

Primary and Community Healthcare Standards

Assessment models

Accreditation to the National Safety and Quality Primary and Community Healthcare Standards (Primary and Community Healthcare Standards) can be achieved through one of four assessment models.

Assessment models

Healthcare services generally have the flexibility to select an assessment model that aligns with their readiness. This approach accommodates different levels of preparedness and engagement across the sector. Once a healthcare service has completed an assessment using a particular model, it cannot transition to a lower numbered model unless approval is granted by the Australian Commission on Safety and Quality in Health Care (the Commission).

In circumstances where a healthcare service requires accreditation to satisfy regulatory, contractual or licensing requirements, the relevant regulator may stipulate the assessment model to be used.

Baseline requirements

Accrediting agencies approved to conduct assessments to the Primary and Community Healthcare Standards must comply with the requirements outlined in the:

- [Policy - Approval under the Australian Health Service Safety and Quality Accreditation \(AHSSQA\) Scheme to conduct assessments](#)
- [Policy - Avoiding and managing conflicts of interest under the AHSSQA Scheme](#)
- [Primary and Community Healthcare Standards advisories and fact sheets.](#)

Additional requirements specific to each assessment model will be addressed below.

Model 1 – Desktop assessment

A **desktop assessment** involves evaluating the healthcare service's compliance with the relevant actions in the Primary and Community Healthcare Standards by virtually reviewing policies, documents, reports, and other records using an agreed method (such as uploaded files or screen-sharing applications).

Model 1 eligibility

Model 1 is limited to two cycles, unless approved by the Commission to extend its use.

From 1 July 2026, model 1 is limited to healthcare service that do not have facilities and/or equipment to support physical examinations of, or therapies or procedures upon patients.

Model 1 requirements

- ✓ During the desktop assessment, all documents must be reviewed together in sequence over a dedicated period of time
- ✓ Healthcare services may not make adjustments or amendments to evidence submitted during this period

Refer to *Guidance on conducting desktop assessments* in [Attachment 1](#).

Model 2 – Desktop + virtual assessment

A **desktop assessment** is initially conducted to ensure the assessor has a thorough understanding of the healthcare service's policies, operational scope and service model.

This is followed by a **virtual assessment**, which evaluates the healthcare service's compliance with the relevant actions in the Primary and Community Healthcare Standards. It includes visual inspection and interviews with key personnel, conducted using various information and communications technology (ICT) tools and digital processes. The safety and quality systems outlined in the documentation and records provided during the desktop assessment are verified during the virtual assessment.

Model 2 eligibility

The healthcare service:

- must have no significant risks identified in the previous assessment
- must have no limitations in ICT availability, connectivity or performance
- can guarantee privacy, security, due process or impartiality throughout the assessment.

Model 2 is limited to one cycle for healthcare services with facilities and/or equipment to support physical examinations of, or therapies or procedures upon patients

Model 2 requirements

- ✓ The assessor conducting the desktop assessment must be part of the assessment team for the virtual assessment
- ✓ The period of time between desktop assessment and virtual assessment can be no longer than 10 business days
- ✓ The assessor cannot award a rating to any action prior to the virtual assessment
- ✓ The virtual assessment must be conducted over at least one clinical session and at least 60% percent of the time spent by assessors in clinical practice or operational settings.

Refer to *Guidance on conducting virtual and hybrid assessments* in [Attachment 2](#).

Model 3 – Announced on-site assessment

An **on-site assessment** involves evaluating the healthcare service's compliance with the relevant actions in the Primary and Community Healthcare Standards through in-person visual inspection, interviews with key personnel, and a review of documents.

Model 3 requirements

The baseline requirements apply to announced on-site assessments which include but are not limited to:

- ✓ The healthcare service must be given at least four weeks' notice of the date of commencement of the on-site assessment
- ✓ The lead assessor has not undertaken more than two consecutive assessment cycles in the same facility or healthcare service
- ✓ Assessors (in any capacity) have not undertaken more than two consecutive assessment cycles in the same facility or healthcare service
- ✓ The on-site assessment must be conducted over at least one clinical session and at least 60% percent of the time spent by assessors in clinical practice or operational settings.

Model 4 – Short-notice on-site assessment

The **on-site assessment** may be conducted at **short notice**, based on the healthcare service's preference or to meet regulatory, contractual, or licensing obligations.

For healthcare services that are part of a wider local health district (or similar) being assessed to the National Safety and Quality Health Service (NSQHS) Standards, assessment to the Primary and Community Healthcare Standards may be conducted as part of the broader short-notice assessment.

Model 4 requirements

- ✓ The short-notice on-site assessment is conducted in line with the requirements of the NSHQS Standards. For further information, refer to:
 - [NSQHS Standards Fact sheet 17: Short notice accreditation assessment](#)
 - [NSQHS Standards Fact sheet 18: Scheduling for short notice alignments](#).

Additional information for models 3 and 4

A **hybrid assessment**, where the healthcare service has agreed to an on-site assessment with part of the assessment conducted virtually, may be approved in limited circumstances if one or more of the following conditions apply.

- **Restricted access** - All or part of the healthcare service is inaccessible due to statutory or regulatory restrictions, such as public health orders or instruments.
- **Safety concerns** - The safety of patients and assessors is at risk because the healthcare service is considered at high risk of transmission of infection.
- **Travel limitations** - There are statutory or regulatory restrictions limiting movement of assessors across state or territory borders.
- **Assessment interruption** - An on-site assessment has commenced but cannot be completed prior to the current accreditation expiry date due to statutory or regulatory restrictions.
- **Geographical location** - The assessment is in respect of small healthcare services in geographically remote locations, and evidence is available demonstrating centralised, systematic clinical governance and management systems, policies and processes are operating at these remote healthcare services.

Hybrid assessment requirements

- ✓ At least one assessor must be on site throughout the assessment
- ✓ All relevant areas within the healthcare service must be viewed and assessed
- ✓ The assessment report must document the reason for conducting part of the assessment virtually, the areas, actions or standards assessed virtually, and any barriers or technical difficulties encountered.

Refer to *Guidance on conducting virtual and hybrid assessments* in [Attachment 2](#).

Accrediting agencies seeking approval to conduct an assessment using a lower-numbered model than the previous assessment, or to conduct a hybrid assessment, must [submit a written request](#).

Questions?

Contact the Safety and Quality Advice Centre at AdviceCentre@safetyandquality.gov.au or call 1800 304 056.

For more information

Please visit: safetyandquality.gov.au/pchs



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Attachment 1: Guidance on conducting desktop assessments

Preparing a desktop assessment

Accrediting agency

- Agree with the healthcare service on the conduct of the assessment including:
 - the assessment objective, criteria and scope
 - assessment dates and the timeline to upload the required evidence prior to the assessment
 - the technology to be used and how privacy and security requirements will be met.
- Allocate assessor(s) and ensure they:
 - know and understand their role and responsibilities for the assessment
 - have the appropriate skills, qualifications and training
 - understand the risks and limitations of desktop assessments, particularly in relation to the robustness of the assessment.
- Inform the healthcare service:
 - that access to the accrediting agency's file sharing platform will not be available once the assessment has commenced
 - the mechanisms for submitting additional evidence, if requested, during the period of assessment
 - the consequences if the healthcare service does not follow an assessor's reasonable direction regarding sharing documents.
- Ensure the mechanisms for communicating during the assessment are secure and all records of conversations and files held by the accrediting agency are fully deleted at the end of the assessment.

Healthcare service

- Submit pre-assessment documents to the accrediting agency using the agreed secure file sharing platform including:
 - an overview of the healthcare service
 - the healthcare service's self-assessment
 - supporting evidence, such as policies and procedures, minutes, audits and reports to demonstrate relevant actions are met.
- Nominate a contact person who is available to the assessor(s) throughout the assessment.
- Confirm access to file sharing platform and mechanisms for communicating during the assessment.

Conducting a desktop assessment

Accrediting agency

- Conduct the assessment on the day agreed between the assessor(s), the health services and the accrediting agency.
- Review all documents submitted by the healthcare service and assess evidence of compliance with the Primary and Community Healthcare Standards using the [Primary and Community Healthcare Standards Guide for Healthcare Services](#) and Commission resources when required.
- Complete the assessment report, including:
 - the relevant assessment model
 - actions where there was insufficient evidence to demonstrate full compliance
 - barriers, technical difficulties or enablers encountered during the assessment.

Healthcare service

- Ensure the designated contact remains available throughout the assessment to answer any questions the assessor(s) may have and provide any further evidence if requested by the assessor(s).
- Make documents available securely to assessors during the assessment.

Following a desktop assessment

Accrediting agency

- Delete documents and images accessed through the file sharing platform at the conclusion of the assessment.
- Use the accrediting agency's monitoring systems to evaluate the effectiveness of the assessment conducted including but not limited to:
 - training of assessors
 - design of the assessment plan
 - information and instructions provided to the healthcare service.
- Complete assessment reports in accordance with the AHSSQA Scheme requirements.
- Ensure assessment reports and testimonials specify the assessment model used.
- Evaluate the effectiveness of the assessment and provide feedback to the Commission.

Attachment 2: Guidance on conducting virtual and hybrid assessments

Prior to a virtual or hybrid assessment

Administration

Accrediting agency

- Agree on the format of reviews, including:
 - method of consumer involvement
 - virtual tour requirements at the commencement of the assessment
 - orientation tools, such a map of the healthcare service (if necessary)
 - schedule of events with consideration of time zones for assessors and the healthcare service
 - mechanisms of communication with the healthcare service during the assessment.
- Ensure all members of the assessment team:
 - know and understand their role and responsibilities during the assessment, and ensure the tasks are well defined
 - have the skills and/or the support to use the ICT equipment
 - understand the risks and limitations of virtual assessments, particularly in relation to evidence gathering and the robustness of the assessment.
- Ensure sufficient time is allocated to test the ICT equipment prior to the assessment, using the same equipment that will be used during the assessment, and in areas where the assessment will be conducted.
- Identify the mechanism by which assessors will keep in contact during the assessment, individually and through group chat. Ensure this mechanism is secure at all times and that the record of the conversations can be fully deleted at the end of the assessment.
- Develop a contingency plan, that includes actions and responsibilities for situations including when:
 - video link is disconnected
 - voice link is unavailable
 - WiFi is unavailable
 - assessment has to be discontinued
 - the healthcare service is unable or does not comply with the reasonable requests during the assessment.
- Clearly articulate to the healthcare service, in writing if necessary:
 - the contingency plan and process should the assessment not be able to proceed
 - the consequences of members of the healthcare service's workforce not following an assessor's reasonable direction, particularly in regard to the movement and placement of the camera, volume of the microphone and sharing of documents.

Healthcare service

- Provide assessors with a time-limited clearance to the relevant programs and areas in the healthcare service's ICT systems.
- Provide assessors with a security briefing or instructions, if required.
- Ensure ICT devices are fully operational and charged.
- Nominate an ICT support person to be responsible for the integrity of the ICT systems during the assessment.
- Ensure the nominated ICT support person is available to the assessors throughout the assessment.
- Exchange contact details with assessors for all key contacts in the healthcare service and members of the assessment team.
- Agree to a contingency plan with the accrediting agency in the event the assessment cannot be finalised as scheduled.

Information and communications technology systems

Accrediting agency

- If the ICT program is specified by the healthcare service, test the ICT programs and equipment to be used at assessment to ensure the IT equipment has the functionality and flexibility required for a robust assessment.
- If the ICT equipment is not specified by the healthcare service, determine which platform will be used by assessors after considering:
 - capacity of the program to share screens for the review of documents
 - ability of assessors to take control of the screen
 - availability of breakout rooms for different assessors to undertake independent reviews
 - capacity to view documents in real time, including clinical and personnel files, using high resolution camera/photography
 - mobility of ICT equipment, including stability of the network.

Healthcare service

- Confirm with the accrediting agency the videoconferencing software and ICT platform to be used during the assessment.
- Ensure there is sufficient appropriate ICT equipment available for the assessment to proceed. If the assessment includes multiple sites, ensure there is sufficient support and equipment at each site for the assessment to proceed.
- Ensure documents to be presented as evidence can be made available securely to assessors, using drop box or other secure sites.
- Test the IT equipment with all members of the workforce to be involved in the assessment. Ensure each member has the IT skills and/or support to operate the IT equipment, including camera focus, volume and screen sharing.
- Check all locations where the assessment will be conducted to identify areas where the WiFi signal may be weak or not accessible. Address any issues identified with the WiFi coverage.

Documentation

Accrediting agency

- Develop a policy for recording and photographing during the assessment using virtual access digital technology and provide a copy to the healthcare service.

Healthcare service

Nil

During a virtual assessment

Administration

Accrediting agency

- Limit the length of each session to ensure the assessment is manageable for assessors.
- At the commencement of each interview or assessment session, clarify for participants:
 - if the meeting is being recorded
 - how and what documents will be accessed for review during the session
 - how security of data will be maintained
 - that the assessor will have control of the camera direction, placement and movement at all times.
- Assessors should:
 - ensure their cameras are positioned so their full head and shoulders are visible to those in the healthcare service
 - be located in a private, quiet environment to avoid interference, background distractions and noise
 - be mindful of the background view of their location, and ensure it is appropriate
 - use headphones or other equipment to maximise the capacity to hear and focus their attention, for example, headsets with a microphone or noise cancelling headphones
 - remain in control of the camera viewing the healthcare service at all times
 - issue clear and direct instructions to members of the healthcare service's workforce if they are physically responsible for moving and positioning the camera
 - use check-back techniques to ensure what has been said is clearly heard and understood, particularly where there are poor or unstable IT connections
 - terminate the interview, observation or the assessment if there is continued poor connections or inability to retain a connection, or where the healthcare service fails to comply with reasonable directions from the assessor
 - implement the contingency plan if the assessment is terminated.
- Where virtual breakout rooms are used, ensure privacy is maintained by inviting participants, nominating rooms and virtually locking the room once a meeting has commenced.
- Where meetings are recorded, assessors are to seek agreement from all participants before the meeting commences and provide a clear statement on how the recording will be used and if/when it will be deleted.

- For hybrid assessments, ensure that communication between assessors that are on site and assessors that are present using virtual access digital technology occurs regularly to share findings.
- For hybrid assessments, direct assessors that are on site to follow up issues that have been identified by assessors using virtual access digital technology.

Healthcare service

- Obtain permission from consumers involved in the assessment and provide them with information on the assessment processes.
- Recognise that a general wide sweep of the camera does not need permission and is similar to an assessor being on site.

Information and communications technology systems

Accrediting agency

Nil

Healthcare service

- Ensure the ICT equipment being used during the assessments:
 - can be moved on a stable surface, such as a trolley to all locations where the assessment is to occur
 - when being moved through a facility, the camera is facing forward
 - complies with infection prevention and control requirements for equipment being moved between clinical areas
 - is fully charged and includes backup power supply, if required.
- Do not use virtual backgrounds during assessments. These reduce the likelihood of opportunistic observation of practice and environment.

Documentation

Accrediting agency

- Document in the final assessment report to the healthcare service:
 - the reason a virtual or hybrid assessment was conducted
 - actions that could not be evidenced or not fully evidenced by virtual assessment
 - barriers, technical difficulties or enablers during the virtual assessment
 - for hybrid assessments, the sessions of the assessment conducted using virtual access digital technology.
- Where an assessment is prematurely terminated and does not recommence document:
 - the actions still to be assessed
 - the plan and timelines for the assessment to be finalised
 - reasons for changes to the assessment schedule
 - areas not yet reviewed or not fully reviewed by the assessment process
 - other options, including ICT systems considered or used to complete the assessment
 - the proposed action for the completion of the assessment, including

- date for the completion of the assessment
- format for the completion of the assessment
- additional costs, if any
- implication and/or consequences of the delay.

Healthcare service

At assessment ensure:

- eall relevant documents are readily available or easily accessible, so meetings are not delayed waiting for documents to display
- ICT system has the functionality to enlarge documents if necessary so they can be read by assessors.

After a virtual or hybrid assessment

Administration

Accrediting agency

- Remove and delete any documents, images, or recordings accessed through the ICT system at the conclusion of the assessment.
- Use the agency's monitoring systems to evaluate the effectiveness of the sessions of the assessment conducted using virtual access digital technology and ways to improve its effectiveness, including but not limited to:
 - understanding and use of technology
 - training of assessors
 - information and instructions provided to the healthcare service
 - design of the assessment schedule
 - mix of on-site assessors and those present via virtual access digital technology
 - role of assessors present via virtual access digital technology compared with role of assessors on site
 - planning processes
 - contingency planning.

Healthcare service

- Revoke ICT and security access of assessors.
- Evaluate the effectiveness of the assessment and provide feedback to the accrediting agency and the Commission.

Documentation

Accrediting agency

- Assessment reports and testimonials are to state the assessment was a virtual or hybrid and include a virtual assessment component.

Healthcare service

Nil