

SELF-ASSESSMENT FOR CERTIFICATION USER MANUAL



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THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK



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TABLE OF CONTENTS

1. PURPOSE OF THE TOOL	05
Preparing for formal certification	06
Identifying strengths and areas for improvement	06
2. HOW TO USE THE TOOL STEP-BY-STEP	07
Access to the system	09
Logging to the system	09
Familiarising with structure navigation:	
Themes > Topics > Criteria > Standards	11
Working with the standard cards	14
3. HOW DOES THE SELF ASSESSMENT TOOL WORK?	18
Completing the standards	19
Evidence-Based Assessment	19
Risks	20
Scoring & Weighting Guidelines	21
4. ACCESS RIGHTS & VALIDATION PROCESS	22
5. EVALUATION METHODS HOW STANDARDS ARE VERIFIED	24
6. TOOL GUIDANCE FOR AUDITORS	27



The Self-Assessment Tool for Certification User Guide is a comprehensive manual aiming at assisting applicant centres in navigating and using the self-assessment for certification.

The completion of 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 centre's 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



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 audit**.

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 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



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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.

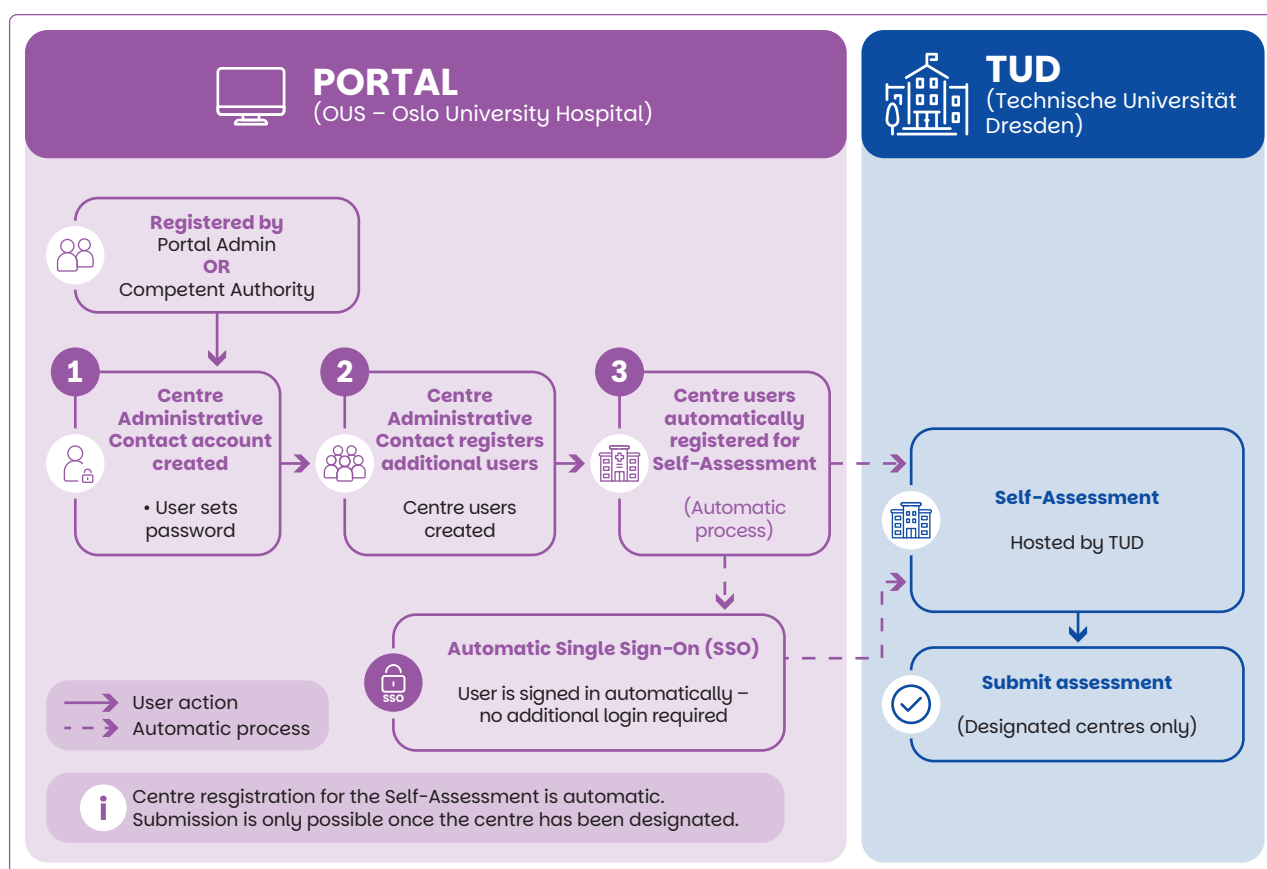


Figure 1. The process of using a self-assessment tool

Access to the system

Before using the tool, one must first gain access to the online platform: <https://eunetccc.eu/> and choose the Portal icon in the right upper corner:

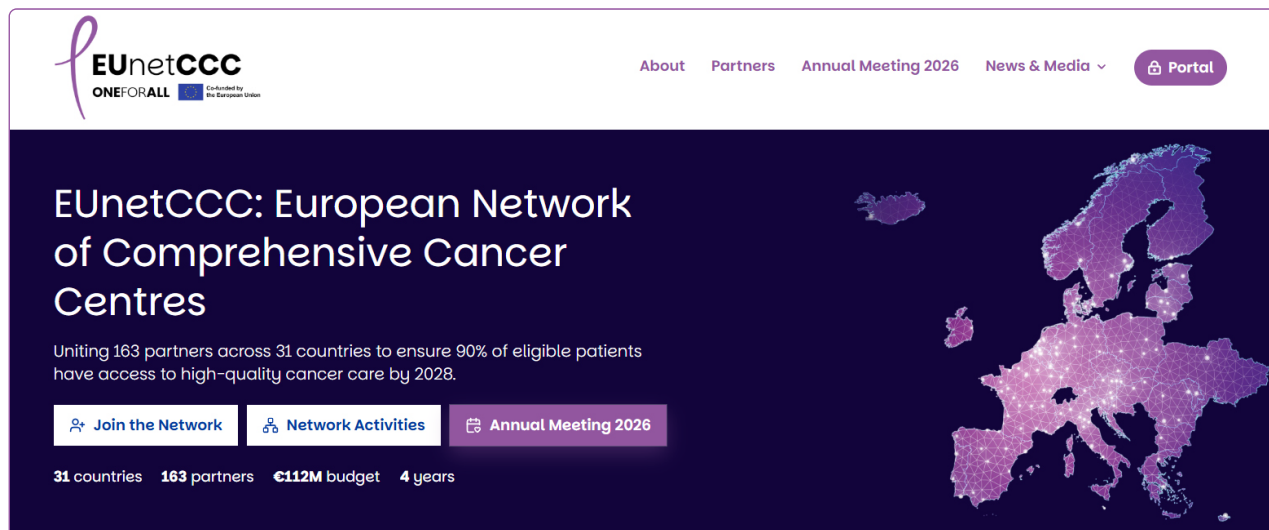


Figure 2. EUnetCCC Portal welcome page

Login credentials (username and password) to the centres will be provided. Registration for every account requires a minimum name and email address. Both centres with a single and consortium configuration can register multiple users linked to their centre or consortium.

Logging to the system

To log into the tool, the user should type username and password and then press the **Log in** button.

Figure 3. Login Interface

After logging into the system, you will see the Portal landing page with the **Tools Available to You** section. You can select **Certification** where you can access the Self-Assessment tool through the Certification Journey. There should be a seamless login to the Self-Assessment tool without having to re-enter any login information.

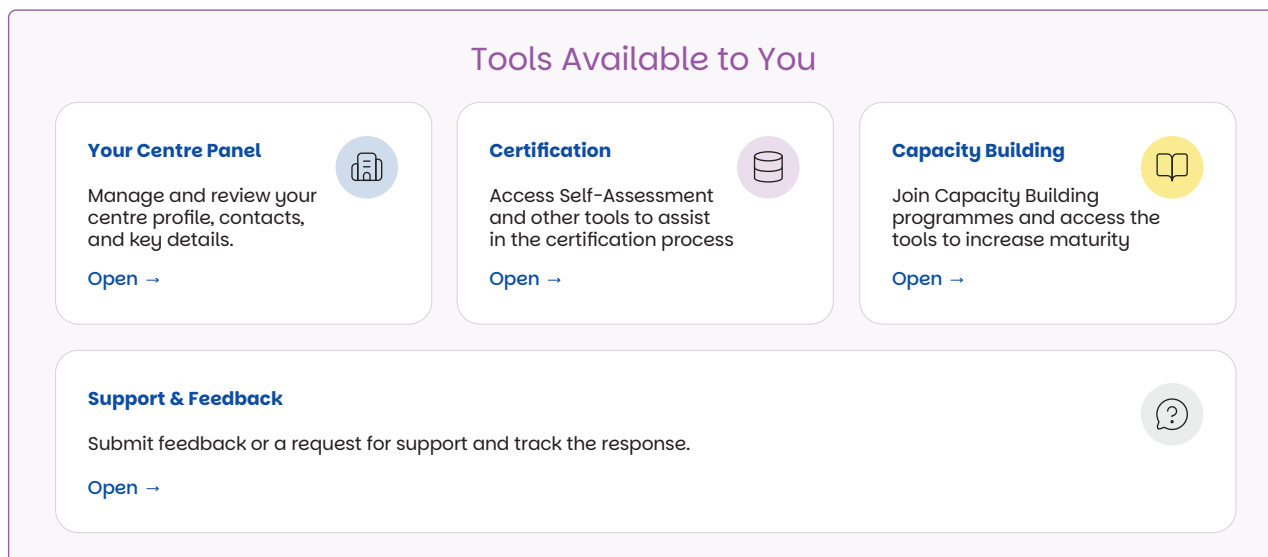


Figure 4. Tools Available to You Section

For a more detailed overview of the navigation in the EUnetCCC Portal, refer to the following video tutorial: <https://vimeo.com/1210798685?fl=ip&fe=ec>

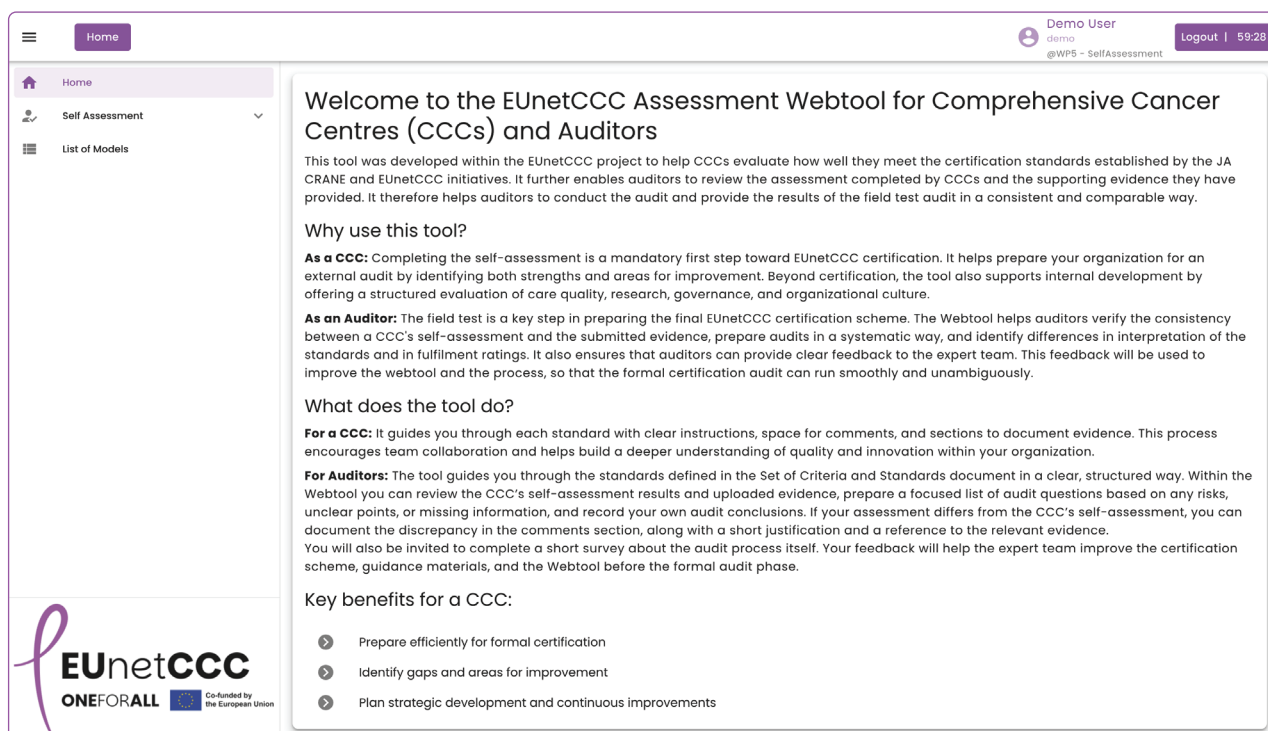


Figure 5. Main Interface – Welcome page of the Self-assessment tool

By clicking on the three vertical lines symbol at the top left of the screen, one can show/hide the menu.

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

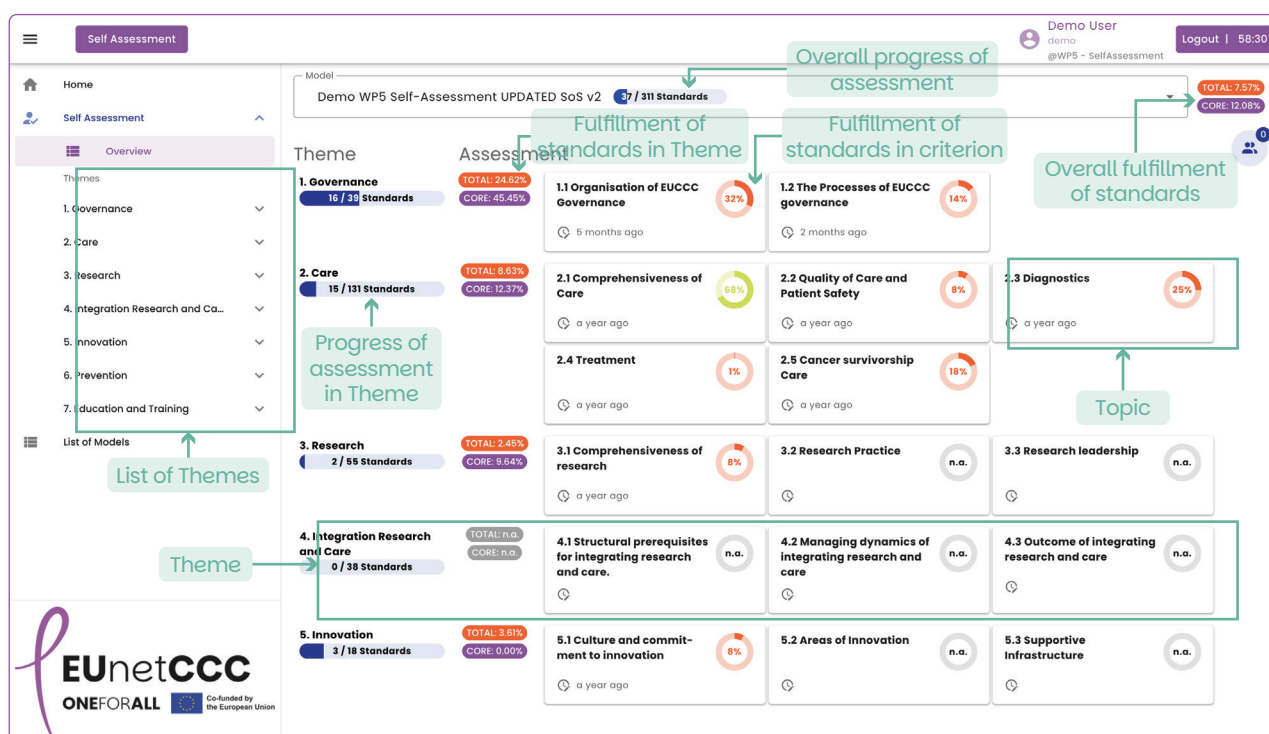


Figure 6. Self-assessment overview

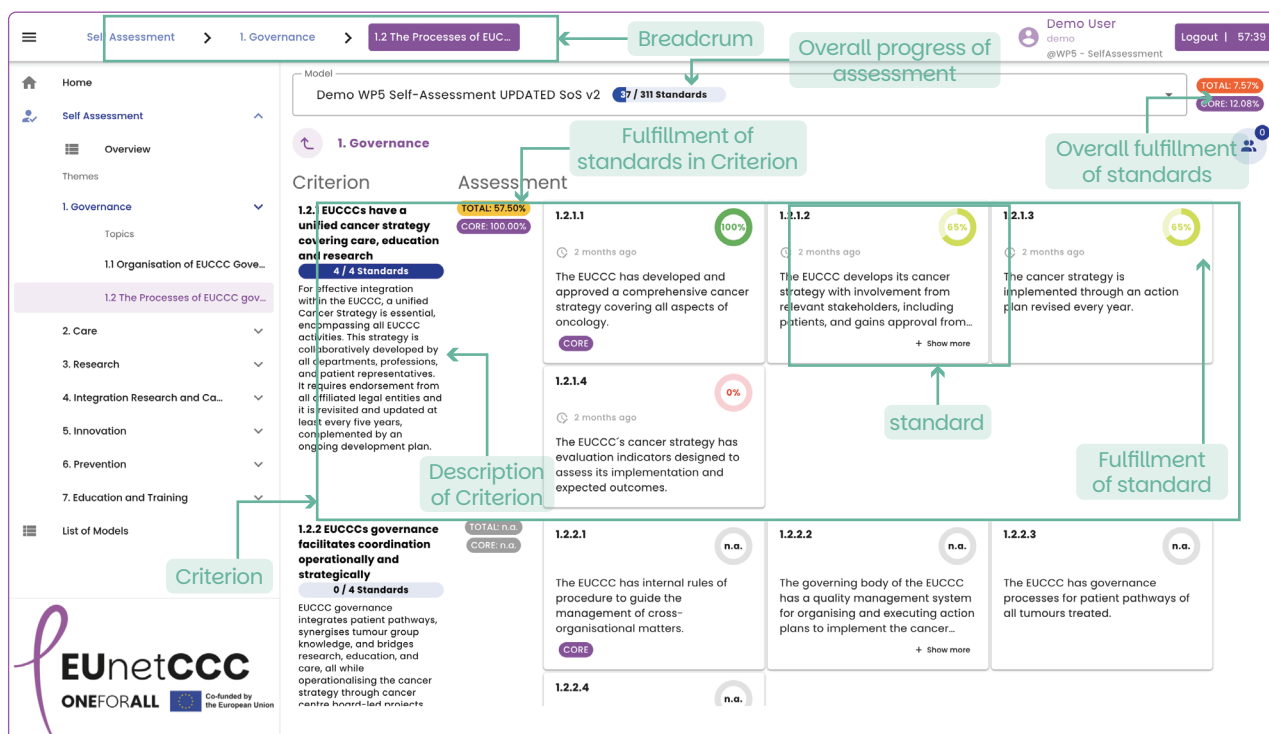
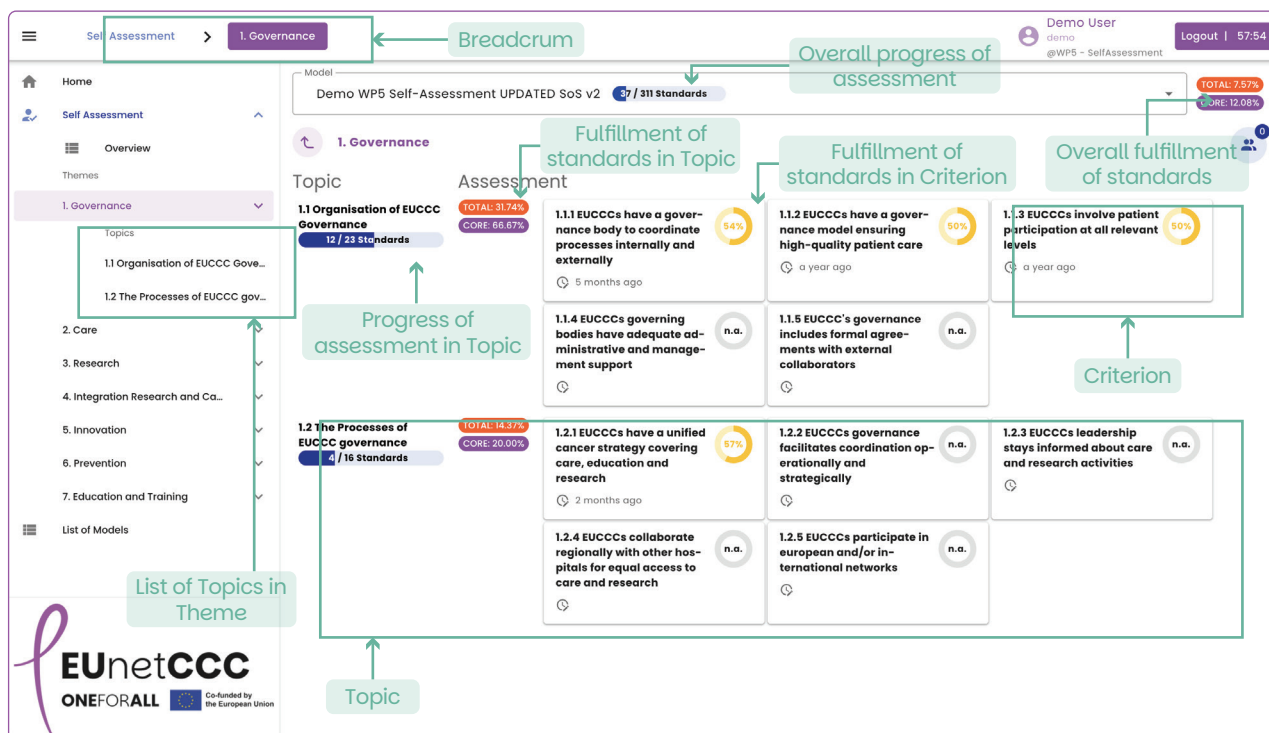
Familiarising with structure navigation: Themes > Topics > Criteria > Standards

The overall set of standards is subdivided into several thematic Themes, each Theme into several Topics. The Topics are the main subcategories of the Themes – they are specific issues that form a Theme. Each Topic furthermore consists of different Criteria grouping a detailed subset of standards.

It is worth reading the criterion description to understand the area where the centre will be examined.

Navigation within the hierarchy of Themes, Topics and Criteria can be done using the left navigation panel or by clicking the rows in the corresponding matrix view.

The breadcrumbs at the top always show the current thematic position and can also be used to navigate back.



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

It provides

- ℳ the formal part of the assessment with a description of the standard,
- ℳ sample evidence,
- ℳ an assessment scale,
- ℳ an input for a description confirming the adopted assessment of the standard,
- ℳ a field for providing supporting documents.

The screenshot displays the 'Self Assessment' interface for a specific standard. The breadcrumb trail at the top indicates the navigation path: 'Self Assessment > 1. Governance > 1.1 Organisation of EUCCC > 1.1.2 EUCCCs have a gov... > 1.1.2.2'. The main content area is titled 'Standard: 1.1.2.2' and contains the following sections:

- Standard Description:** A text box containing the standard's description: 'There is a written and mutually accepted patient pathway for each tumour entity treated in the EUCCC.'
- Examples of Evidence:** A list of four examples of evidence, such as 'Document(s) describing patient pathways for each tumour entity treated in the EUCCC.'
- Assessment Scale:** A section with four radio buttons for evaluation: 'Not Fulfilled (-35%)', 'Partially Fulfilled (-35%)', 'Mostly Fulfilled (+60%)' (which is selected), and 'Fulfilled (100%)'.
- Evidence provided:** A large text area for providing a description confirming the adopted assessment.
- Supporting Documents:** A section for uploading supporting documents, with a 'Select File' button and a note about the 10 MB limit.
- Buttons:** At the bottom, there are 'Cancel', 'Save', and 'Save & Next' buttons.

Annotations with arrows point to various elements: 'Breadcrumb' points to the top navigation trail; 'Standard Description' points to the standard's text; 'Examples of Evidence' points to the list of evidence examples; 'Assessment Scale' points to the radio button options; 'Input to provide description confirming the adopted assessment' points to the 'Evidence provided' text area; 'Button to SAVE input' points to the 'Save' button; and 'Upload field to provide supporting documents' points to the 'Supporting Documents' section.

Figure 9. Self-assessment – Standard Form

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

The uploading feature should 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 assess 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.

Save your progress

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

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

Collaborate with your team

To collect the best information for assessing all the standards it is essential to integrate all relevant experts in your CCC. Therefore, the tool allows multiple users working in parallel on one assessment. For active collaboration of different users for assessing and discussing the same standard, the tool provides a comments section for every standard (see Figure). Stored comments are visible to every user who can edit the assessment. Comments will not be submitted with the assessment during final submission.

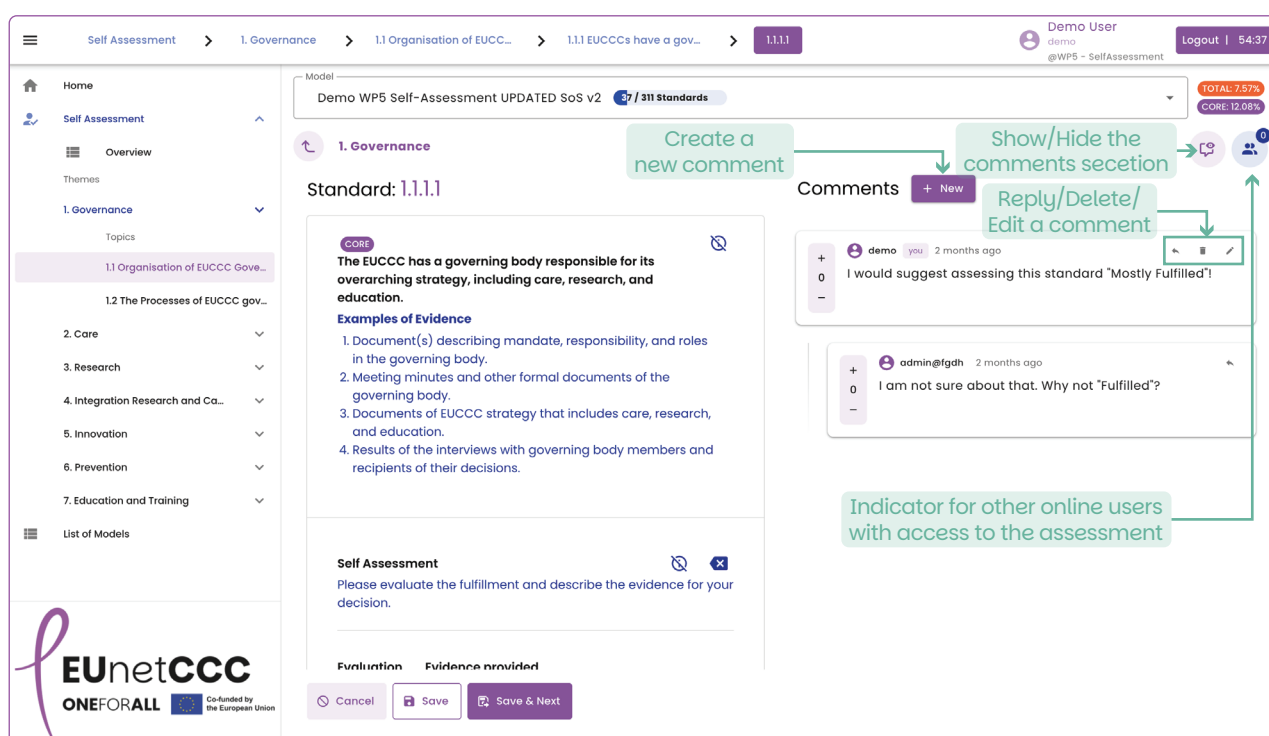


Figure 10. Self-assessment – Comments section

Final review and submission

It is essential to do a **final check** before making the **final submission**. It should be checked that all standards are assessed, that the remarks are understandable, that the comments are useful, and that the uploaded documents are relevant and properly attached.

To submit the entire assessment, go to the **List of Models** by clicking the according menu item in the left navigation panel. In the list, click the **Status** of the assessment you want to submit and select **Submit**.

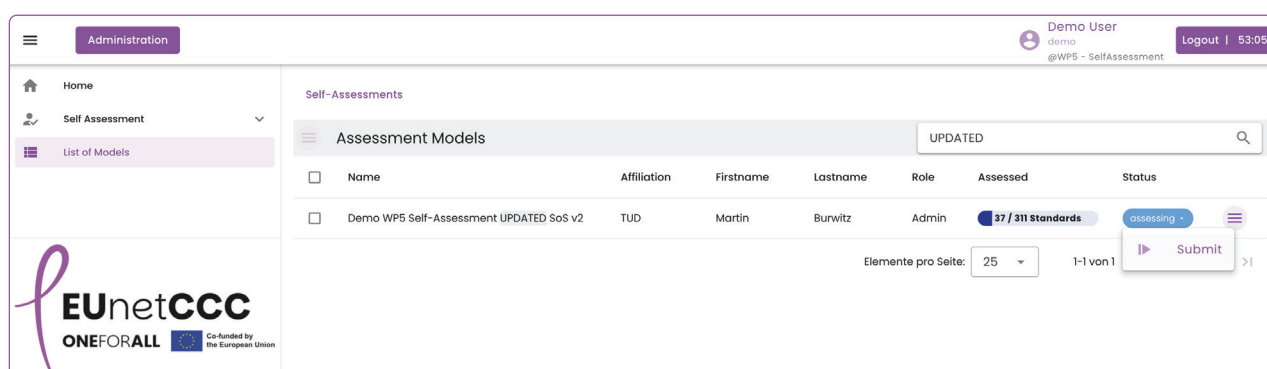


Figure 11. List of Models – Submit Assessment

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 assessed:** Completion of all standards can be viewed in **the progress bar**. At the criterion level (see Figure 7): all standards should have a symbol of the result of evaluation in a color other than grey (the grey color means that the standard has not 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.

If you try to submit an assessment that is not completed, the tool will show a corresponding warning and provide an overview of the missing items. You can use this overview to directly navigate to an item to add the missing input.

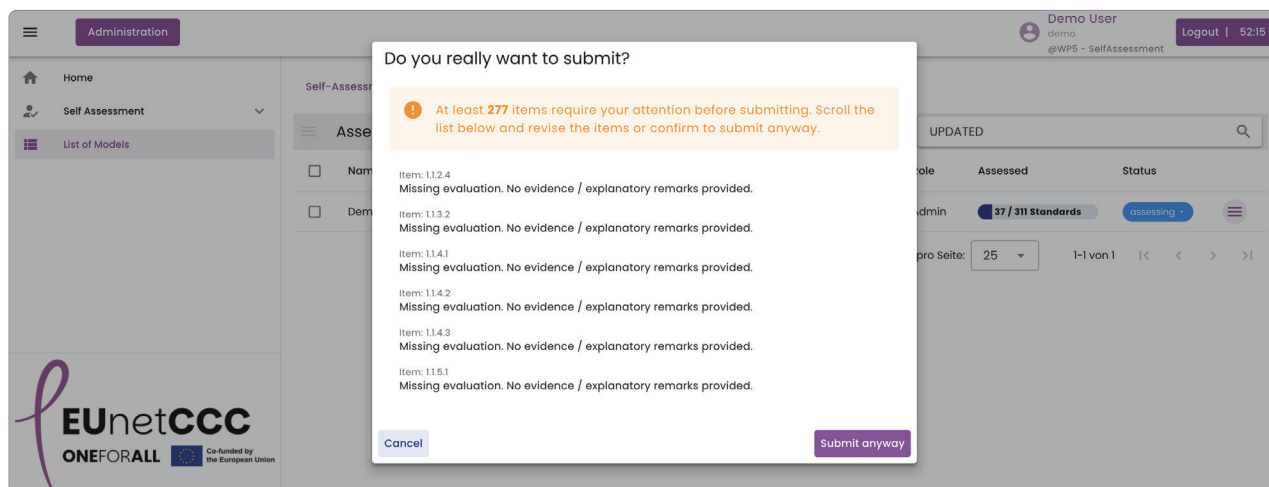


Figure 12. Submission of incomplete Self-assessment

3. HOW DOES THE SELF ASSESSMENT TOOL WORK?



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 Assessment

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:

- ℳ Use the suggested types of evidence as references.
- ℳ Provide alternative documents or other forms of proof that demonstrate fulfilment of the standard.

- ƒ Describe the evidence in free-text form if no direct document is available (recommended).
- ƒ Clearly indicate the source of the evidence for traceability purposes.

Auditors will review the self-assessment documentation which users submit to conduct peer assessment 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 assessment 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 assessment process becomes cumbersome when users submit too many documents that are not directly related to the assessed standard.

Overloading the assessment with irrelevant documents:

Providing excessive documents, or documents that are only loosely related to the assessed standard, can make the assessment 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 responses, but **standards that have were answered do not count toward the score**. The scoring system disregards standards that were not answered, which results in partial completion scores, dropping the overall assessment results.

Core standards

Core standards demand **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.

4. ACCESS RIGHTS & VALIDATION PROCESS

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



5

EVALUATION METHODS HOW STANDARDS ARE VERIFIED

After the centre fills 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.

Overview of the evaluation techniques

Evaluation technique	Typical objective
Structured interviews	Assess governance, responsibilities, implementation and effectiveness through discussions with managers, healthcare professionals, researchers, patients, patient representatives or other relevant stakeholders, as appropriate.
Direct observation	Assess the implementation and effectiveness of organisational processes, clinical practices and support activities under routine operating conditions.
Review of documented information	Verify documented policies, procedures, protocols, governance arrangements and other documented information relevant to the certification standards.
Review of records	Confirm the consistent implementation and effectiveness of organisational processes through the review of records, performance indicators and other documented evidence.
Patient pathway tracing	Assess the continuity, coordination and integration of care across organisational interfaces by following one or more representative patient pathways.
Observation of multidisciplinary meetings	Assess multidisciplinary decision-making, coordination and collaboration between healthcare professionals.
Site visits	Assess the organisation, infrastructure and operational implementation of clinical, research, educational and support activities.

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 understand 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



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 almost identical, but additionally show both assessment scores, the one of the CCC and a separate auditor assessment.

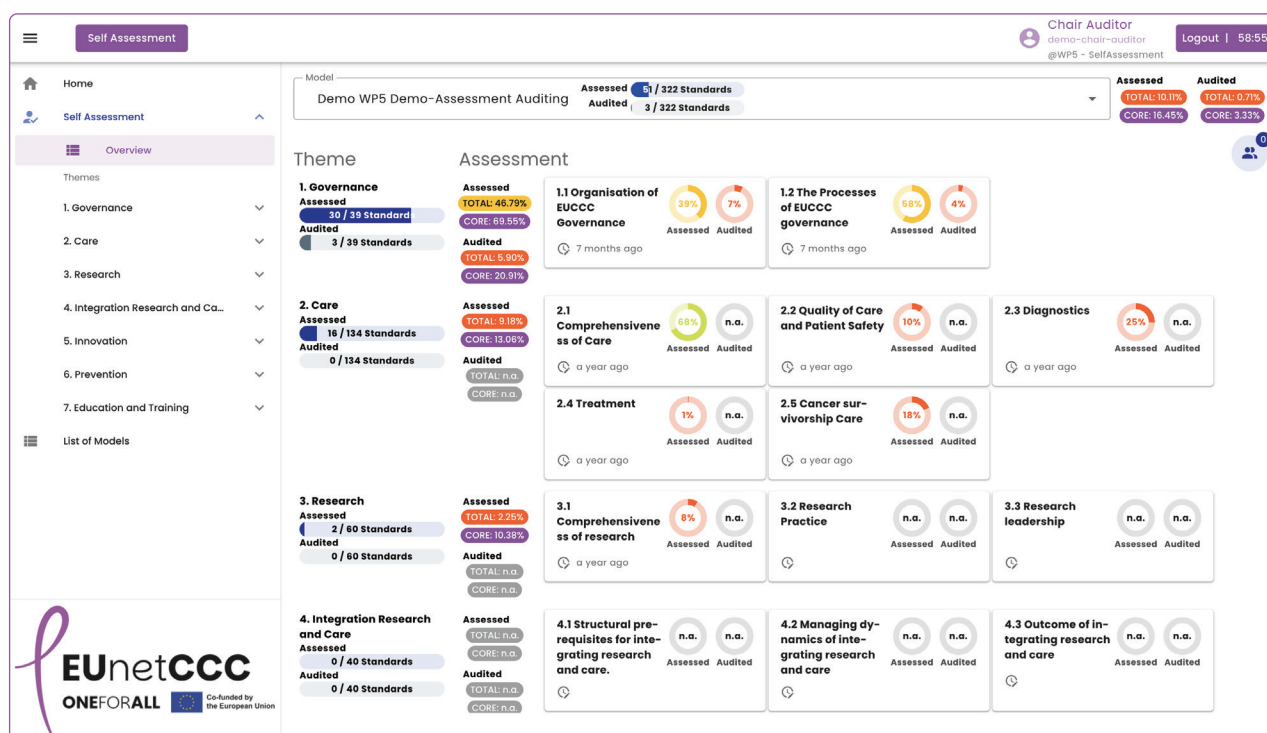


Figure 13. Self-assessment – Auditors overview

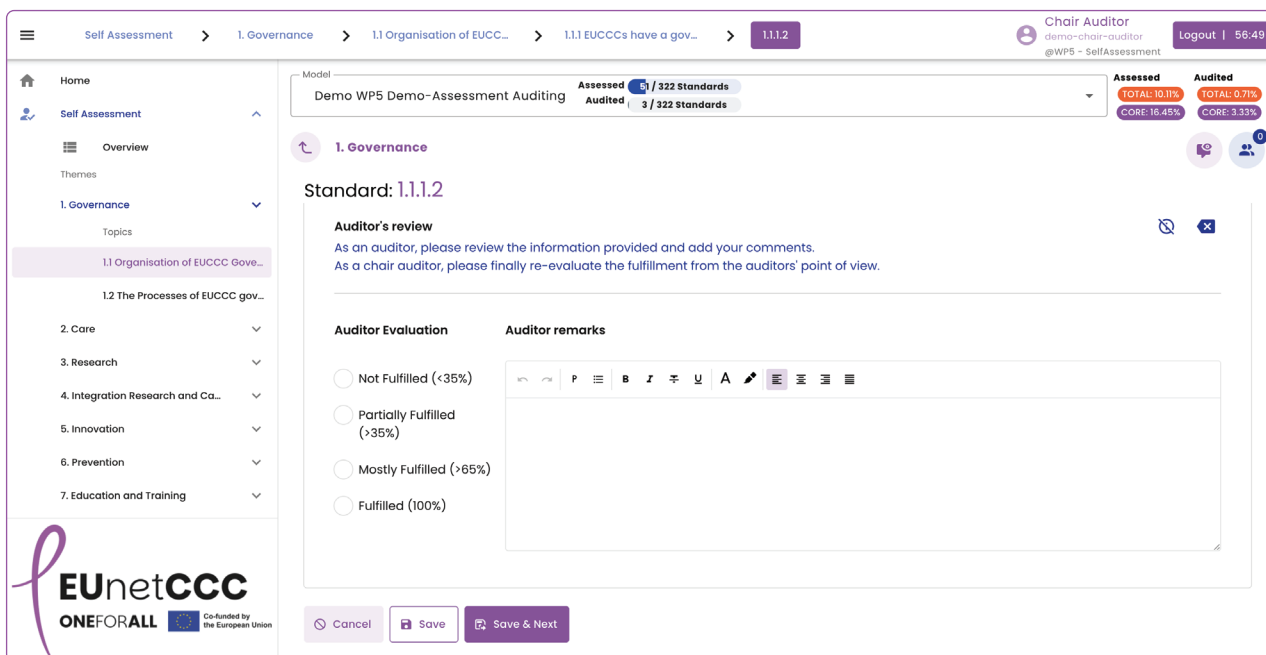
In the standard form, the auditors have **read-only access to the centre's submitted responses and documents**. After the centre finishes and submits their self-assessment, auditors obtain complete visibility of the submitted form while their access remains read-only. Auditors gain complete visibility of selected self-assessment ratings, narrative justifications, and described evidence. **Auditors CANNOT see the collaborative comments made by aspiring CCC users (see Figure 9)**. Auditors can use the comments section the same way the CCC does for collaboration between auditors.

The screenshot displays the 'Self Assessment' interface for a 'Chair Auditor'. The breadcrumb trail shows the path: Self Assessment > 1. Governance > 1.1 Organisation of EUCCC... > 1.1.1 EUCCCs have a gov... > 1.1.1.2. The left sidebar contains a navigation menu with 'Home', 'Self Assessment', 'Overview', 'Themes', and a list of topics including '1.1 Organisation of EUCCC Gov...', '1.2 The Processes of EUCCC gov...', '2. Care', '3. Research', '4. Integration Research and Ca...', '5. Innovation', '6. Prevention', and '7. Education and Training'. The main content area shows the 'Standard: 1.1.1.2' with the text: 'The institutions forming the EUCCC are distinctly outlined, and their roles within the governing body are specified.' Below this, 'Examples of Evidence' are listed: '1. Document(s) describing mandate, responsibility, and roles in the governing body.', '2. Results of the interviews with governing body members and recipients of their decisions.', and '3. Results of the interviews with employees of institutions forming the EUCCC that confirm understanding of roles within EUCCC.' The 'Self Assessment' section prompts the user to 'Please evaluate the fulfillment and describe the evidence for your decision.' The 'Evaluation' section has four radio buttons: 'Not Fulfilled (<35%)', 'Partially Fulfilled (>35%)', 'Mostly Fulfilled (>65%)' (which is selected), and 'Fulfilled (100%)'. The 'Evidence provided' section has a text area containing 'Document(s) describing mandate, responsibility, and roles in the governing body.' At the bottom, there are 'Cancel', 'Save', and 'Save & Next' buttons. The footer includes the 'EUnetCCC ONEFORALL' logo and 'Co-funded by the European Union' text.

Figure 14. Standard Form for Auditors – Read-only view on assessment

Additionally, auditors have **exclusive access to an Auditor’s review section**, which provides the same assessment scale and input for entering comments during the assessment process. Auditors should write their **observations and comments at each standard assessment stage** rather than delaying their entry until the process ends. Real-time observation capture and identification of gaps during the on-site visit produces more accurate and structured evaluations.

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.



The screenshot displays the 'Self Assessment' interface for a Chair Auditor. The breadcrumb trail shows the path: Self Assessment > 1. Governance > 1.1 Organisation of EUCCC... > 1.1.1 EUCCCs have a gov... > 1.1.1.2. The interface includes a sidebar with navigation links for Home, Self Assessment, Overview, Themes, and Topics. The main content area is titled 'Standard: 1.1.1.2' and contains an 'Auditor's review' section with instructions: 'As an auditor, please review the information provided and add your comments. As a chair auditor, please finally re-evaluate the fulfillment from the auditors' point of view.' Below this is an 'Auditor Evaluation' section with four radio button options: 'Not Fulfilled (<35%)', 'Partially Fulfilled (>35%)', 'Mostly Fulfilled (>65%)', and 'Fulfilled (100%)'. To the right of these options is a large text area for 'Auditor remarks' with a rich text editor toolbar. At the bottom of the form are 'Cancel', 'Save', and 'Save & Next' buttons. The top right corner shows the user's role as 'Chair Auditor', their name 'demo-chair-auditor', and a 'Logout' button. A 'Model' dropdown menu is set to 'Demo WP5 Demo-Assessment Auditing', showing 'Assessed 51 / 322 Standards' and 'Audited 3 / 322 Standards'. A summary panel on the right shows 'Assessed' and 'Audited' totals and scores.

Figure 15. Standard Form for Auditors – Auditor's review

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 assessment.

Final assessment and submission

Submitting the entire audit finally can be done by the chair auditor. This can be done the same way as the CCC can submit the assessment, using the status indicator in the List of Models (see Figure 9).



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**For more information,
please contact:**

eunetcccwp5@has-sante.fr