TRIM: D24-13347

# March 2024

Application Form - Approval under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme to conduct assessments

**Note:** Applicants should read the document titled ***Policy - Approval under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme to conduct assessments*** before completing this application form.

***Official ACSQHC use only***

| Date received: | Application number: |
| --- | --- |
| Notes: |  |

# Part A: Application instructions

Applicants must read the ***Policy - Approval under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme to conduct assessments*** (the Policy) before completing the application for approval. Conditions set out in the Policy in relation to applications for approval apply to all applications.

Applicants are advised that all sections of the application form requesting information must be fully and accurately completed and accompanied, where applicable, by supporting documentation. Failure to do so will result in applicants being asked to resubmit a correctly completed application form and/or to submit additional information in respect of an incomplete application.

The information sought is to enable the Commission to properly assess the suitability of the applicant to participate in the Scheme as an accrediting agency, including:

* whether the applicant is fit and proper to be approved;
* its level of knowledge and experience of the relevant standards;
* National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHCMO) Standards,
* National Safety and Quality Cosmetic Surgery (NSQCS) Standards,
* National Safety and Quality Health Service (NSQHS) Standards,
* The Multi-Purpose Service (MPS) Aged Cre Module,
* National Clinical Trials Governance Framework,
* National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards and,
* any other set/s of standards issued by the Commission from time to time applying under the Scheme
* whether it has the framework, capabilities and resources to conduct accreditations in accordance with the Scheme in a sound, objective, transparent and rigorous manner;
* the applicant’s agreement to be bound by the Scheme’s policy and processes, and the conditions of approval;
* the applicant’s willingness to co-operate with the Commission as a participant in the Scheme in ensuring the integrity and standing of the Scheme as a valuable tool of clinical governance for health service organisations.

Applications received within the specified time frame for the assessment round will undergo an initial compliance check to ensure all documentation is in order. Correctly and fully completed application documents will then be referred for detailed review and assessment.

Applicants will be notified if documentation is incomplete or missing. This will occur after the due date for that assessment round. The Commission cannot guarantee that an incomplete application involving the need for resubmission in completed form or submission of additional documentation after the specified due date will be considered in the current assessment round (see section 2.3, 2.4 and 2.5 of the Policy about remedying incomplete applications and consequent delays in assessing and determining incomplete applications).

**Submitting Applications**

Applications should be submitted no later than close of business on the specified date for the relevant assessment round. Applications must be submitted electronically.

All files should be in Microsoft readable formats. The application form must be signed by an authorised officer, either electronically or as an original and scanned.

Submissions are to be made electronically via the SurveyMonkey form linked [here](https://www.surveymonkey.com/r/QTQYDFZ). Submissions can be edited until close of business on the closing date. An electronic copy of the final submission will be emailed to nominated representatives following the closing date for their records.

Applicants should ensure that files with supporting documentation are named in a way that makes it clear which section of the application it relates to.

Applicants should refer to the checklist in Part B of this application form to ensure all necessary steps of the application have been completed prior to submission.

# Part B: Type of Approval applied for

***Note: the applicable version of any standards is the current version as at the time of submission of application for approval as an accrediting agency, unless otherwise advised by the Commission.***

Under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme (the Scheme) an organisation may apply for approval to assess health care facilities against one or more of the following sets of standards:

* National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care Module (MPS Module) and National Clinical Trials Framework where applicable
* National Safety and Quality Digital Mental Health (NSQDMH) Standards
* National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards
* National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHCMO)
* National Safety and Quality Cosmetic Surgery (NSQCS) Standards, and
* Any other set of standards issued by the Commission from time to time

Please indicate which set/s of standards your organisation is seeking approval to use under the Scheme:

National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHCMO)

National Safety and Quality Cosmetic Surgery (NSQCS) Standards

National Safety and Quality Health Service (NSQHS) Standards

The Multi-Purpose Services (MPS) Aged Care Module

National Clinical Trials Governance Framework (NCTGF)

National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards

Any other set/s of standards issued by the Commission from time to time

# Part C: Organisational information

| Applicant details | Required information |
| --- | --- |
| Name of organisation applying for approval |  |
| Business structure (corporation, partnership, unincorporated association, etc.) |  |
| ABN |  |
| Registered business name under which accreditation assignments will be conducted, if different from name of organisation |  |
| Street Address |  |
| Street, suburb, state & post code |  |
| Postal address, if different from street address |  |
| Website |  |

| Person authorised to submit this application | Required information |
| --- | --- |
| Name |  |
| Position/title |  |
| Phone number |  |
| Mobile number |  |
| Email address |  |

| Contact person for this application | Required information |
| --- | --- |
| Name |  |
| Position/title |  |
| Phone number |  |
| Mobile number |  |
| Email address |  |

**Supporting documentation**

Documents evidencing business structure

Please list and attach copies

Certification of business registration, if applicable

# Part D: Key officeholders and senior managers

**1. Key Officeholders and senior management**

In this Part:

“key officeholder” means the chairperson (however called) and each member of the governing body of the organisation, company secretary (or equivalent as applicable), treasurer (or equivalent as applicable);

“senior manager” means the chief executive (however called) and each manager, reporting directly to the chief executive, who will be primarily responsible for the oversight or management of assessors, the conduct of assessments or the award of accreditation.

Specify name, address and date of birth of each key officeholder and each senior manager.

**Supporting documentation**

Please list documentation provided

**2. Criminal History**

Please specify any criminal conviction in the last 10 years, or current criminal charge, against the applicant or any of its key officeholders or senior managers:

* arising from carrying on the business of assessment or accreditation, or
* relating to the conduct of assessment or accreditation, or
* relating to health service provision, or
* relating to bribery, fraud or dishonesty offences, or
* which has resulted, or if proven would result, in disqualification from holding a position as a governing member or other officeholder of the applicant organisation.

**3. Disciplinary history**

Please specify whether any key officeholder or senior manager of the applicant:

* has been found guilty of professional misconduct as a health care, legal or other professional by a competent court or tribunal in the last 10 years.
* has been a key officeholder or senior manager of a health care organisation, which has had its licence as a health care provider revoked or suspended in the last 10 years, and that person was serving as a key officeholder or senior manager with the organisation at the time of the revocation or suspension. If so, specify what position the officeholder or manager held in that organisation, and the circumstances surrounding the revocation/suspension, and any role of that person in those circumstances, to the extent known.
* has previously been a governing member, other officeholder or senior manager of an organisation that has had its status or award with an international accreditation body revoked or suspended during the period the relevant person held such office or management position. If so, specify what position the officeholder/senior manager held in that organisation, and the circumstances surrounding the revocation/suspension, and any role of that person in those circumstances, to the extent known.

Please specify whether the applicant has ever had its status or award with an international accreditation body revoked or suspended and if so, specify the circumstances and include relevant documentation e.g. reasons for revocation

**Supporting documentation**

Please list documentation provided

# Part E: Accreditation award/s and affiliations

Please provide details of the international accreditation award/s your organisation holds.

| ISQua against the Organisation Standards | Required information (if applicable) |
| --- | --- |
| Standards organisation assessed to by ISQua |  |
| Date accreditation awarded |  |
| Next accreditation assessment date |  |
| Details of any conditions or restrictions on the awarding of your organisation’s accreditation |  |

| JASANZ to the healthcare management systems | Required information (if applicable) |
| --- | --- |
| Date accreditation awarded |  |
| Next accreditation assessment date |  |
| Details of any conditions or restrictions on the awarding of your organisation’s accreditation |  |

| Other (please provide details) | Required information (if applicable) |
| --- | --- |
| Date accreditation awarded |  |
| Next accreditation assessment date |  |
| Details of any conditions or restrictions on the awarding of your organisation’s accreditation |  |

**Supporting documentation**

Copy of relevant accreditation awards enclosed

Other supporting documentation, please list:

# Part F: Organisational approach and experience

**1. Accreditation framework**

Outline the framework, policies and other key governance documents governing the applicant’s conduct of accreditations/assessments.

Outline how these key governance arrangements are implemented and applied within the organisation (for example, performance reporting to the governing body, regular training of personnel etc.)

**Supporting documentation**

Please list documentation provided

**2. Disclosure and management of conflicts of interest**

Attach the applicant’s policy and processes for declaring and managing conflicts of interest on the part of governing members, officeholders and assessors, including in relation to the conduct of accreditations/assessments

**Supporting documentation**

Please list documentation provided

**3. Accreditation programs and methodologies**

Specify the health service sectors assessed by your organisation (for example, hospitals, office-based practice by type, community service organisations, mental health services).

Outline how the organisation implements the requirements of the Australian Health Service Safety and Quality Accreditation Scheme in its operations in these sectors.

Identify any areas where the AHSSQA Scheme requirements are not applied.

**Supporting documentation**

Please list documentation provided

1. **Disclosure of information**

It is a condition of approval under the AHSSQA Scheme that information relating to the accreditation of health service organisations and/or health service providers using the relevant Standards, which identifies the relevant health service organisations and/or health service providers, be disclosed to the Commission and to third parties.

For the purpose of this application, relevant standards include National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHCMO) and

National Safety and Quality Cosmetic Surgery (NSQCS) Standards.

Information is to be disclosed on all health service organisations and/or health service providers assessed using relevant standards.

Provide a copy of the relevant clauses in the Applicant’s terms and conditions applicable to accreditation of health service organisations and/or health service providers that will enable such disclosure:

* For routine reporting on outcomes accreditation/assessment
* When significant patient risk is identified
* Public reporting on summary assessment data, once introduced

|  |
| --- |
|  |

**Supporting documentation**

Please list documentation provided

1. **Previous experience in health service-related accreditation/assessment of standards**

**(Only applicable to organisations applying for approval under the Scheme for the first time)**

*Please note this section is only applicable to accrediting agencies applying for approval for the first time*

| Type of health service related accreditations/assessments undertaken in the previous two years | Number of health service related accreditations/assessments undertaken | Standards used at assessment |
| --- | --- | --- |
|  |  |  |

Please attach a schedule of assessments undertaken, including the name of each organisation assessed, the date/s of the assessment and a contact person from the assessed organisation:

**Supporting documentation**

Please list documentation provided

# Part G: Assessor workforce

**1. Workforce size**

Number of assessors usually available to assess health service organisations

| NSQHS Standards | MPS – Aged Care Module | National Safety and Quality Digital Mental Health (NSQDMH) Standards | National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards |
| --- | --- | --- | --- |
|  |  |  |  |

**2. Relationship between applicant and its assessors**

Please specify the categories of legal relationship/s existing between the applicant and assessor workforce including types of remuneration arrangements, where applicable e.g. contractors on a piece work/fee-for-service or hourly basis, full-time/part-time/casual employees, part-time volunteers, etc. and the number of assessors in each category.

**Supporting documentation**

Please list documentation provided

**3. Training, experience and currency of assessor workforce**

List any essential qualifications or training required to be an assessor.

List any criteria which excludes a person from being an assessor.

Set out the applicant’s process for recruiting and selecting assessors.

Specify the minimum amount of time, if any, an assessor is required to engage in assessment/accreditation work over the course of 12 months in order to maintain their role with the applicant.

Specify any continuing professional development requirements for an assessor to maintain their role with the applicant

**Supporting documentation**

Please list documentation provided

**4. Conduct and performance of assessor workforce**

*Please include supporting documentation*

Attach the applicant’s code of conduct or similar policy for its assessor workforce and outline how it is implemented.

Specify how the applicant oversights the performance of its assessor workforce.

Specify how the applicant manages poor performance or misconduct by its assessor workforce.

**Supporting documentation**

Please list documentation provided

**5. Continuing professional development**

List any CPD activities related to accreditation specifically and/or the health care industry generally, conducted, supported or sponsored by the applicant for its assessor workforce

**Supporting documentation**

Please list documentation provided

# Part H: Appeals and complaints processes

**1. Appeals process**

Provide a copy of the applicant’s appeals policy and procedures for health service organisations and/or health service providers dissatisfied with the outcome of an accreditation/assessment undertaken by the applicant.

**Supporting documentation**

Please list documentation provided

**2. Complaints and feedback process**

Provide a copy of the applicant’s complaints and feedback policy and procedure

**Supporting documentation**

Please list documentation provided

# Part I: Declaration of compliance and co-operation

DECLARATION OF COMPLIANCE AND CO-OPERATION

I, *(full name and position with applicant)*, being authorised to make this Declaration on behalf of *(the Applicant)*, certify that the information provided in this application is correct to the best of my knowledge and belief. I acknowledge that it is an offence under Section 137 of the Criminal Code Act 1995 to provide false or misleading information or documents to the Commonwealth.

The Applicant acknowledges and agrees to comply with, and be bound by, the Commission’s Policy titled *Policy - Approval under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme to conduct assessments* (the Policy).

The Applicant acknowledges that any approval as an accrediting agency granted to it under the Australian Health Service Safety and Quality Accreditation Scheme (the Scheme) is subject to the standard conditions of approval set out in the Policy, and any other conditions of approval placed on the Applicant by the Commission in granting, or maintaining the grant of, approval under the Scheme. The Applicant agrees to comply with these conditions of approval.

The Applicant declares that if it is approved as an accrediting agency, it will co-operate with the Commission as a participant in the Scheme in ensuring the integrity and standing of the Scheme as a valuable tool of clinical governance for health service organisations, including participating in fora, meetings, research, reviews and other Commission activities relevant to the Scheme.

**Signature:**

**Name:**

**Position/title:**

**Date:**

I am authorised by the Applicant organisation to make this declaration (attach a copy of duly executed authorising instrument).

# Part J: Application Checklist

On completion of the application please check that you have:

Read and understood the Policy

Completed each information request in all sections of this application form

Collated and labelled all the necessary supporting documentation

Signed the Declaration of Compliance and Co-operation