

ACCREDITATION AND DESIGNATION PROGRAMME

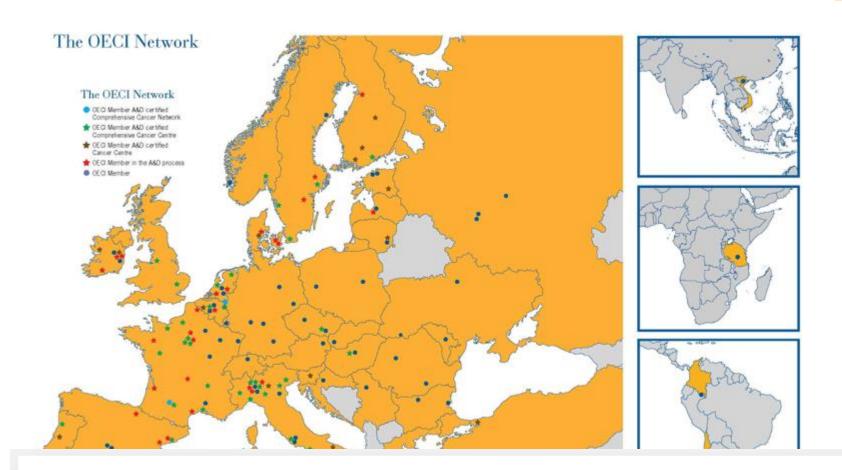
Introduction and overall state of play of the Accreditation and Designation Programme

Simon Oberst, Director of Quality and Accreditation Jean-Benoît Burrion, Chair, A&D Board

11th June 2025 0845, Athens Oncology Days







ACCREDITATION AND DESIGNATION PROGRAMME

41

Comprehensive Cancer Centres

20

Cancer Centres

2

Comprehensive Cancer Networks

34

Centres in accreditation

97

Centres and Networks in our programme



22 centres with Peer Reviews conducted and planned for 2025



		10.	Lille Unicancer Centre, France
		11.	Cambridge CRUK Centre, UK *
1. Saint Sav	vvas, Athens, Greece	12.	Bordeaux Unicancer Centre, France
2. Montpe	llier Unicancer Centre, France	13.	Turku University Hospital, Finland *
3. Rijnstate	e Hospital, Arnhem, The Netherlands	14.	Institut Jules Bordet (HUB), Belgium *
4. The Chri	stie, Manchster, UK *	15.	Riga East University Hospital, Latvia
5. ICO-HUE	B, Barcelona, Spain	16.	Brescia Cancer Centre, Italy
6. Caen Un	icancer Centre, France *	17.	Nice Unicancer Centre, France
7. Aarhus l	Jniversity Hospital, Denmark	18.	Copenhagen/Gemtofte Cancer Centre, Denmark
8. St Vince	nt's Hospital, Dublin, Ireland	19.	Clinic Barcelona, Spain
9. Saint Joa	an de Reus Barcelona, Spain	20.	Akerhus Cancer Centre, Oslo, Norway
		21.	Mater Misericordiae, Dublin, Ireland
* Reaccreditation		22.	Hospital Jimenez Diaz, Madrid, Spain

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OECI2025 ONCOLOGY DAYS

SESSION

ADMINISTRATIVE

ASSEMBLY

NERAL

ACCREDITATION
AND
DESIGNATION
PROGRAMME

10.30-10.45

CEREMONY FOR THE DELIVERY OF THE OECI A&D CERTIFICATES June 2024-June 2025

Giovanni Apolone and Jean-Benoît Burrion

Cancer Center Clinica Universidad de Navarra Cancer Institute AP-HP. Nord - Université Paris Cité Centre de lutte contre le cancer Eugène Marquis Cork University Hospital/University College Cork **Erasmus MC Cancer Institute** Fundación Instituto Valenciano de Oncología General Oncology Hospital of Athens "Saint Savvas" **Gustave Roussy** HSE West North West, University of Galway Cancer Centre Institut Paoli Calmettes Instituto Português de Oncologia de Lisboa Francisco Gentil, E.P.E. IRCCS Ospedale San Raffaele (OSR) Karolinska Comprehensive Cancer Center Leuven Kankerinstituut (LKI) Linköping Comprehensive Cancer Center TAYS Cancer Centre Tampere University Hospital Trinity St. James's Cancer Institute Uppsala University Hospital



New centres recently applied for 2024-25



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- 1. Haukeland University Hospital, Bergen, Norway
- Akershus University Hospital Cancer Centre, Nordbyhagen, Norway
- 3. Umeå Comprehensive Cancer Centre, Umea, Sweden
- 4. Landspitali University Hospital, Reykjavík, Iceland
- 5. Paul Stradins Clinical University Hospital, Riga, Latvia
- 6. National Cancer Centre, Vilnius, Lithuania,
- Copenhagen Comprehensive Cancer Center, Copenhagen, Denmark
- 8. Centre Antoine Lacassagne, Nice, France

- 9. Alliance Toulouse Cancer, Toulouse, France
- Hospital Universitario Fundación Jiménez Díaz,
 Madrid, Spain
- 11. Hospital Universitario Puerta de Hierro Majadahonda, Madrid, Spain
- 12. 12 Octobre university hospital, Madrid, Spain
- 13. Hospital Clínico San Carlos, Madrid, Spain
- 14. King Hussein Cancer Center, Amman, Jordan
- 15. Instituto Nacional de Cancerología, Bogota, Colombia
- 16. AC Camargo Cancer Center, Sao Paolo, Brasil



Demand is growing



- The last few years have seen big growth in France, Ireland and above all, Spain...
- Denmark, The Netherlands, and others...
- We are looking beyond Europe e.g. Latin America
- Slow development in Central and Eastern Europe needs attention (Cost ? Readiness?)





Continuous OECI auditors' training courses

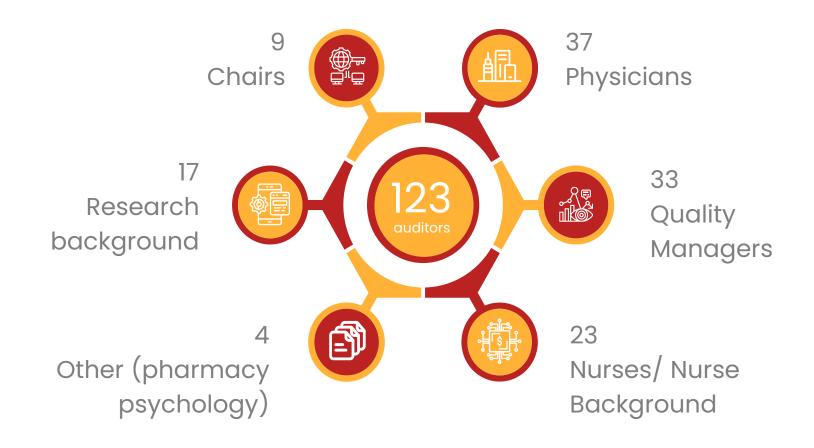


- Chairs (Directors)
- Nurses / Nurse background
- Quality Managers
- Physicians
- Research background
- Other (pharmacy, psychologist)





Our Auditors





Our auditors are our front-line precious resource



Researchers and directors wanted!





The A&D Board

The A&D Board is responsible for the decision-making on Accreditation and Designation procedures and policies. It also decides on application approval, preliminary designation, decision go/no go peer review, certification and designation.



Jean Benoit Burrion Chair of the A&D Board



Mef Nilbert



Wim van Harten



Vanesa Gregoro



John V. Reynolds



Jorrit Enserink



Eva Jolly-Gustafsson



Paulina Bravo



Peter Nagy



Claire Noonan



József Lövey





on of European Cancer Institutes - EEIG



The A&D Accreditation Committee



Miguel Areia



Mary Fogarty



József Lövey



Marek Svoboda



Patricia Doherty





Hişam Alahdab



Fiona Harris



Mari-Leen Pärn



Mario de Bellis



Helen Varres



Stefania Grisanti



David Verger



Our Management Unit

The A&D Co-ordinators play an important role throughout the whole process of the A&D programme, from the application by the centre until the approval of the final report and improvement action plan by the OECI A&D Board and the one-year follow-up.















Harriet Blaauwgeers

Jolanda van Hoeve

Wendy Dontje

Janneke Verloop













Marjet Docter

Roxana Plesoianu

Sylvia Blommestein

EU projects -



- CCI4EU (OECI coordinating): 55 partners: Capacity Building in Comprehensive Cancer Infrastructures (CCIs)
 - Full session tomorrow at 1400
- EU on QoL 0845 tomorrow full session
- EU Net CCC OECI HQ is not directly involved; some CCCs are
 - ➤ Message: The A&D Programme will continue to grow and be used
- JANE 1 and 2

ECHoS 1 and 2 – Cancer Mission Hubs



Governance & Organisation of Cancer Centres

Guidance Note on Requirements for Governance **Structures of Cancer Centres** which will comply with **OECI Standards**

Written by the Accreditation & Designation Board of OECI

Introduction

Cancer centres are designed to bring together leading clinical expertise across all major cancer types with translational cancer research and education, thus accelerating adoption of novel therapies and enrolment in clinical trials.

Most fundamental is the centre's multidisciplinary character, and its governance as an identifiable entity, often within a larger structure. Standalone cancer centres - founded to treat cancer patients and perform cancer-focused research - generally have a more simple corporate structure.

Increasingly, cancer centres and comprehensive cancer centres are being developed within University Hospitals treating all health conditions, and with their partner Universities pursuing all forms of health research.

It is in particular to help define effective governance structures in University Hospitals that this Guidance Note is written, in order to fulfil OECI Standards.



MORE AT: OECI.EU/ACCREDITATION



Guidance

The Guidance which follows is intended to assist you in the development of your cancer centre. It will be your decision how to adopt this guidance.





Requirements in order to fulfil the Standards



To have established a clear description of the role, mandate and accountabilities of a (Comprehensive) Cancer Centre Board, which encompasses all aspects of the cancer care pathway and all forms of cancer research. It should define how the (University) Hospital(s) and the University(ties) work together in cancer.

The (Comprehensive) Cancer Centre Board should own the cancer strategy in the location of the cancer centre, and supervise the overall performance and quality of the cancer centre.

In most cases it is the existence and functioning of this Board which demonstrates that the Cancer Centre is an identifiable entity - not necessarily a legal entity - an organisation whose members and member institutions work together through agreements, shared resources, and a unified strategy which binds together cancer care, research and education.

Governance models are generally more simple in the case of specialist Cancer Hospitals, but in the context of University Hospitals treating all diseases, the situation is naturally more complex.

We provide in an appendix three possible models of a Cancer Centre Board in the context of a University Hospital(s) and a partner University (or Universities) and/or research institutes, which would fulfil OECI Standards.

For success, all models suggest that on the hospital side, there is a Board which brings together all the main modalities of diagnosis, treatment and care: radiology, pathology. radiotherapy, systemic therapies, surgery, supportive and palliative

In addition, the Board should have representation with senior responsibility for clinical quality assurance.

All models also suggest on the research side a Board which brings together all aspects of cancer research, including all cancer relevant basic and translational science pursued at the university and other institutes.

Clinical research is generally a shared responsibility between the hospital and research institute(s).

The balance of clinical and scientific representation on the main (Comprehensive) Cancer Centre Board will differ according to context. But the key to the whole is the integration of clinical and research leadership in cancer in a single cancer-specific Board.

Model 1

The leadership of the Board predominantly lies with senior Clinical leadership, but it is vital that key leaders of the cancer research community are also represented.

Model 2

the research leadership, and it is vital that key leaders of the clinical cancer research community are also represented.

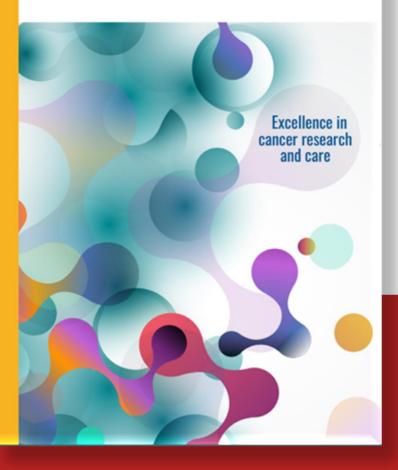
Model 3

This model has a Clinical Cancer Operational Board for the hospital(s), a Cancer Research/Teaching Board, and an overarching nprehensive) Cancer Centre Board bringing the key representatives of the other Boards together









- The strengths of the accredited centres have been documented in the audit reports
- From these, 22 Excellent Practices in many different domains of care have been documented from around our centres
- The sharing of this material for the benefit of the OECI community is part of the vision and mission of the OECI A&D Programme.

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Excellent Practices – we are doing a new round in 2025-26

Planning the future



- 1. Expanding the OECI quality and A&D **community** (within Europe, and beyond)
 - ✓ Our first peer reviews in Latin America
- Creating more of a sense of community: spreading excellent practices; offering benchmarking; proposing support
 - ✓ Second round of excellent practices next year
- 3. Developing a 'toolbox' for Centres' development and accreditation next slide
- 4. Developing Capacity Building capabilities (CCI4EU)
- 5. The roll-out of **Network** accreditations following the ONCOZON pilot and applying the principles in SE; NL; FL; IR; FR; IT.
- Continuing to build ties with ASCO, NCCN and NCI in the United States to boost the international recognition of our programme.
- 7. Publishing a new paper in a **scientific journal** analysing the results of our centres
- 8. Developing a **paediatric** module for our Standards





- A collection of tools to enable Centres to develop structures and processes to grow, improve, and fulfil OECI Accreditation Standards.
 - 1. Governance documents
 - 2. Strategy documents (Centre and Research)
 - 3. Annual reports
 - 4. Patient pathway documents and templates
 - 5. MDT's Terms of Reference
 - 6. Dashboards
 - 7. TO BE COMPLETED



Our values and distinctiveness



- We want to develop and improve what is distinctive about our quality and accreditation programme:
 - We believe in peer reviews, not technical audits
 - Our auditors are all professionals in Cancer Centres from day to day
 - Our programme is voluntary, not regulatory
 - We are enabling, not controlling
 - We are scalable and adaptable: we stay up to date
 - We can order our affairs and programme as our member experts and scientific findings demonstrate are best standards and practices
 - We want to be an effective community of practice where we enable each centre to improve, develop and learn from each other.





Thank you for your attention

