



# Accreditation to the Primary and Community Healthcare Standards

The National Safety and Quality Primary and Community Healthcare Standards (Primary and Community Healthcare Standards) describe the processes and structures that are needed in healthcare services to help keep people safe and improve the quality of health care.

## Accreditation

Accreditation to the Primary and Community Healthcare Standards is voluntary. In some circumstances, a healthcare service may be required to be accredited to the Primary and Community Healthcare Standards to satisfy contractual, regulatory, or licencing requirements.

To achieve and maintain accreditation, healthcare services:

- a. must enter a contractual arrangement with a Commission-approved accrediting agency of its choice
- b. must undertake a routine assessment using one of four assessment models
- c. may be required to undertake additional assessments depending on the outcomes of the routine assessment and/or changes in circumstances following the routine assessment.

Healthcare services that do not adhere to the requirements, may have their accreditation withdrawn.

All costs associated with an assessment are the responsibility of the healthcare service being assessed.

## Assessment models

Healthcare services generally have the flexibility to select one of four assessment models under the Primary and Community Healthcare Standards:

- Model 1 – Desktop assessment
- Model 2 – Desktop + virtual assessment
- Model 3 – Announced on-site assessment
- Model 4 – Short-notice on-site assessment.



For the first assessment against the Primary and Community Healthcare Standards:

- Healthcare services without facilities and/or equipment to support physical examinations of, or therapies or procedures upon patients may select any assessment model.
- Healthcare services with facilities and equipment to support physical examinations of, or therapies or procedures upon patients may select from assessment models 2, 3, or 4 only.

This approach accommodates varying levels of preparedness and engagement across the sector.

From 1 July 2026, 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 Commission.

The variables of the assessment models are outlined in [Attachment 1](#).

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.

## Sampling

Where 10 or more sites operate under a single governance structure, a sample of these sites may be assessed to determine whether the healthcare service organisation as a whole meets the requirements for accreditation to the Primary and Community Healthcare Standards.

Further information on the sampling methodology is available in [PCHS26/01: Sampling for assessments to the Primary and Community Healthcare Standards](#).

## Process for routine assessment

The routine assessment involves the following steps:

- 1. Application for not applicable actions** – The healthcare service may apply to the nominated accrediting agency for relevant actions to be rated ‘not applicable’ at assessment in accordance with
  - [Advisory PCHS26/02: Advice on not applicable actions for the Primary and Community Healthcare Standards](#); or
  - [Advisory PCHS25/01: Advice on not applicable actions for private dental practices](#)
- 2. Initial assessment** – Using the selected assessment model, the accrediting agency must:
  - a. use the PICM methodology to review evidence provided by the healthcare service to demonstrate implementation of the relevant actions in the Primary and Community Healthcare Standards and award a rating for each action
  - b. advise of any actions rated ‘not met’ or ‘met with recommendations’
  - c. provide an initial report to the healthcare service within five business days of the conclusion of the initial assessment.



- 3. Remediation period** – Where one or more relevant actions assessed have been rated 'not met' or 'met with recommendations', the healthcare service has a remediation period of up to 60 business days to implement changes to demonstrate all requirements of the specified actions have been met.
- 4. Final assessment** – A final assessment is conducted when the healthcare service has addressed all relevant actions or at the end of the remediation period, whichever occurs earlier.

At the final assessment, the accrediting agency will determine if the actions rated 'not met' have been remediated and evaluate any improvements to actions rated 'met with recommendations'.

Accrediting agencies then have 20 business days to provide the healthcare service with a final report and determine if accreditation is awarded.

- 5. Determination of accreditation** – Accreditation will be awarded, and an accreditation certificate will be issued, for healthcare services if all relevant actions are rated 'met or 'met with recommendations'.

Accreditation is awarded for two or three years, depending on the assessment model used.

For newly accredited healthcare services, the accreditation expiry date is two or three years from the date the accrediting agency determined the accreditation outcome.

For previously accredited healthcare services, the new accreditation expiry date is two or three years from the previous accreditation expiry date unless the accreditation outcome was determined past the previous expiry date.

## Scheduling the routine assessment

To maximise the available timeframes for each step of the routine assessment process and minimise the risk of the expiry date lapsing or being shortened, the initial assessment should be undertaken:

- in accordance with the contractual agreement with the accrediting agency if the healthcare service has never been accredited previously; or
- at least four months, but no more than eight months, prior to the accreditation expiry date.

The accrediting agencies must provide advice regarding the healthcare service's preferred assessment dates; however, it is ultimately the responsibility of the healthcare service to evaluate and accept any risks associated with its chosen dates.

The flow chart of the assessment process can be found [here](#).

## Notification of significant risk

From time to time, lapses and errors may occur that result in an increased risk of harm to patients accessing care from a healthcare service.

Where an assessor identifies a significant risk during the assessment, it must be reported and managed in line with [Advisory PCHS26/03: Notification of significant risk](#).



## Extension and appeals

In some limited instances, a healthcare service may wish to:

- a. request additional time for remediation and/or extension of the accreditation expiry date
- b. appeal a decision by the Commission relating to a above
- c. appeal on the basis the accrediting agency has not followed processes set out for the Primary and Community Healthcare Standards.

Further information on extensions and appeals is available in [PCHS26/04 Requests for extensions and appeals for the Primary and Community Healthcare Standards](#).

## Out-of-cycle assessment

During the accreditation cycle, healthcare services may undergo changes for various reasons. Some changes can significantly increase the risk of patient harm, in which case a review of compliance with standards may be necessary. Examples of these changes include:

- change of ownership and governance of a healthcare service
- changes or prolonged gaps in key leadership or executive positions across a number of positions
- significant increase in complexity of the scope of service provision
- relocation of the healthcare service to new facilities
- merger of one or more healthcare services.

However, not all situations warrant an out-of-cycle assessment. Further information on out-of-cycle assessment is available in [Guidance on out-of-cycle assessments of primary and community healthcare services](#).

## Transferring accrediting agencies

Healthcare services may wish to change the accrediting agency they have engaged to conduct accreditation assessments. To do so, healthcare services must ensure:

- a. the regulator accepts the transition to another accrediting agency (if applicable)
- b. the transition occurs prior to the commencement of the initial phase of an assessment
- c. a contract with the receiving accrediting agency is signed prior to or immediately following cancellation of its client agreement with the initial accrediting agency
- d. the existing accreditation cycle and assessment schedule is maintained
- e. there are no outstanding actions or obligations to the initial accrediting agency.

Further information on the transferring accrediting agencies is available in [Advisory PCHS26/05: Transitioning between accreditation agencies for the Primary and Community Healthcare Standards](#).

### For more information

Please visit: [safetyandquality.gov.au/pchs](https://safetyandquality.gov.au/pchs)

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Attachment 1

Table 1 Primary and Community Healthcare Standards assessment model variables

Variables	Model 1 Desktop assessment	Model 2 Desktop + virtual assessment	Model 3 Announced on-site assessment	Model 4 Short-notice on-site assessment
Assessment method	A <b>desktop assessment</b> 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).	A <b>desktop assessment</b> 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 <b>virtual assessment</b> , 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.	An <b>on-site assessment</b> 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.	The <b>on-site assessment</b> must be conducted at <b>short notice</b> , as preferred by the healthcare service or in accordance with regulatory, contractual, or licensing requirements. An overview of the requirements for short-notice assessments is available <a href="#">here</a> .
Accreditation cycle	Two years	Three years	Three years	Three years
Number of cycles at this assessment level	Two assessment cycles, unless approved by the Commission for exceptional circumstances*	<ul style="list-style-type: none"> <li>One assessment cycle for healthcare services with facilities and equipment to support physical examinations of, or therapies or procedures upon patients</li> <li>Otherwise, unlimited</li> </ul>	Unlimited	Unlimited
Guidance	<a href="#">Primary and Community Healthcare Standards assessment models</a>			

\* Exceptional circumstances are based on a risk assessment, the nature of the healthcare service's participation in the assessment process, its ICT capacity, availability of other safety and quality data and evidence feedback on safety and quality performance against national or state-level agreed indicators.