# SELF-ASSESSMENT FOR CERTIFICATION
## USER MANUAL

WP5 - Inclusion, Certification and Adherence to EUCCC Certification

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The Self-Assessment Tool for Certification User Guide is a comprehensive manual aiming at assisting field test centres and Supportive Committee members (experts) in navigating and using the self- assessment prototype.

The self-assessment for certification stands as **an initial requirement for entering into the EUCCC certification process**. The self-assessment process prepares an organisation for an external audit, which will verify its compliance with the certification standards.

This tool can also be used by candidate centres to **evaluate their adherence to the future EUCCC certification** and achieve **internal development goals**. Centres can determine their strengths and weaknesses by systematically evaluating their operational structures, processes, and performance levels through the lens of certification standards.

The **iterative approach** to self-assessment combined with the execution of improvement actions can guide centres through development steps which remain useful whether they choose certification or not. Through this process, the organisation gains a complete view of its operational state, which includes patient care quality, research activities, management, and organisational culture. The self- assessment for certification creates team engagement while developing an organisational understanding of quality and innovation.

The **interactivity of the tool** leads users through all standards by offering straightforward guidance, comment sections, and space to describe how the standard is fulfilled with evidence documentation. The assessment environment provides a protected space where users can evaluate their situation and create future growth plans.

# 1 PURPOSE OF THE TOOL

The tool enables centres to evaluate their **compliance with the EUCCC certification requirements** through a detailed examination against the EUCCC Set of Criteria and Standards. The evaluation process which the tool supports will be identical to the assessment used by auditors during their on- site certification inspection.

## Preparing for formal certification

Before the Audit team can visit the site, completion of the self-assessment for certification is mandatory. A properly organised self-assessment backed by relevant evidence will produce **substantial benefits during the certification preparation process**. The completed tool will serve auditors as a reference to determine visit planning, identify specific evaluation areas, and speed up the compliance assessment.

## Identifying strengths and areas for improvement

The tool functions as a navigational tool for candidate centres, demonstrating their current status and **directing them toward compliance with EUCCC certification**. The process provides an exact overview of the present organisational status while producing vital strategic development and ongoing improvement insights. Candidate centres should perform analysis to create improvement plans and implement corrective measures even before external audit procedures begin.

Conducting the self-assessment process delivers tangible and enduring value to organisations **even when they choose not to submit their certification application** right away. Through the self- assessment for certification, organisations can determine their outstanding performance points while pinpointing vital areas that may diminish patient care quality, research initiatives, governance, and care coordination operations.

# 2 HOW TO USE THE TOOL – STEP-BY-STEP

The tool has been developed to make it as easy to use as possible, even for those unfamiliar with such systems. To complete it successfully, one should follow a particular sequence of actions.

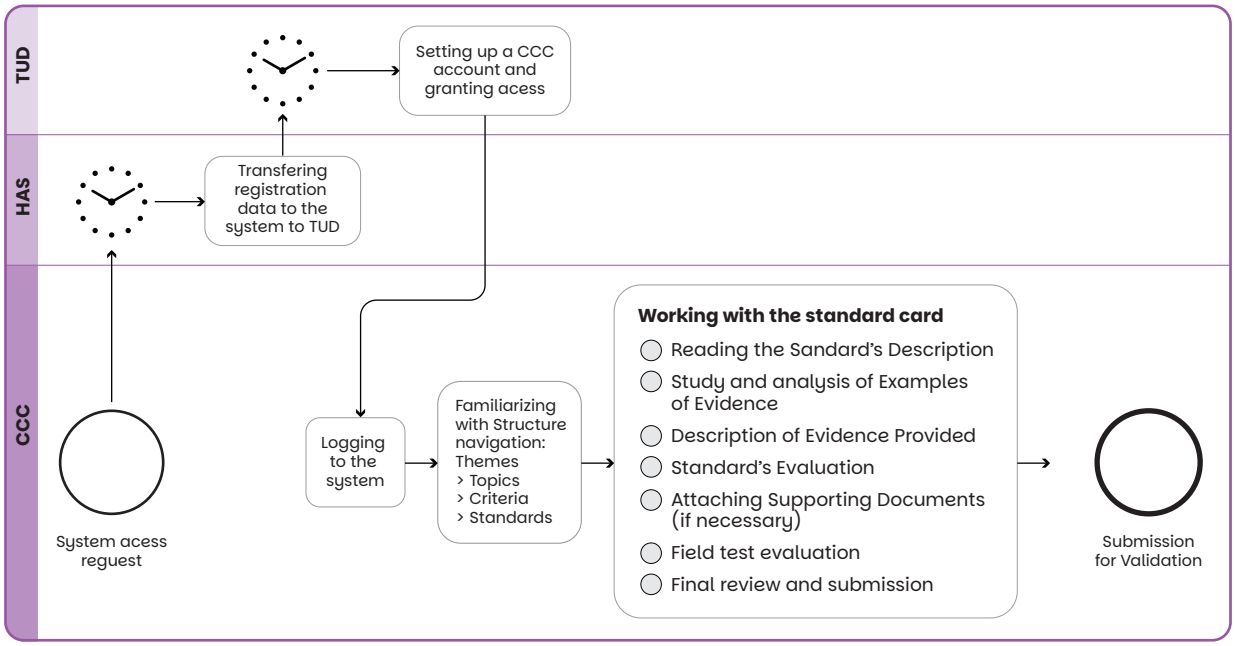


**Figure 1.** The process of using a self-assessment tool

## Access to the system

Before using the tool, one must first gain access to the online platform: **https://assessment.eunetccc.helict.eu**.

Login credentials (username and password) to the centers will be provided. Registration for every account requires a minimum name and email address. A shared centre team account involves selecting a specific contact person when multiple users will access it.

## Logging to the system

To log into the tool, the user should type username and login and then press the « Sign In » button.

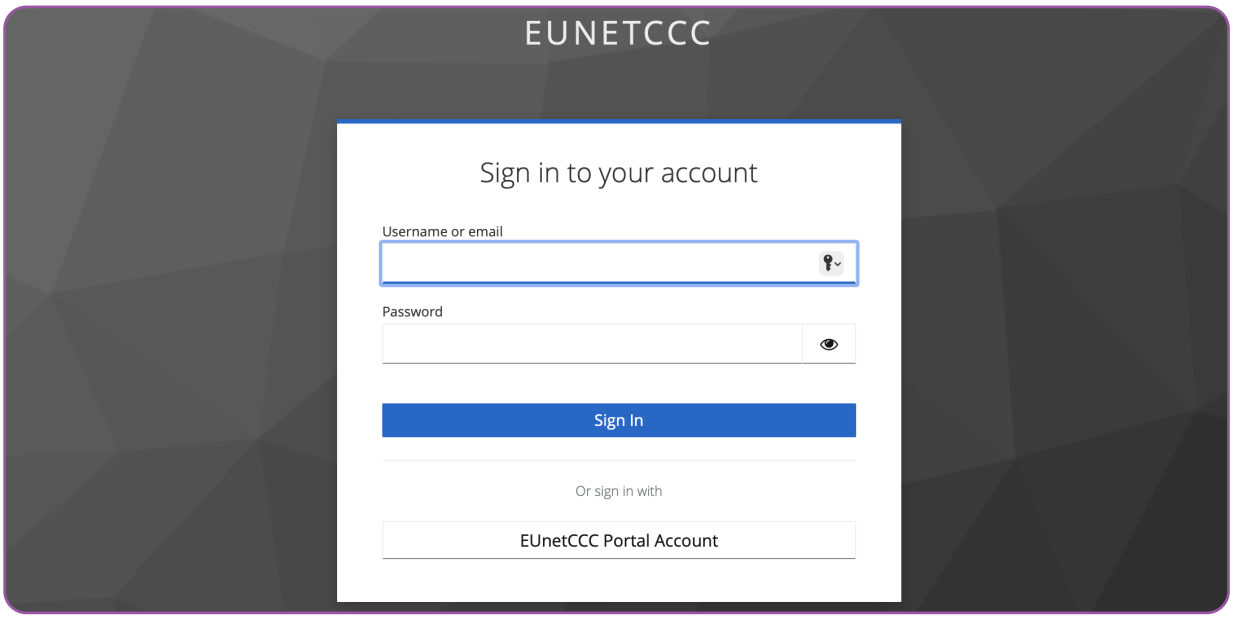


**Figure 2.** Login Interface

After logging into the system, the main interface will be visible.

**Figure 3.** Main Interface

By clicking on the three vertical lines symbol at the top left of the screen, one can show/hide the menu. Logout can be used by clicking on three dots at the top right of the screen.

For the purpose of self-assessment for certification, the option « Self-Assessment » should be chosen from the menu. Then, the Overview section and seven Themes sections are shown.

## Familiarising with structure navigation: Themes > Topics > Criteria > Standards

Once a Theme is chosen, one will encounter several Topics embedded in it (on the left upper side). The Topics are the main subcategories of the themes – they are specific issues that fall under them.

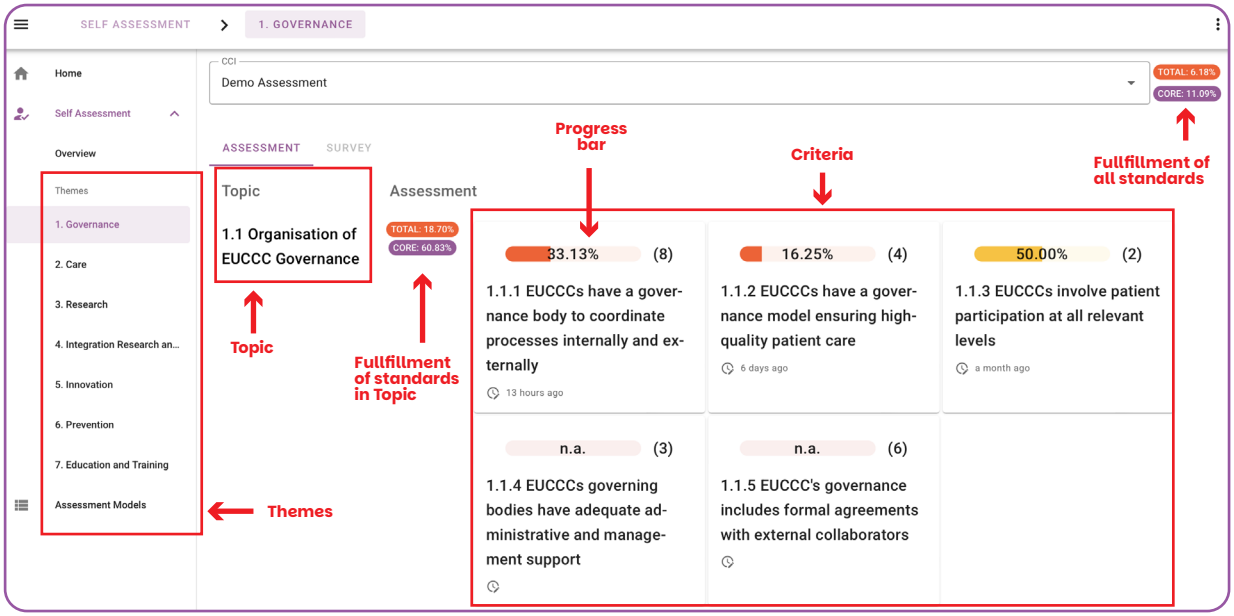


**Figure 4.** Themes and topics layout

Clicking on a specific Topic will show the Criteria that describe it. Criteria are a detailed set of standards that create them. It is worth reading the criterion description to understand the area where the centre will be examined.

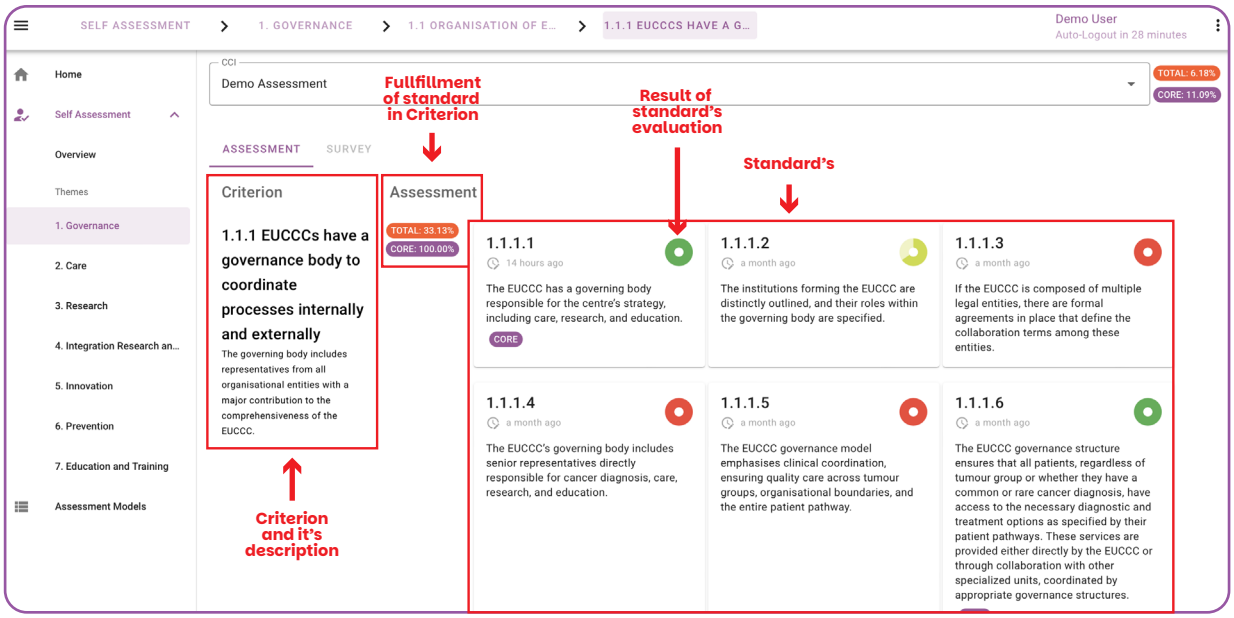


**Figure 5.** Criterion layout

After clicking on a specific standard, the most crucial part opens, i.e. the Standard Card, which the centre team will work on.

It consists of two main parts:

- The first one concerns the formal part of the assessment with a description of the standard, sample evidence, a description confirming the adopted assessment of the standard, an assessment scale and optional "supporting documents".
- The second part of the card is devoted to field test evaluation, i.e., assessment of the centre's understanding of the standard in the testing phase.

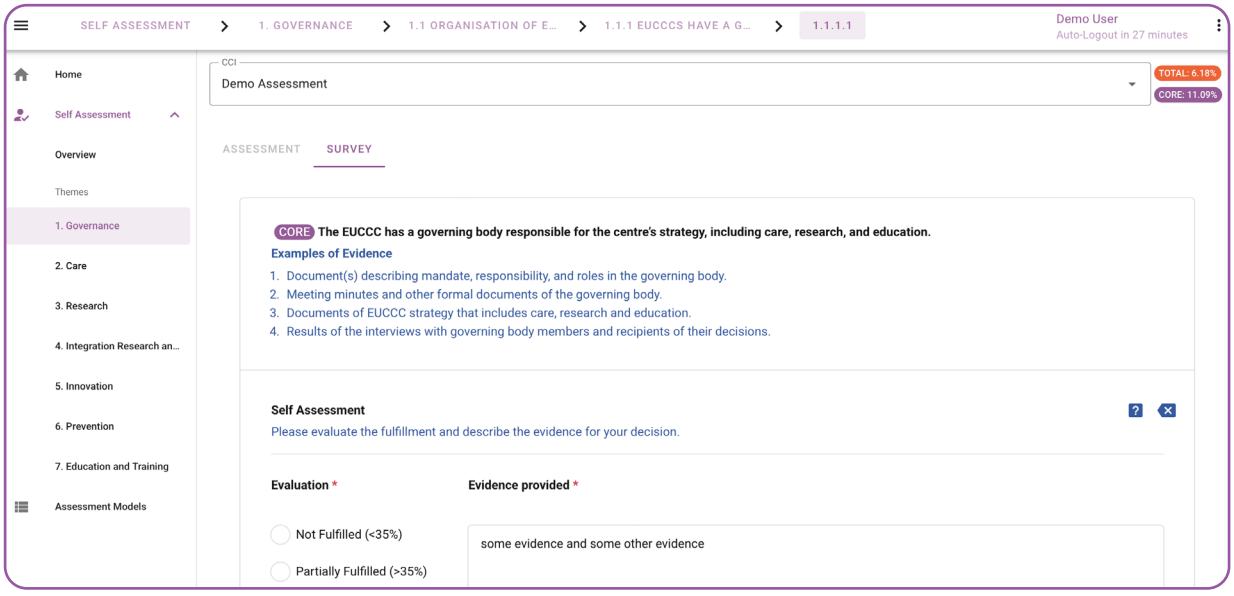


**Figure 6.** Standard card – substantive fields for evaluation

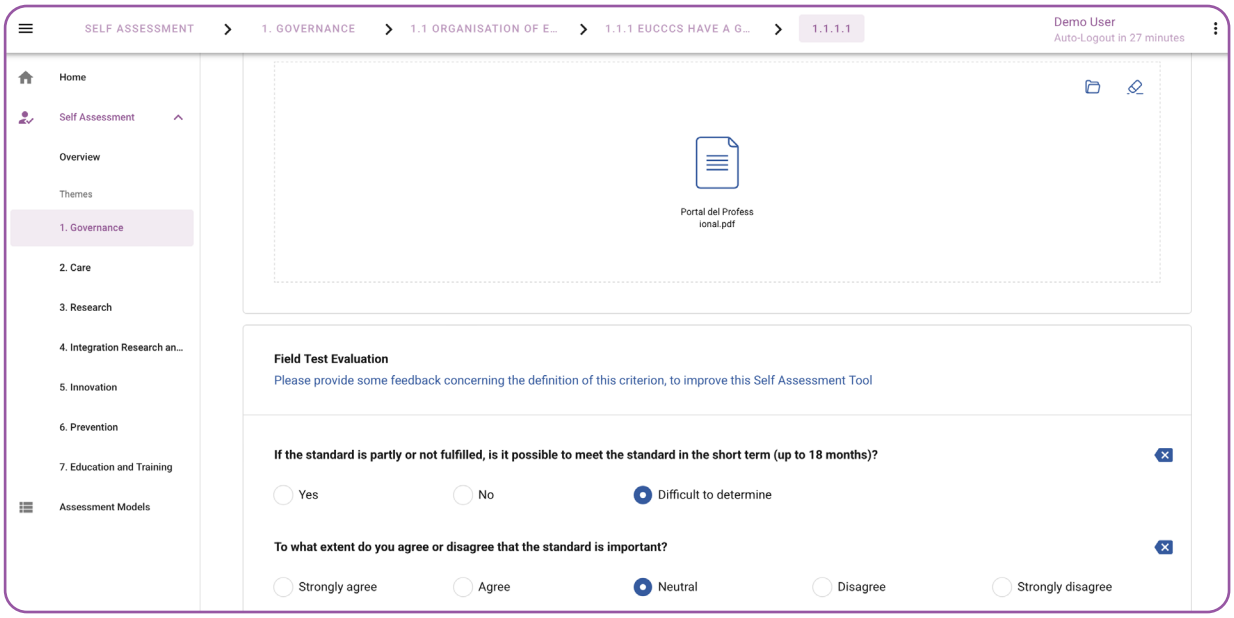


**Figure 7.** Standard's card – field test evaluation

## Working with the standard cards

### Read the Standard's Description carefully

Read the standard description before answering any questions. This description provides a clear idea of the standard requirement and thus helps ensure that the response given is in line with the expected content.

### Study and analyse the Examples of Evidence

Then, review the suggested evidence provided within the Standard and describe it in text form. Usually, four examples of suggested types of evidence are provided for each Standard. These examples should be used to help to understand the types of evidence that auditors will expect. They should be used as a guide and not as a precise list of evidence to prepare.

### Description of Evidence Provided

**During the Certification Field Test of the self-assessment tool, centres are not expected to upload any supporting documents**. The responses should be justified using clear and concise written explanations directly within the tool.

This phase is intended solely for testing the usability and functionality of the platform and collecting user feedback. It is not a formal evaluation. Therefore, no documents should be uploaded, especially those containing personal, confidential, or sensitive information.

If a document is typically needed to support a specific standard, centres are advised to identify and prepare it in advance for the on-site audit, where the audit team will formally review such evidence.

In the future certification process, the uploading feature will be used to provide documents needed to support a description of the fulfilment of a specific standard. During the audit, the certification team will formally review such evidence.

### Standard's Evaluation

After reading the Standard and the evidence suggestions, you should choose your response from the four-point evaluation scale. Select the option that most accurately reflects the current situation at your centre: **Fulfilled** (100%), **Mostly Fulfilled** (65%), **Partly Fulfilled** (35%) or **Not Fulfilled** (0%).

It is essential to be as honest and objective as possible when determining the level of implementation. The purpose of the self-assessment is not to strive for excellence but to get a clear picture of where your organisation stands.

The scale includes four possible levels of fulfilment:

- **Fulfilled (100%):** The standard is completely implemented together with proper documentation and consistent application throughout the healthcare facility.
- **Mostly Fulfilled (65%):** The standard is implemented while small gaps or inconsistent elements do not create serious operational problems.
- **Partly Fulfilled (35%):** The standard elements have been implemented, yet multiple critical components remain incomplete or operate only partially.
- **Not Fulfilled (0%)**: The standard remains non-existent throughout the organisation.

### Field test evaluation

The field test evaluation section contains optional content, but we strongly advise all participants to complete it. This feedback is essential in evaluating if the standards are appropriately designed (clarity, significance) and understandable. Answers to these questions will directly contribute to improving the Initial Certification Framework.

The feedback received will help enhance both the content and clarity of the standards. The evaluation section contains three single-choice questions:

1. If the standard is partly or not fulfilled, is it possible to meet it in the short term (up to 18 months)?
2. To what extent do you agree or disagree that the standard is essential?
3. To what extent do you agree or disagree that the standard is expressed understandably?

It also comprises a comment field for each standard.

### Save your progress

It is also essential to save your progress at regular intervals during the process. The tool allows one to work on the self-assessment incrementally; hence, one does not have to do it in one session.

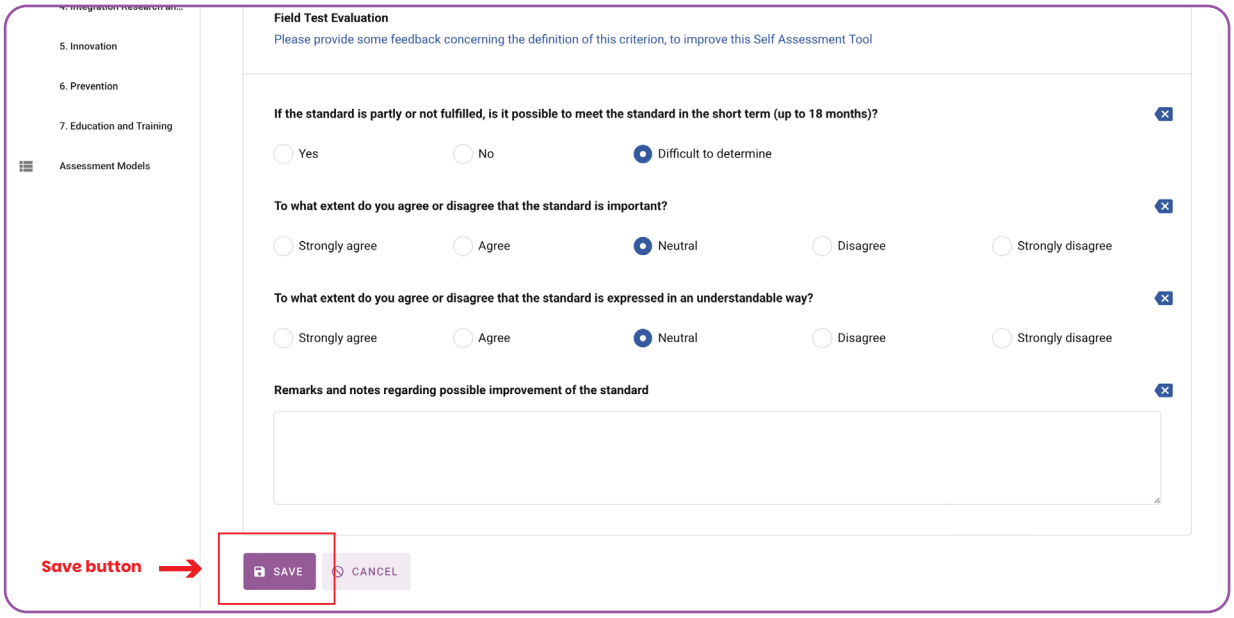


**Figure 8.** Progress save option

Saving your data often helps to prevent the loss of information and to avoid having to start all over again from the beginning. In the standard's tab, the save button is located at the bottom, below the field test evaluation.

## Final review and submission

It is essential to do a final check before making the final submission. One should check that all the answers are filled in, that the remarks are understandable, that the comments are useful, and that the uploaded documents are relevant and properly attached.

The centre should perform a complete review of the self-assessment before submission to verify that all required information is accurate and complete. The final review step ensures that your submission meets completeness and quality standards.

Make sure to check the following:

- **All standards should be fulfilled:** The automatic scoring system will exclude all standards without a selected response from the 4-point scale (Fulfilled, Mostly Fulfilled, Partly Fulfilled, Not Fulfilled. Completion of all standards will be mapped to the progress bar describing the criteria. At the criterion level (see Figure 5) : all standards should have a symbol of the result of evaluation in a color other than grey (the grey color means that the standard hasn't been assessed yet).
- **Each standard requires a description of the implementation:** The explanation of your selected score must be clear for every standard, especially when the standard is not fully met.

- **The evaluation questions for field tests should be completed (recommended):** The evaluation questions for each standard are optional, but we highly recommend filling them out because the feedback helps improve the certification framework.

Taking the time to complete this final review helps ensure your submission is accurate, complete, and ready for validation.

# 3 HOW DOES THE SELF-ASSESSMENT TOOL WORK?

## Completing the standards

The tool presents each standard through three essential elements, which include full standard descriptions, specific assessment questions, and evaluation scales with four points. The scale contains four possible levels of fulfilment.

The standards presented in the tool follow **a rational thematic organisation**.

**Seven overarching Themes** serve as domains for Comprehensive Cancer Centre activities by grouping all standards together. The Themes are further **divided into Topics**, which identify specific areas for focus and are more detailed to the Criterion. **Each Criterion contains a set of individual standards** that the centre must assess. Each Theme includes a different number of topics, criteria and standards that reflect each domain's critical nature and complexity level.

The hierarchical structure from Theme to Topic to Criterion to Standard provides a methodical evaluation of essential areas supporting high-quality cancer care and research integration as well as organisational governance, patient safety, and continuous improvement. The assessment framework allows users to follow a natural sequence **from general strategic elements down to specific operational details**.

Assessment of each standard requires users to evaluate implementation levels through **factual observations** along with **internal evidence**. Users need to choose the most suitable scale option and brief explanations supporting their selection. Users should use the **comments area** to clarify their responses while explaining deficiencies and describing their planned enhancements.

## Evidence-Based Review

The requirement to upload documents for the Certification Field Test phase remains optional, but centres preparing for formal audits should do so as an essential step.

The tool provides expert-recommended evidence examples for each standard. The examples serve as **practical illustrations** showing what kinds of documentation or proof would support responses. The examples serve as references, but users must **submit evidence aligning with their organisation's particular documentation practices**.

The identification, together with the presentation of suitable evidence, stands as a fundamental component of the self-assessment for certification process. Users may choose to:

- Use the suggested types of evidence as references.
- Provide alternative documents or other forms of proof that demonstrate fulfilment of the standard.
- Describe the evidence in free-text form if no direct document is available (recommended).
- Clearly indicate the source of the evidence for traceability purposes.

Auditors will review the self-assessment documentation which users submit to conduct peer reviews and perform official audits. A successful validation process requires that evidence remains relevant and accessible and meets high-quality standards.

## Risks

Users should recognize several challenges and risks that may occur while collecting and sending evidence during the process:

### Incomplete or insufficient evidence:

Users can accidentally send documents that fail to meet all standard requirements. Users should guarantee that every piece of evidence directly supports their response.

### Evidence difficult to retrieve or outdated:

It becomes challenging to retrieve relevant documents when record-keeping practices are inconsistent, and documentation responsibility is spread across multiple departments. Outdated documents that fail to reflect current practices

will reduce the credibility of the self-assessment.

### Misalignment between evidence and selected evaluation level:

A standard assessment error occurs when users choose "Fulfilled" or "Mostly Fulfilled" yet fail to demonstrate convincing evidence for such high levels of compliance. The review process requires a critical evaluation of the selected score and the accompanying documentation.

### Inclusion of sensitive or personal data:

The document upload process requires users to remove all materials containing personal health information and other sensitive data. The review process becomes cumbersome when users submit too many documents that are not directly related to the assessed standard.

### Overloading the review with irrelevant documents:

Providing excessive documents, or documents that are only loosely related to the assessed standard, can make the review process cumbersome and reduce clarity. It is recommended to be selective and provide only the most relevant and targeted evidence.

## How to avoid these risks?

The evidence-gathering phase should be conducted by the centre staff through structured deliberate procedures to manage these risks effectively.

The first step requires centres **to establish precise roles for evidence collection** and validation tasks. The assignment of teams or individuals helps both maintain accountability and create **consistent practices** throughout different self-assessment areas. The examples of evidence in the tool provide valuable starting points, yet centres should modify these suggestions to **match their organisational context and practices** instead of using a generic approach.

Centres need to perform **a complete internal review of their collected evidence before uploading documents** into the tool. The review process should confirm that each document remains current while ensuring accurate labels and clear standard connections for each document. The logical and transparent evidence-standard relationships will simplify the upcoming audit procedures.

The documentation efforts of centres should focus on delivering **high-quality evidence** rather than accumulating excessive documentation.

### Scoring & Weighting Guidelines

The tool employs **a percentage-based automatic scoring mechanism** that guarantees objective and transparent assessment of submitted responses. The final score calculation will include all standards that receive selected responses, but unresponsive standards do not count toward the score. The scoring system disregards unresponded standards, which results in partial completion scores, dropping the overall assessment results.

### Core standards

Core standards need **particular attention** during evaluation. Any core standard **with a rating below "Mostly Fulfilled" (below 65%)** will force the centre to **create a Corrective Action Plan**. The plan needs to demonstrate specific **remedial actions and responsible individuals** for execution while including achievable deadlines for completion.

Users need to provide **honest and precise assessments** because gaps in their responses will trigger official follow-up procedures. Users must understand that meeting minimum score requirements leads to certification pathway progression **under the EUCCC Certification Board supervision** but does not result in immediate certification.

## 4 ACCESS RIGHTS & VALIDATION PROCESS

A role-based system controls access to the tool to provide appropriate access to participants based on their responsibilities.

Users with access can use their access to work on the self-assessment. Users must complete the questionnaire in steps rather than filling in everything at once. Users can **save their partially filled responses** and **modify their answers** whenever they need to until they finalize their submission. The system provides adaptable features for information collection across departments and enables users to enhance their responses by incorporating new evidence and better available explanations.

# 5 EVALUATION METHODS – HOW STANDARDS ARE VERIFIED

After filling out the form during self-assessment, auditors proceed to verify the responses. Multiple **evaluation methods** exist to verify the **reliability** and **accuracy** of the self-assessment for certification process. Knowledge of these methods will assist centres in preparing documentation correctly and being ready for evaluation.

To ensure consistency and reliability in both the self-assessment and audit process, the following evaluation methods are used.

## Document review

The leading evaluation technique auditors will implement during verification includes **checking internal documents**. This stage plays an essential role because auditors use it to verify the centre's policies, procedures, and strategies against the standards in the tool. The document review requires a thorough examination of different organisational materials, encompassing governance documents, clinical guidelines, internal protocols, strategic meeting minutes, quality management reports, and external audit findings. Auditors specifically look for documents which establish the policy's existence and the operational implementation of these policies.

The **quality of documents** stands equally essential to the number of documents. Too many unrelated documents to the assessed standard will extend the review duration and generate confusion. Documents should fulfil four essential conditions: direct standard support and internal approval or official institutional adoption, current operational relevance, and proper organisational access for auditors.

All documents must have **appropriate titles and dates**, along with links to the relevant standards they support. One should mark important parts of documents and use annotations to guide auditors toward the needed information.

The Audit team will form their first impression about the organisation through document review. Properly organizing targeted documentation creates a **seamless verification process** that demonstrates the centre's professional capabilities and readiness for formal certification.

## Interview

Another key evaluation method used during the verification process is **conducting interviews** with various stakeholders within the centre. Auditors use interviews as an essential evaluation method to verify **how standards get applied during regular operations**. The evaluation method delivers **qualitative information** supporting the document review's findings. The auditor interviews patients, healthcare professionals, and management staff to **obtain various views** about the centre's operational processes.

The purpose of interviews is to understand standard implementation in actual practice rather than evaluate individual performance. The participants need **preparation** before interviews through policy familiarisation and an environment that promotes **truthful discussions** about both **positive aspects** and **improvement needs**.

The interview preparation should verify that documented information aligns with the information shared during conversations. The centre's credibility increases through **consistent practices**, proving its genuine dedication to quality care, patient-centred services, and ongoing improvement.

## Observations

The Audit team use **direct real-time verification** to check **how standards are applied in daily practice**. Auditors conduct site visits across different departments to observe the delivery of care, team collaboration, as well as safety and quality protocol implementation.

The audit aims to verify that operational activities match the established policies without any intention to conduct inspections or detect errors. Auditors seek **concrete proof of good practices**, including **patient safety protocols, infection control procedures, and effective teamwork practices**.

The centre staff must maintain standard application across all their regular work activities instead of focusing on audit preparation. Presenting an authentic and powerful image of the centre's functioning depends on **staff awareness** and ongoing **quality improvement initiatives**.

## The Pathway tracer strategy

The **Pathway tracer strategy** represents an evaluation approach which

examines the integrated coordination of care and research activities within the centre. The evaluation method tracks patients' entire healthcare experience between different services, departments, and teams. This approach delivers an extensive, realistic view of how multidisciplinary care functions in its organisational and delivery aspects.

According to the site visit program, the Audit team chooses a **particular patient case for evaluation**, which could be surgical treatment, chemotherapy cycle or home hospitalisation episode. The auditor reviews the entire care pathway of the patient by monitoring their progression from admission to diagnosis, treatment planning, therapy delivery, follow-up, and research protocol integration.

The auditor conducts meetings with every team that provides care to the patient, including clinicians, nurses, support staff and governance representatives. The auditor evaluates essential aspects, including care continuity, interdisciplinary collaboration, communication flows, safety culture, and patient-centeredness, through discussions and observations during each patient interaction.

The Pathway Tracer strategy demonstrates its power by **showing both organisational advantages and disadvantages**, which become apparent when evaluating separate standards independently. The evaluation method demonstrates both excellent oncology-radiology service coordination and home care provider-hospital communication failures.

**The centre staff needs to prepare** well for this evaluation method by ensuring the following:

- The development of care pathways should be thorough and have proper documentation.
- Staff members must comprehend their position within the complete sequence of patient care.
- There is evidence of integration between clinical care and research.
- All processes must focus on patient needs while maintaining safety standards and delivering high-quality care with continuous support.

# 6 TOOL GUIDANCE FOR AUDITORS

After logging into the tool, auditors access **the same interface structure centres use**. The dashboard layout, thematic organisation, and content access remain identical.

Auditors have **exclusive access to an "Auditor remarks" field** in each standard detail view for entering comments during the review process. The auditors should write their **observations and comments at each standard review stage** rather than delaying their entry until the process ends. Real-time observation capture and issue identification of gaps for on-site attention becomes possible through this method, producing accurate and structured evaluations.

The auditors have **read-only access to the centre's submitted responses and documents**. After the centre finishes and submits their self-assessment, auditors obtain complete visibility of the finished form while access remains read-only for them. Auditors gain complete visibility of selected self- assessment ratings, narrative justifications, and described evidence when they review the form.

Auditors must evaluate each standard by determining if the centre's description is sufficient for the chosen level of standard fulfilment. Auditors should use the "Auditor remarks" section to record confirmations, discrepancies, and areas needing additional verification during on-site auditing.

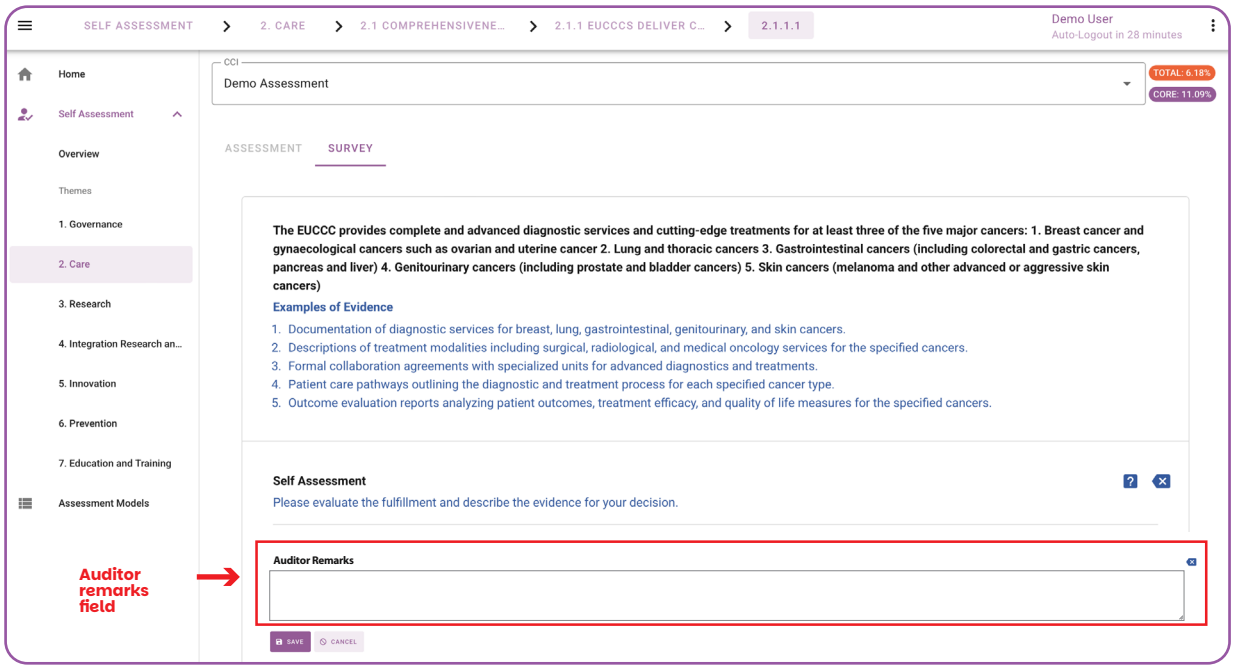


**Figure 9.** Standard's card view from the Auditor's perspective

Auditors gain access to view the scoring overview panel during the self-assessment. Auditors who want to modify the automatically calculated scores must document their reasoning in the comment field for each adjustment they make. Auditors must confirm the proper assessment of all standards with detailed explanations and adequate documentation of audit-related observations in remark fields before finishing their review.

### Field Test evaluation section

The tool includes a field test evaluation section containing three closed questions about standard feasibility, importance, and clarity and an open question that lets centres propose improvements. Auditors must scrutinise the responses since they provide essential insights into centres' views, which can show standards that need revision or clarification even though this section is optional.

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