The OECI Accreditation and Designation Programme 2023-25 Revision

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Pan-European quality standards for clinical and research excellence and improvement

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2022-2026

- To drive genuine improvements for patients
- To provide an independent and objective external quality assessment of Centres
- To provide quality standards which are ambitious in terms of excellence
- To provide pan-European standards which meet EU concerns about equity of access for patients

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100 Core Quality Standards Article – Lancet Oncology, August 2020
Analysing the attributes of cancer Centres to identify key hallmarks - Molecular Oncology, March 2021
European Groundshot—addressing Europe's cancer research challenges: a Lancet Oncology Commission. Lancet Oncology, 2022
Evaluating Cancer Networks – Acta Oncologica 2023

Standards revision process – 2023-2025

ACCREDITATION AND DESIGNATION PROGRAMME

Oct 2023

- Compare all available standards world-wide
- Compile ideas from auditors and centers
- Workshop in A&D board

2024

- Thematic standards working groups with around 5 online meetings
- Commission standards in new areas, e.g. AI, molecular diagnostics, theranostics
- Conference on research standards with 70 scientific directors
- Iterative expert review
- Workshop in A&D board

June 2025

- Standards Revision Conference involving professional societies: ESMO, ESTRO, ESSO, ECL, DKH, >100 individuals from 23 countries, standards approved from these professional organisations
- Planned for finalization in OECI days in Athens


NEW A&D STANDARDS:
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Standards revision process – key outcomes

- Updated and modernized standards
- Non-effective standards omitted and number of standards cut by a net 56 (95 deleted; 39 added)
- CC vs CCC level requirements remains roughly the same, but the level of open interventional clinical trials has been cut from 75 to 60
- CORE essential standards on governance, MDT, patient pathways have been introduced with high levels of expected compliance
- Standards ‘go live’ on 1 July 2025 and gradually rolled out to all 97 Centres upon re-accreditation


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New Standards - topics

- AI
- Theranostics
- Molecular diagnostics
- Interventional radiology
- Adolescents and Young Adults (AYA)
- Paediatrics (placeholder until new module)
- Strengthened Standards on Governance
- Strengthened Standards on Centres being part of Networks

Example new Standards on Governance

1.1	CORE – Essential The cancer centre is an identifiable entity with a clear definition of entities or members comprised within the centre.
1.3	In cases where cancer centres are composed of multiple legal entities, there are formal agreements in place that define the collaboration terms between these entities.
2.5	The cancer centre governance structure includes a regular forum in which chairs of MDTs meet at least twice per year to discuss quality and strategic issues.
3.7	The formulation of the strategic plan has involved all key stakeholders, including patient representatives.
4.11	CORE There is an investment programme for all large technical equipment involved in diagnosis and treatment
6.14	CORE The cancer centre participates in a (Comprehensive) Cancer Care Network with (at minimum) accountability for shared patient pathways.
7.17	There should be a website / webpages dedicated to the cancer centre, which promotes the mission, objectives and visibility of the cancer centre to patients and the public

19.57	It is documented in which diagnostic and treatment settings a given AI application can be used.
19.58	There are processes to ensure that only trained and competent personnel use a given AI application.
19.59	There are procedures/strategies for the development of responsible AI in line with the Artificial Intelligence Act (Regulation (EU) 2024/1689) and Medical Device Regulation (Regulation (EU) 2017/745) or National equivalents
19.6	There is defined group with responsibility for establishing what procedures or strategies are used for responsible AI.

26.84	CORE The cancer centre uses PROMs for service improvement (e.g. to ascertain the perceptions of patients on their health status, level of impairment, disability, and health-related quality of life).

53.178	Minimum numbers of procedures are defined and implemented for complex systemic procedures such as bone marrow transplant, CAR-T cell therapy.

66.212	The survivorship care plan includes evaluation of individualised risks (including familial cancers and actions such as primary / secondary prevention programme), rehabilitation, long-term side effects and lifestyle.

71.223	The cancer centre has a research/scientific director with a background in cancer research who is a member of the governing Board of the centre.
71.226	The cancer centre ensures patient and public involvement in research
73.234	The centre has policies for sharing patient level data outside the organisation
82.256	There is a Quality Assurance Programme for clinical research.

Introduction of 19 CORE Essential Standards

A CORE-Essential standard is a Standard, compliance with which is regarded as being essential for safe or high quality care, research or education. There are 19 CORE Essential Standards.

A CORE standard represents a Standard which is centrally important to the quality of either care, education or research within a cancer centre. The CORE standards generally refer to the heart of a process or system. There are 57 CORE standards.

Objective: we want to encourage swift and effective improvement actions on these Standards (within 1 year):

- Centres with a score of Partially or No in 5 or more **CORE-Essential** standards are likely to have their certification delayed until compliance with a YES is achieved.

- Centres with a total of between **12 and 15 CORE standards** scored Partially or No may be considered for a delay in the Accreditation Certificate until improvement actions are implemented and demonstrated to comply with a YES in the majority of them.

CORE – Essential Standards - 1

1.1	CORE – Essential The cancer centre is an identifiable entity with a clear definition of entities or members comprised within the centre.
1.2	CORE – Essential The cancer centre has a governing entity (board of directors / executive committee) with identifiable accountability for: - strategic plan for cancer care - plan for cancer research - plan for education and training - cancer quality and safety / risk management - cancer budget
3.6	CORE - Essential There is a written strategic plan for the cancer centre which covers at least 3 years, which also states the mission and values of the centre and is formally endorsed by the board.
8.18	CORE- Essential There is a structure (department, unit) that operates a quality system based upon continuous quality improvement and safety / risk management, which is represented in the Board of the cancer centre.
11.32	CORE - Essential The cancer centre has access to a database in which all cancer patients seen or treated in the index year, and the number of patients newly treated, by tumour type, in the cancer centre are recorded.
18.56	CORE - Essential Each patient has an Electronic Patient Record which enables all relevant disciplines along the patient pathway to access the full information concerning the patient.

CORE – Essential Standards - 2

20.62	CORE - Essential The cancer centre has a structured process for involving patients and patients' representatives and support groups in the planning and organisation of services.
29.91	CORE - Essential There is a documented patient pathway for each tumour (sub)type, diagnosed or treated in the cancer centre, which charts the procedure from patient referral to the centre to follow-up.
31.97	CORE - Essential Each multidisciplinary team agrees which clinical guidelines (institutional/local/regional/national/international) are used for diagnostics, treatment, and follow-up.
32.101	CORE – Essential The cancer centre has (or in certain circumstances participates in) defined Multidisciplinary Teams covering every type of cancer diagnosed and/or treated in the centre.
46.152	CORE - Essential There are arrangements or external agreements in place to provide 24/7 specialist care for patients.
54.179	CORE - Essential There is a quality assured digital system for the prescription, preparation, distribution, and administration of systemic anti-cancer therapy.

CORE – Essential Standards - 3

71.222	CORE - Essential There is a regularly updated research strategic plan covering at least 3 years, which is integrated in the overall strategy of the cancer centre
71.225	CORE – Essential for CCCs The cancer centre has research groups and output covering fundamental, translational and clinical research.
73.231	CORE – Essential for CCCs The cancer centre organises access to shared technological platforms for research activities.
74.235	CORE – Essential for CCCs An external Scientific Advisory Board (SAB) meets at regular intervals and advises the cancer centre on its cancer research strategy, organisation, infrastructure and overall performance.
76.240	CORE Essential for CCCs There are mechanisms in place to provide clinical staff protected time for clinical and/or translational research.
82.255	CORE - Essential There is a dedicated cancer trials unit.
85.270	CORE - Essential There is a comprehensive training programme for all staff members based on the evaluation of individual training needs.

What has stayed the same?

- Scoring system
- Chapter Headings
- Most of the Standards with updated wording to make clearer
- Most of the Quantitative Questionnaire
- Requested Documents
- Most of the CCC Designation schedule

Innovations

- A column on “Evidence required” against every Standard

- Glossary of definitions and explanations expanded

Mechanics

- Manual 4.0 has been approved by the OECI Board

- It will apply to all applications approved after 1 July 2025

THANKS!!

- To the A&D Board
- The Coordinators
- The Accreditation Committee
- The Auditors
- The professional societies: ESMO; ESTRO; ESSO; EONS; ESO; EAPC etc
- All who participated in the Brussels Conference and the OECI Board
- SOS Europe
- The scientific directors of the Members
- Other OECI Members who commented

Thank you for your attention