Architecture of the Capacity-Building activities: a systemic approach

WP6 Experts' workshop in Barcelona,
October, 1st 2025

Architecture of the Capacity-Building activities: a systemic approach

In a certification context, capacity-building is the **systemic process** through which an organization – not only its staff – aligns its **policies, governance, processes, infrastructure, and behaviors** over time to consistently **meet & sustain the requirerd standards.**

→ In the context of EUnetCCC, not a collection of isolated trainings but an integrated process

Support candidate CCCs in building organisational capacity

Translate standards into practice with tools & mentoring

Connect candidates with Coordinators for peer learning

Ensure continuous Quality Improvement—not just a one-time exercise

→ In the context of EUnetCCC, our aim is to **optimise resources and maximise every contact between CCCs and candidates**, especially in close connection with WP8 Network activities.

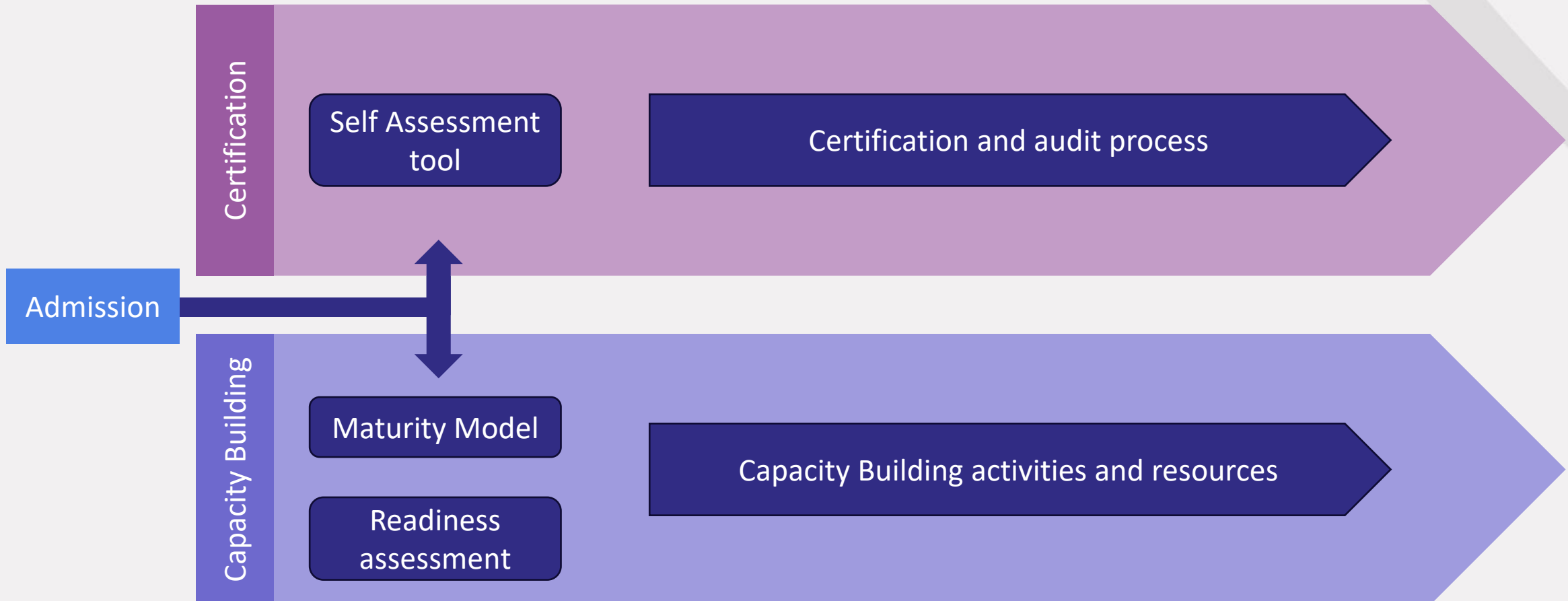# Architecture of the Capacity-Building activities:

Through this model, let's build not just skills, but the institutional resilience needed for sustainable excellence.
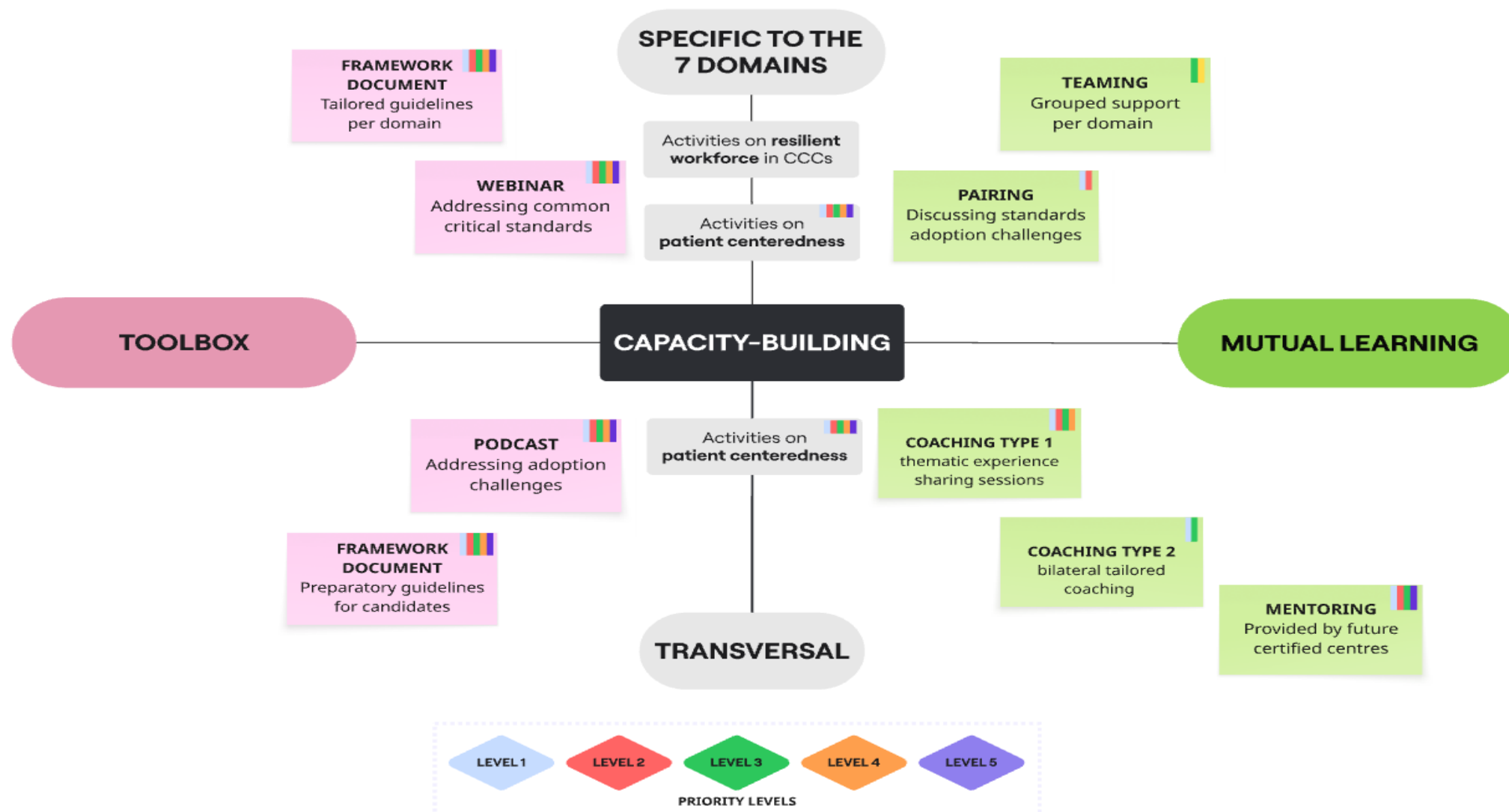
Architecture of the Capacity-Building activities: Where do we start ?

CCC Coordinators : our experts	
Vall d'Hebron Institute of Oncology (VHIO, Spain)	West German Cancer Center Consortium Essen-Münster (UKEssen-UKM, Germany)
Institut de Cancérologie de l'Ouest (ICO, France, France)	CCC Niedersachsen Göttingen/Hannover (UMG-MHH, Germany)
Instituto Nazionale di Tumori (INT Milano) & Reggio Emilia Cancer Institute	Instituto Português de Oncologia (IPOPORTO, Portugal)
Institut Curie (IC, France)	Catalan Institute of Oncology (ICO)
Centre Léon Bérard (CLB, France)	Lillabaelt hospital (RYSD, Denmark)
Institut Gustave Roussy (IGR, France)	CCC Vienna (MUW, Austria)
Candiolo Cancer Institute (FPO, Italy)	Oslo University Hospital (OUS, Norway)

Certification and Capacity Building

Architecture of the Capacity-Building activities: Numbers

- The system mobilises:
  - **14 CCC Coordinators** across the 7 domains.
  - **14 candidates in Pairing**.
  - **56 candidates in Teaming** (14 × 4).

In total, **around 70 candidates** benefiting from structured CB activities: these figures illustrate the **scale and reach** of the model across Europe!
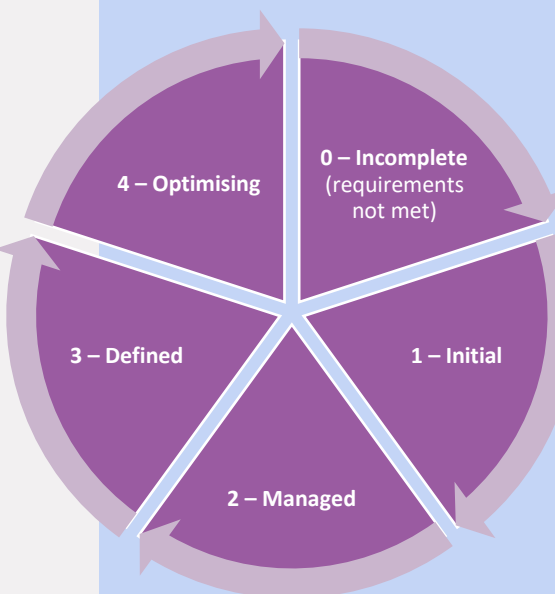
In the context of EUnetCCC, our aim is to **optimise resources and maximise every contact between CCCs and candidates**, especially in close connection with WP8 Network activities.

Priority Levels : how to assign candidates with the right tools ?
Our diagnostic Tools

EUnetCCC
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MATURITY MODEL (MM)

- Provides a structured assessment of where a candidate centre stands in each of the seven domains.

- Scores show both the **baseline maturity** and the **trajectory for progress**.

- Used for benchmarking and tracking improvement over time.
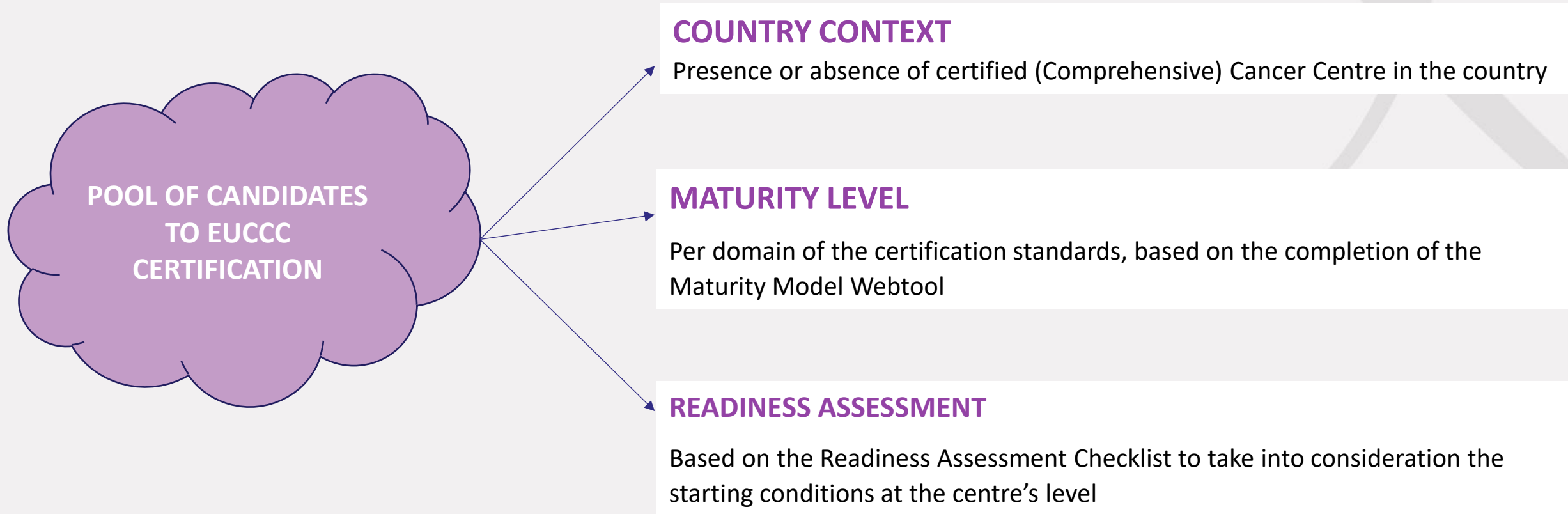
READINESS ASSESSMENT CHECKLIST (RACCC-30)

- A **30-item questionnaire** capturing leadership, organisational culture, policies, and institutional conditions.

- Complements the MM by identifying whether a centre has the **foundational capacity** to absorb CB.

- Combined with the MM, it informs the **Partnering Gap Analysis** and leads to the drafting of **improvement roadmaps** for each candidate.

4 – Optimising
0 – Incomplete (requirements not met)
3 – Defined
1 – Initial
2 – Managed

Together, MM and the RACCC-30 act as a compass:

- They form the **entry point of every capacity-building route** (Coaching, Pairing, Teaming).
- They feed into a **Partnering Gap Analysis**, ensuring that we co-design **roadmaps for improvement** that are realistic and context-specific.
- They allow WP6 to **optimise the distribution of resources**: intensive formats (like Pairing) are channelled to the centres most in need, while more mature centres are guided towards collective peer-learning (Teaming, Coaching).

natic area 1: Leadership and open attitudes toward change

	Value
Formalisation of the governance setting. A formal Cancer Centre Board exists (governing body of the candidate CCC), or it is being established with clear structures to ensure institutional alignment between the institutions configuring the candidate CCC.	
Patients' representative role. There is wide acceptance of patients playing a role within the candidate CCC's governance setting and some related actions have been implemented.	
Change attitudes. Positive attitude towards change is present in all relevant organizational units (including the non-oncological ones), and no major resistances are envisaged.	
Culture of quality evaluation. The constituents of the candidate CCC has previous certification experience or routinely collects and uses quality data to support organisational improvement.	
Top-management commitment and leverages. Candidate CCC's director (transversal leadership, in case of consortia) has formally provided legitimacy to the "core team" managing the certification as well as to specific	

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Priority Levels
Our diagnostic tools

POOL OF CANDIDATES TO EUCCC CERTIFICATION

COUNTRY CONTEXT

Presence or absence of certified (Comprehensive) Cancer Centre in the country

MATURITY LEVEL

Per domain of the certification standards, based on the completion of the Maturity Model Webtool

READINESS ASSESSMENT

Based on the Readiness Assessment Checklist to take into consideration the starting conditions at the centre's level

Priority Levels :
Established routes for Capacity-Building in EUnetCCC

PRIORITY LEVEL	SELECTION CRITERIA	READINESS ASSESSMENT
LEVEL 1	**NO** certified (Comprehensive) Cancer Centre in the Member State (or Associated country)	**LOW**
LEVEL 2	**NO** certified (Comprehensive) Cancer Centre in the Member State (or Associated country)	**HIGH**
LEVEL 3	**Low Maturity scores** (0-1) in **4 or more** domains of the certification standards	**LOW** or **HIGH**
LEVEL 4	**Low Maturity scores** (0-1) in **4 or less** domains of the certification standards	**LOW** or **HIGH**
LEVEL 5	**Medium to high Maturity scores** (2-4) on **4 or more** domains of the certification standards	**LOW** or **HIGH**

Architecture of the Capacity-Building activities: What can we offer ?
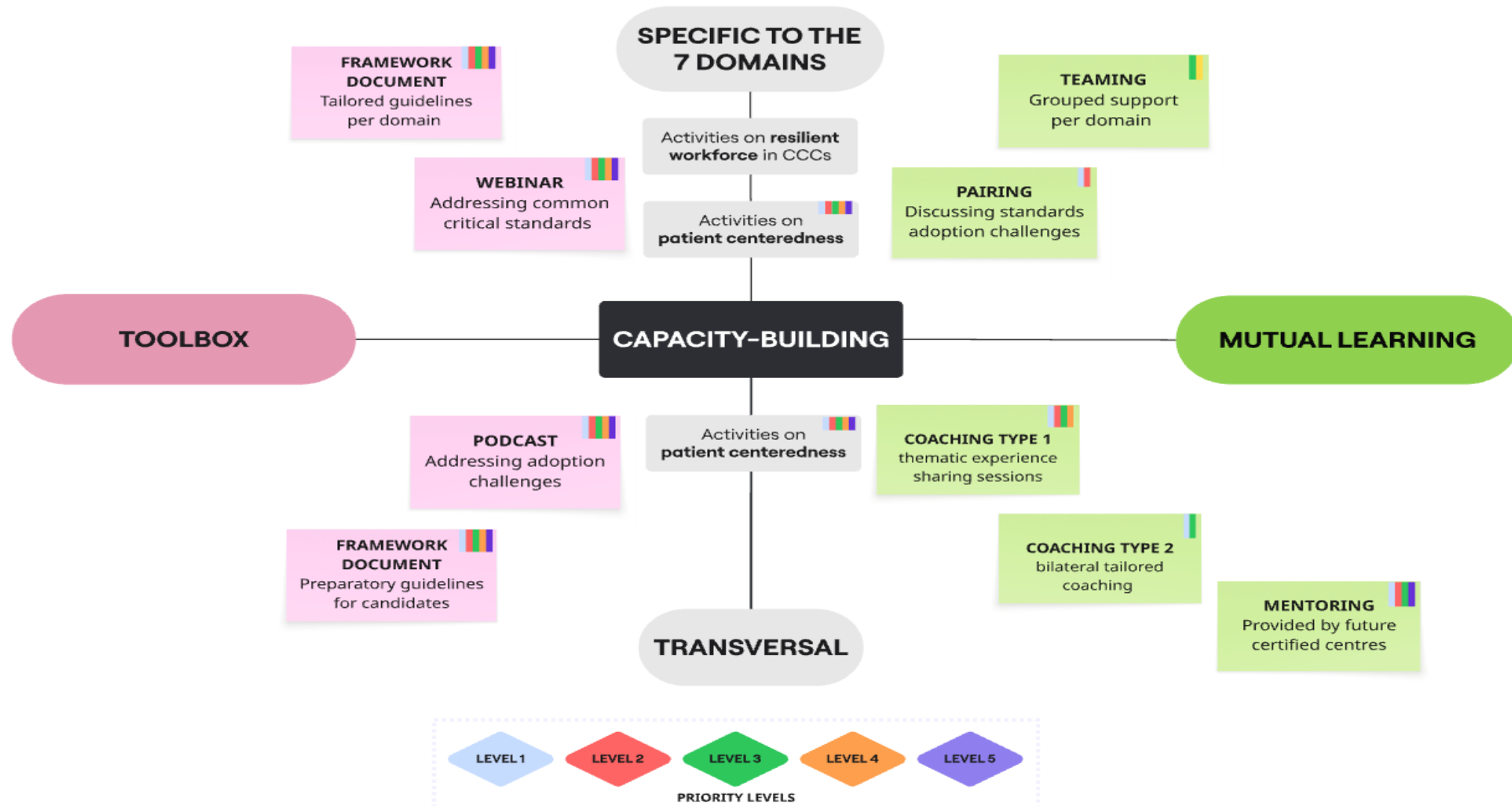
What's next : Protocols and Timing

- The **Pairing and Teaming protocols** will be circulated **after the Barcelona Workshop**.
- Their role: provide a **clear, harmonised framework** for how centres will interact, exchange, and progress.
- The protocols are not rigid manuals: they serve as **guides ensuring consistency**, while leaving space for adaptation.

When do we start ?

Early 2026 !

Action 1 - Implementation of Teaming Activity (steps 1-4)

Step 1. First online presentation by the CCC candidates to the CCC Coordinator:

 a. Case presentation of each centre, including framework conditions

Presentation of the status with regards to each domain based on the targets and approaches defined by the 7-domain Guideline c) Identification of hard and soft capacities of each centre

Step 2On-Site visit 1 at CCC Coordinator premises (1.5 days)

 b. Comprehensive approach to the Domain, , involving guidance from the CCC Coordinator on good practices, recommendations, identification of potential failures, and help with setting priorities

 c. Site tour and live demonstration of domain-specific practices (e.g, patient pathways, RCP meetings, IT dashboards,...)

 d. Deep-dive session on a flagship initiative (step-by-step sharing of a high-impact intervention related to the domain: tools used, KPIs tracked, lessons learned...)

 e. Collaborative working sessions: adapting practices to local settings (each candidate identifies 1-2 actionable ideas to pilot, with input from CCC Coordinator) & finalise drafting of individual short-term objectives and roadmap (consolidation of goals to be pursued before the second visit)

 f. Establish short-term objectives (to be achieved under the framework of the Teaming Activity) and medium- to long-term objectives

 g. See Annex 1 for a proposal of agenda, which can be adapted

Step 3. WP6 checkpoint control n°1

 h. Assessment of candidates' progress including potential impact on quality improvement

 i. A summary of advances, pitfalls and opportunities is sent to the 2 CCC Coordinators of the domain in a single online session

 j. Required update of the domain via the Maturity Model Webtool

Step 4. One CCC Coordinator of each domain host a second round of visits including both participants of Pairing Teaming Activities

 k. Presentation of the CCC candidates' advances: review of short-term objectives defined after the visit

 l. Joint analysis using the Maturity Model and Readiness Checklist to compare baseline