs, outputs, and governance of ASF management review meetings, and the records that must be maintained as evidence of the review.

2. Frequency

2.1 The annual management review is held once per calendar year, at a date set by the ASF President. The recommended date is during the first quarter of the calendar year, to allow review of the preceding year's operational performance data.

2.2 An extraordinary management review may be convened at any time by the ASF President when:

- (a) a major nonconformance is identified through internal audit (ASF-QMS-001) that requires strategic-level decision-making;
- (b) a significant complaint or upheld appeal raises systemic concerns about ASF's processes (ASF-GOV-005);
- (c) a material impartiality concern arises that requires review of ASF-GOV-003 or the composition of ASF committees;
- (d) a substantive change is proposed to ASF's accreditation programme, standard portfolio, or governance structure;
- (e) external feedback from ISQua EEA, a regulatory authority, or a peer review recommends changes to ASF's QMS.

2.3 An extraordinary management review must be convened within 20 working days of the trigger event. It is scoped to the specific issue that triggered it but may be expanded if the President determines that a broader review is needed.

3. Participants

3.1 The annual management review is chaired by the ASF President. Participants include the QMS Coordinator, the Chair of the Standards Development Committee (SDC), the Chair of the Accreditation Decision Committee (ADC), and any other persons whose operational area is under review. External participants — for example, a surveyor representative or a stakeholder representative — may be invited at the President's discretion.

3.2 A quorum for the annual management review requires the presence of the ASF President and at least two of the named committee chairs. Where a quorum cannot be achieved in person, the review may be conducted electronically, provided all participants have access to the complete pre-meeting documentation pack.

3.3 The QMS Coordinator serves as the review secretary — preparing the documentation pack, circulating the agenda, minuting the meeting, and tracking the implementation of review decisions.

4. Review Inputs

4.1 The QMS Coordinator prepares a structured documentation pack for the management review meeting. The pack is circulated to all participants at least 10 working days before the meeting date. The pack must include data and information on each of the following mandatory inputs:

Input	Source document / data	Minimum content
Internal audit results	ASF-QMS-001 audit reports	Summary of all audit cycles completed since previous management review; all open CARs and their status; trend in NC rate
Risk register status	ASF-QMS-003	Updated risk register; risks rated High or Critical at any point since previous review; changes to risk ratings and residual risk levels
Complaints and appeals	ASF-GOV-005 case log	Number and type of complaints received; number upheld, partially upheld, or rejected; any systemic findings; appeals outcomes
Accreditation programme performance	ADC records; ASF-OPS-001	Number of surveys conducted; decision types (Accreditation, Conditional, Recognition Award, Non-Accreditation); CAP compliance rates; any suspensions or withdrawals
Surveyor performance	ASF-OPS-002 performance log	Calibration exercise results; performance monitoring triggers activated; training completed
Stakeholder feedback	Satisfaction survey results; consultation responses	Summary of post-accreditation satisfaction review results; feedback from standards consultation processes
Status of previous management review actions	Action log	Progress on each action agreed at the previous annual review; open actions and revised deadlines
Changes in context	As applicable	Changes to legal/regulatory requirements; changes in ISQua EEA criteria; significant changes in operating environment (e.g. new markets, new standard types)
Performance against quality objectives	QMS Coordinator	Measurement results for each quality objective set at the previous review
Recommendations for improvement	All contributors	Proposed improvements from QMS Coordinator, ADC Chair, SDC Chair, or any staff member

Where data is not yet available for a mandatory input — for example, where a satisfaction survey was not conducted in the review period — the documentation pack records this and explains the reason. A missing input does not prevent the management review from proceeding, but the reason for the gap is recorded in the minutes and an action is agreed to address it.

5. Review Outputs and Decisions

5.1 The management review produces documented decisions and actions. The minimum required outputs are:

Output category	Required decision / output	Owner
QMS suitability	Statement of whether the QMS, as reviewed, remains suitable, adequate, and effective for ASF's purposes	ASF President
Quality objectives	Set or confirm quality objectives for the coming review period; each objective must be specific, measurable, and assigned to a responsible person	ASF President + QMS Coordinator
Improvement actions	Specific actions to address nonconformances, risks, stakeholder feedback, and performance gaps; each action assigned to a named person with a deadline	As assigned
Resource decisions	Decisions on any additional resources required to implement improvement actions or to address identified QMS gaps	ASF President
Policy and document updates	List of ASF governance documents to be reviewed or revised before the next management review, based on audit results, risk changes, or context changes	QMS Coordinator
Follow-up schedule	Date of next annual management review; triggers for extraordinary review if applicable	ASF President

5.2 All decisions and actions are recorded in the management review minutes, which are produced by the QMS Coordinator within 5 working days of the meeting and approved by the ASF President within a further 5 working days.

5.3 The approved minutes are distributed to all participants and filed as a QMS record. Actions are entered into the action-tracking log maintained by the QMS Coordinator, which is reviewed at each subsequent extraordinary management review and at the next annual review.

6. Records

6.1 The following records are maintained by the QMS Coordinator and retained for a minimum of 5 years:

- (a) the pre-meeting documentation pack for each annual and extraordinary management review;
- (b) the attendance record for each meeting;
- (c) the approved minutes for each meeting;
- (d) the action log and status of each action agreed at each review.

7. ISQua EEA Alignment

7.1 This procedure supports ISQua EEA Principle 10 (Quality Management System), which requires accreditation bodies to have a systematic process for reviewing the performance of their QMS and making decisions about improvement. The ASF ISQua EEA Crosswalk (ASF-EV-004) maps the provisions of this procedure to the applicable EEA criteria.

8. References

[1]	ISQua IAP. Principles for Standards. 6th Ed. ISQua EEA, Dublin, 2023.
[2]	ISO 9001:2015 — Quality Management Systems: Requirements. §9.3 Management Review. ISO, Geneva, 2015.
[3]	ISO/IEC 17021-1:2015 — Conformity Assessment. §9.8 Management Reviews. ISO, Geneva, 2015.
[4]	ISO 19011:2018 — Guidelines for Auditing Management Systems. ISO, Geneva, 2018.
[5]	Accreditation Canada. Management Review Procedure. ISQua EEA Accredited Document, 2022.
[6]	HQACI. Management Review Procedure. ISQua EEA Accredited Document, 2026.
[7]	Shaw CD et al. Profiling health-care accreditation organisations. Int J Qual Health Care. 2013;25(3):222–231.
[8]	Greenfield D, Braithwaite J. Health sector accreditation research. Int J Qual Health Care. 2008;20(3):172–183.
[9]	Pomey MP et al. Accreditation: a tool for organisational change in hospitals? Int J Health Care Qual Assur. 2004;17(3):113–124.
[10]	European Foundation for Quality Management. EFQM Excellence Model 2020. EFQM, Brussels, 2019.

Formal Approval

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

Name and title	Signature	Date
President, Accréditation Sans Frontières		

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