



**INTERNATIONAL CONSORTIUM
ON QUALITY IN SUBSTANCE USE
DISORDERS TREATMENT**

Guidelines and ICQ Standards for Quality Assurance Organizations to Apply for the ICQ Quality Seal Award

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For more information:
www.icquality.org



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1. About ICQ

1.1 Introduction to the International Consortium on Quality in Substance Use Disorders Treatment

The International Consortium on Quality in Substance Use Disorders Treatment (ICQ) is a new international organization interested in working together with international partners and key organizations to help countries improve the quality of substance use disorders (SUD) treatment in line with current international standards and guidelines.

ICQ's vision is to provide global leadership and a hub for organizations interested in promoting and improving the quality of substance use disorders (SUD) treatment services and systems to ensure the best positive outcomes for people who use alcohol and other drugs.

Joining the ICQ will allow you to be part of a network whose central focus is on quality and quality improvement in the treatment of people with substance use disorders (SUD).

ICQ was created to ensure that SUDs system and services align with international standards for the treatment of SUDs. This is achieved through peer-led and co-designed resources and through the provision of technical support to interested countries from two international initiatives:

- International Consortium on Quality in Substance Use Disorders Treatment (ICQ)
- Program for International Quality Assurance in Treatment (PIQAT)

Through ICQ and PIQAT, quality and quality assurance in a country's system of care and services will be embedded and sustained through continuous quality improvement processes as reflected in [International Standards](#).

“Strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol” by 2030 is a global priority in the United Nations (UN) Sustainable Development Goals. Good quality drug treatment can be highly effective in reducing drug-related harms, helping people overcome drug dependence and achieve recovery outcomes, improving the lives of family members and reducing negative impacts on local communities. Sadly, the UN World Drug Report 2020 found that only one in eight people who need drug treatment, received it. Furthermore, the previous report stated that “drug treatment was often not evidence-based, lacked quality to achieve desired effects or not in line with human rights”. Yet, there are many initiatives by individuals, groups, organizations, countries, and international agencies to ensure treatment is accessible, of good quality and in line with agreed upon international standards.

ICQ aims to harness this positive commitment to improving quality in substance use disorders (SUD) treatment and create a global consortium that can identify, share and promote good practice and improve the quality of drug treatment for the benefit of patients, their families and communities. ICQ will have three main stakeholder groups that will work towards this vision and mission; they are

QA organizations; substance use disorders treatment service providers; and patients from substance use disorders treatment services as well as family and caregiver advocacy groups. ICQ will work with each group to develop peer-led resources and share good practice.

To accomplish its goals, ICQ will work with international organizations and partners to recognize, promote, and improve quality in SUD services and systems by providing:

- Advocacy for the adoption of the '[International Standards for the Treatment of Drug Use Disorders](#)' (2020, WHO/UNODC) and '[Quality Assurance in Treatment for Drug Use Disorders: Key Quality Standards for Appraisal](#)' (2021 pre-publication draft).
- A membership structure that includes networking opportunities for QA organizations, service providers and patient/caregiver advocacy groups with an interest in improving the quality of SUD services in their country or region.
- A 'peer-led' stamp of approval that recognizes a QA organization that is operating in line with both the current International Standards and Key Quality Standards.
- Support to members with training and resources including briefings, webinars, and best practices in QA for SUD services. And
- Technical assistance to interested countries QA agencies by ICQ to obtain the Quality Seal Award and to countries through PIQAT to improve quality in their SUDs system and treatment.

1.2 ICQ Work with Quality Assurance (QA) Organizations

Organizations responsible for ensuring the quality of substance use treatment services are a key stakeholder for ICQ. They may be a quality assurance (QA) agency such as an inspectorate or accrediting body, a government ministry or department, a regulator, or a funding body. ICQ wishes to work with QA organizations to improve and promote quality assurance of substance use disorders services by focusing on the 5 pillars of work noted above.

1.3 ICQ Quality Seal for QA Organizations

QA organizations are able to apply to obtain ICQ Quality Seal. The ICQ Quality Seal process and application form (see [Appendix 2](#)) for QA organizations has been developed in close collaboration with an ICQ Initial Advisory Board of QA organizations and experts in 2022/2023. It has drawn on other quality assurance processes for QA organizations including the International Society for Quality in Health Care (ISQua) [Guidelines and Principles for the Development of Health and Social Care Standards](#).

The Quality Seal is designed to be a 'peer recognition' process for QA organizations to recognize that they are operating as a model of good practice in relation to the quality assurance of substance use disorders treatment services. Importantly the Quality Seal is an award for a QA organization that has performed quality assurance activities in substance use disorders treatment services based on a set of standards and criteria aligned with the [International Standards for the Treatment of Drug Use Disorders](#) (2020, WHO/UNOD) and the [Key Quality Standards](#) (2021, UNODC et al).

The Quality Seal also shows that the SUD treatment services that ‘pass’ the QA organizations’ quality assurance processes are operating in line with current international guidelines and are of a known and recognizable quality.

The terms of reference of ICQ Initial QA Advisory Committee included the following set of ICQ values embedded in the international standards linked above:

- Substance use disorders are complex biopsychosocial health conditions.
- People with substance use disorders are entitled to the same access to quality health care as any other patient group.
- Treatment for substance use disorders should be based on scientific evidence and provided in line with Human Rights.
- Patients and people with ‘lived experience’ of substance use disorders and treatment have a valuable contribution to make in quality assurance and quality improvement.

2. Overview of the Application, Standards and Awards Process for the ICQ Quality Seal for QA Organizations

A Flow Diagram pertaining to the ICQ Quality Seal Application Process is contained in [Appendix 3](#) of this document.

2.1 Overview and Structure of the QA organization Standards

Provided below is *an overview of the standards* that need to be met to be awarded the ICQ Quality Seal, the process of application as well as the assessment and awarding of the quality seal.

ICQ’s application form has nine (9) standards and twenty-one (21) that are required to be met by the QA Organization in order to be awarded the ICQ Quality Seal. There are specific standards that **must be met** at the point of application, and these are indicated with an asterisk *.

The 9 Standards and 21 criteria are summarized in Table 1; and the detailed guidance and suggested evidence are outlined in [Section 4](#). The Application Form to be completed is contained in [Appendix 2](#).

Table 1: Overview of QA Organization Standards for the ICQ Quality Seal Award

Standard 1: The QA Organization Supports Implementation of the Principles and Standards Outlined in the '[International Standards for the Treatment of Drug Use Disorders](#)' (2020/WHO/UNODC) and ICQ Advisory Committee values.

***Criterion 1a:** A written statement from the QA organization confirming they agree with [International Standards for the Treatment of Drug Use Disorders](#) (2020, WHO/UNODC).

Criterion 1b: A written statement from the QA organization confirming they agree with ICQ Values.

Standard 2: The QA Organization has Expertise in Quality Assurance of Substance Use Disorders (SUD) Treatment Services and has Initiatives Underway.

***Criterion 2a:** The QA organization's staff or pool of assessors involved in the accreditation process for substance use disorders are competent in SUD treatment.

***Criterion 2b:** The QA organization has undertaken accreditation processes with substance use disorders treatment services and keeps a register of such clients (**client refers to SUD treatment providers with whom there is a contract or agreement for services*).

Standard 3: The QA Organization's Standards for Substance Use Disorders Treatment Services are in Line with the '[Quality assurance in treatment for drug use disorders: Key Quality Standards for appraisal](#)', (2021 pre-publication draft) UNODC/WHO, COPOLAD/CICAD (supported by OAS and PAHO), African Union Continental and European Union (EQUUS), and supported by EU Drugs Agency.

***Criterion 3a:** The QA organization attests that their standards are in line with the '[Key Quality Standards](#)' (2021, UNODC et al).

***Criterion 3b:** The QA organization demonstrates their conformance of the QA organization's standards with the '[Key Quality Standards](#)' (2021, UNODC et al).

Standard 4: The QA Organization has Standards and Processes for the Registration, Quality Assurance, Accreditation, or Certification of Substance Use Disorders Treatment Services. These Processes are Transparent, Fair and Open to Challenge and are Operated and Applied by Trained and Competent Assessors.

***Criterion 4a:** The QA organization publishes its QA processes.

***Criterion 4b:** The QA organization uses a consistent set of standards and evidence from services to rate services.

Criterion 4c: The QA organization has an appeals process for services that wish to challenge the scoring or rating they have been awarded.

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| <p>*Criterion 4d: The QA organization has assessors who are trained in quality assurance.</p> |
| <p>Standard 5: The QA Organization’s Quality Assurance Processes Involve Feedback from Treatment Staff and Patients.</p> |
| <p>*Criterion 5a: The QA organization obtains and utilizes patient feedback in its quality assurance processes.</p> |
| <p>Criterion 5b: The QA organization obtains and utilizes staff feedback in its quality assurance processes.</p> |
| <p>Standard 6: The QA Organization has Established Policies and Procedures to Address Corruption, Unethical Behavior, Conflict of Interest, Illegal Activities and Abuse of Human Rights if Discovered in a SUD Treatment Service.</p> |
| <p>*Criterion 6a: The QA organization has established policies and procedures, including what actions it will take, if it finds corruption, unethical behavior, conflict of interest and illegal activities in a SUD treatment service it is assessing.</p> |
| <p>*Criterion 6b: The QA organization has established policies and procedures, including what actions it will take, if it finds abuse of human rights in a SUD treatment service it is assessing.</p> |
| <p>*Criterion 6c: The QA organization will check whether a SUD service provider has systems, policies and processes for preventing and addressing corruption, unethical behavior, conflict of interest, illegal activities and abuse of human rights if it occurs.</p> |
| <p>Standard 7: The QA Organization has a Policy and Procedure to Promote Evidence-Based Practice.</p> |
| <p>*Criterion 7a: The QA organization has an established policy and procedure for ensuring the interventions provided by the substance use disorders service provider are evidence-based and in line with current national and/or international guidance.</p> |
| <p>Standard 8: The QA Organization has a Work Plan that Demonstrates Its Ongoing Commitment to the Standards that Underpin the Quality Seal Award Focused on Improving the Quality in Substance Use Disorders Treatment Services.</p> |
| <p>Criterion 8a: The QA organization has provided a written statement or a work plan reflecting their QA activities to improve the quality of SUD treatment services in line with current international guidelines.</p> |
| <p>Criterion 8b: The QA organization has provided a written statement agreeing to submit an annual report (every 12 months after the ICQ Quality Seal is awarded) of progress made on the work plan or activities. Where there have been recommendations for improvement, an update on these will be provided as well at this time.</p> |
| <p>Standard 9: The QA Organization is Responsibly Governed to Meet its Defined Purpose.</p> |

***Criterion 9a:** The QA organization is a legal entity and can be held legally responsible for its activities.

***Criterion 9b:** The QA organization is effectively managed to meet its strategic objectives.

***Criterion 9c:** The QA organization has a defined process in place for the management of ethical concerns and conflicts of interest in the QA organization which is communicated to all staff.

2.2 The Application form Completion and Documentation Required

QA organizations interested in obtaining the ICQ Quality Seal are requested to complete the Application Form contained in [Appendix 2](#). The specific guidance and suggested evidence required for each criterion is outlined in [Section 4](#).

2.3 How ICQ Will Rate Responses

The ICQ team will rate responses to each criterion using a Red, Amber, Green (RAG) rating scale, where Red is not met, Amber is partially met, and Green is met. The scoring is based on whether the QA organization has provided evidence in line with the guidance and the suggested evidence provided for each criterion as outlined in [Section 4](#) of this document. The ICQ team will present proposed ratings for each criterion along with the rationale to the ICQ QA Advisory Committee and the Committee will verify the ratings.

2.4 ICQ Decisions and Awarding Process

The ICQ Quality Seal is an award for a QA organization that has performed quality assurance activities in substance use disorders treatment services based on a set of prescribed standards and criteria.

The ICQ QA Advisory Committee will make decisions on whether the QA organization has met or not met each criterion. The ICQ QA Advisory Committee expects that QA organizations should meet the standards that underpin the Quality Seal Award; however, it recognizes that there may be variation in the remit and scope of QA organizations so there may be instances where a standard or criterion is not applicable, or it may be met in a different way to that considered in this process. In these instances, the QA organization may write and ask for an exception to be made regarding the standard or criterion. Based on information received, the ICQ QA Advisory Committee will decide on whether a QA organization should be awarded the ICQ Quality Seal.

As previously noted, there are standards that have been identified that must be met at the point of application. These are indicated with an asterisk *.

If additional evidence is required by the ICQ QA advisory committee, time will be given to the QA organization to provide it.

Reviews of resubmitted applications addressing a request for additional evidence from ICQ QA advisory committee will take place twice a year.

2.5 Appeals Process and Timelines

Once a decision is taken by the ICQ QA Advisory Committee and contact is made with the applicant, the QA organization will be given two weeks to appeal the outcome of the awarding decision in writing to the ICQ QA Advisory Committee. The ICQ QA Advisory Committee will review and decide on the appeal within four weeks of receipt of the QA organization's appeal.

3. After Awarding of the Quality Seal – Maintenance of the Seal and Participation in ICQ

3.1 Maintaining the ICQ Quality Seal

QA organizations will be expected to indicate how they will reflect the standards that underpin the Quality Seal Award when they provide evidence for Standard 8: **'The QA organization has provided a written statement or work plan that demonstrates its ongoing commitment to the standards that underpin the Quality Seal application focused on improving the quality in substance use disorders services'**.

QA organizations will be expected to maintain the ICQ Quality Seal throughout the award period (normally 3 years). The QA organization will demonstrate maintenance of the standards indicated for the ICQ Quality Seal by:

- adherence to their written statement or work plan submitted in the application for the ICQ Quality Seal; and
- providing an annual report to the ICQ QA Advisory Committee on activities accomplished vis a vis the written statement or the work plan

The annual report may include achievements vis a vis the written statement provided or a work plan as described in Standard 8, and how the commitment to the standards that underpin the Quality Seal Award is reflected in the QA organization's activities; plus it may speak to the progress made on any recommendations for improvement as may have been suggested by the ICQ QA Advisory Committee, or provide any additional ideas and thoughts on other initiatives to improve the quality in SUD treatment services and their continued alignment with current international guidelines for the upcoming year.

If the QA organization ceases to operate, changes its remit or is found to be failing to perform according to its legal or agreed framework, it should contact the ICQ QA Advisory Committee. The ICQ QA Advisory Committee will review the changes with the QA organization and may remove the Quality Seal following this review.

3.2 Expected participation in ICQ

QA organizations awarded the Quality Seal will be expected to be active participants in ICQ activities. This may include:

- Participation in on-line seminars and expert advisory groups,
- showcasing good practice, and
- mentoring QA organizations who are interested in obtaining the ICQ Quality Seal and/or are not in compliance with some standards and/or criteria.

QA organizations awarded the Quality Seal may also apply to be part of the ICQ QA Advisory Committee when vacancies occur.

4. The Standards for QA Organizations

The ICQ QA Advisory Committee expects that QA organizations should meet the standards that underpin the ICQ Quality Seal Award; however, it recognizes that there may be variation in the remit and scope of QA organizations so there may be instances where a standard or criterion is not applicable or may be met in a different way to that considered in this process. In these instances, the QA organization may write and ask for an exception to be made regarding the standard or criterion. Based on information received, the ICQ QA Advisory Committee will decide on whether a QA organization should be awarded the ICQ Quality Seal.

This section outlines the Standards, as well as the criteria, guidance and suggested evidence for each criterion. This section will support the QA organization's efforts in completing the *Application Form* for the ICQ Quality Seal contained in [Appendix 2](#).

***Please provide your responses in the [Application Form](#) provided in this guidance document and include your evidence in the body of your responses via links to specific material being referenced.

The glossary of terms is contained in [Appendix 1](#) of this document and can be utilized if more explanation of terms is required.

4.1 Standard 1: The QA Organization Supports Implementation of the Principles and Standards Outlined in the '[International Standards for the Treatment of Drug Use Disorders](#)' (2020/WHO/UNODC) and ICQ Advisory Committee values.

***Criterion 1a:** A written statement from the QA organization confirming they agree with the [International Standards for the Treatment of Drug Use Disorders](#) (2020, WHO/UNODC).

Guidance:

A written statement would be expected from a member of the QA organizations senior leadership team or senior governing body.

Suggested Evidence:

A written statement from the board of directors of the QA organization or the senior leadership team. This may be from the Chief Executive Officer, Director, or the senior leadership team of the QA organization.

The written statement confirms it supports implementation of the principles and standards outlined in the '[International Standards for the Treatment of Drug Use Disorders](#)', (2020, WHO/UNODC).

Criterion 1b: A written statement from the QA organization confirming they agree with ICQ values.

Guidance:

A written statement would be expected from a member of the QA organization's senior leadership team or senior governing body.

The organization's values may be published on their websites, and in promotional and information materials.

Suggested Evidence:

A written statement from the Board of Directors of the QA organization or the senior leadership team that confirms agreement with ICQ Values. This may be from the Chief Executive Officer, Director, or the senior leadership team of the QA organization.

4.2 Standard 2: The QA Organization has Expertise in Quality Assurance of Substance Use Disorders (SUD) Treatment Services and has Initiatives Underway.

***Criterion 2a:** The QA organization's staff or pool of assessors involved in the accreditation process for substance use disorders are competent in SUD treatment.

Guidance:

The QA organization's planning process may include:

- a plan outlining the expected workload related to the QA activity of SUD treatment providers and the defined assessor competencies required to perform the work.
- the assessor's, or assessment team's, training, qualification and experience required and appropriate for QA activity of SUD treatment providers.
- a program for ongoing assessor evaluation, education and training to ensure a competent workforce for QA activity of SUD treatment providers.

The QA organization's job descriptions may describe the defined competencies for QA activity of SUD treatment providers.

The competencies of the staff, as demonstrated in their CVs, are reflective of the QA organization's defined competencies in SUD treatment. This may include:

- professional qualifications in SUD treatment
- contemporary knowledge of the SUD field
- specialized knowledge relevant to the SUD field
- professional experience in SUD treatment
- behavioral competencies

Suggested Evidence:

Evidence the QA organization has clearly defined assessor competencies (knowledge, skills, abilities, behaviors, experiences and expertise) to be able to effectively assess SUD treatment services.

Evidence the QA Organization employs staff with clinical and managerial competence (in SUD treatment in its accreditation of SUD treatment services).

Evidence the QA organization has a process to evaluate the competencies.

Examples of job descriptions as well as assessor curriculum vitae (CV) or assessor team CV QA organizations:

- job descriptions
- human resources plan
- training plan and assessor attendance records
- professional development policy
- policies and procedures

If the QA organization utilizes QA assessment teams, evidence of the team composition and competencies for QA of SUD treatment services.

***Criterion 2b:** The QA organization has undertaken accreditation processes with substance use disorders treatment services and keeps a register of such clients (client *refers to SUD treatment providers with whom there is a contract or agreement for services*).

Guidance:

QA organization may include:

- QA activities of SUD treatment providers planned and completed
- data on facilities where QA activities are completed
- data on numbers of facilities completed
- sample QA reports and QI plans completed for SUD treatment providers

Feedback from clients of the QA organization who have undergone a survey.

Suggested Evidence:

Client register or summary of facilities assessed in last three years.

Evidence the QA organization has undertaken in the last 3 years QA assessment processes with a range of SUD treatment services.

Evidence of feedback received from organizations surveyed by the QA organization and how this feedback was utilized.

4.3 Standard 3: The QA Organization’s Standards for Substance Use Disorders Treatment Services are in Line with the [‘Quality Assurance in Treatment for Drug Use Disorders: Key Quality Standards for Appraisal’](#), (2021 pre-publication draft) UNODC/WHO, COPOLAD/CICAD (supported by OAS and PAHO), African Union Continental and European Union (EQU), and supported by EU Drugs Agency.

***Criterion 3a:** The QA organization attests that their standards are in line with the [‘Key Quality Standards’](#) (2021, UNODC et al).

Guidance:

This may include a statement from the Board of Directors or the Senior leadership.

The organization’s statement and alignment with the *Key Quality Standards* may be on their websites, and/or in promotional and information materials provided to their SUD treatment provider clients.

Suggested Evidence:

A written letter from the QA organization senior leadership or Board stating their quality standards are wholly in line with the [‘Key Quality Standards’](#) (2021, UNODC et al).

***Criterion 3b:** The QA organization demonstrates their conformance of the QA organization's standards with the '[Key Quality Standards](#)' (2021, UNODC et al).

Guidance:

The QA organizations demonstration of conformance may include:

- Assessment of their standards against the '[Key Quality Standards](#)'
- Assessment against the defined criteria and evidence
- Degree of compliance
- Progress towards full compliance (if applicable)

Suggested Evidence:

A document from the QA Organization cross-referencing their standards with the '[Key Quality Standards](#)' (2021, UNODC et al) demonstrating compliance.

For criteria where there may not be full compliance – please, explain why there may be an exception to compliance.

Quality improvement plan for full compliance (where applicable).

4.4 Standard 4: The QA Organization has Standards and Processes for the Registration, Quality Assurance, Accreditation, or Certification of Substance Use Disorders Treatment Services. These Processes are Transparent, Fair and Open to Challenge and are Operated and Applied by Trained and Competent Assessors.

***Criterion 4a:** The QA organization publishes its QA processes.

Guidance:

Information on processes and expectations may be on the QA organization's website, and/or in promotional and information materials provided to the SUD treatment provider clients.

Clients may be supported in preparing for the survey through education and this is documented.

Suggested Evidence:

Electronic or paper-based Information for clients on the survey process.

Examples of client communication and education on the organization's QA processes.

Evidence the QA organization's QA processes are published and available to the public.

***Criterion 4b:** The QA organization uses a consistent set of standards and evidence from services to rate services.

Guidance:

Standardized client agreements outlining roles and expectations.

The consistent set of standards to be utilized in an assessment and the evidence required to meet a standard.

A standardized client assessment plan outlining assessor team, process and timeline for the provision of documentation and assessment timetable.

Suggested Evidence:

Documented QA organization standards, and evidence requirements.

A documented and transparent rating mechanism for SUD treatment services.

Standardized client agreements for QA of SUD treatment providers.

Documented and standardized client assessment plan or planning process for SUD treatment providers.

Examples of standardized assessment tools provided.

Criterion 4c: The QA organization has an appeals process for services that wish to challenge the scoring or rating they have been awarded.

Guidance:

The QA organization may:

- include the process in client contract or agreements.
- demonstrate their communication of the appeals process with their clients through the client contract or agreement.
- provide draft reports to their clients before finalizing QA scores and provide an opportunity for factual correction before reports are finalized.

Suggested Evidence:

Documentation of the QA organization established process and timeline for SUD treatment services to correct facts or to contest scoring or ratings.

Documented appeals process available electronically or in paper-based format.

Sample contract or agreement with the appeals process timeframes and responsibilities.

Sample draft reports for client review.

***Criterion 4d:** The QA organization has assessors who are trained in quality assurance.

Guidance:

Assessor contract or agreement with the QA organization may include:

- Commitment to maintain qualifications related to SUD treatment.
- Commitment to comply with the QA organizations values related to QA of SUD treatment services.
- Commitment to comply with ongoing training and education related to QA.

Assessors undergo an induction and ongoing training program for the QA assessment of SUD treatment providers which can include:

- QA assessment activities.
- survey techniques.
- mock survey processes.
- standards, evidence, and compliance.
- ethics or professional boundaries or equivalent.

Suggested Evidence:

Assessor contracts/agreements outlining commitments.

QA organization's standardized assessor induction and ongoing training program in the QA assessment of SUD treatment services.

Evidence on ongoing assessor supervision and evaluation.

4.5 **Standard 5: The QA Organization's Quality Assurance Processes Involve Feedback from Treatment Staff and Patients.**

***Criterion 5a:** The QA organization obtains and utilizes patient feedback in its quality assurance processes.

Guidance:

The goal of this criterion is that the QA organization obtains **direct** patient feedback in a meaningful and objective fashion and one that minimizes any bias.

To this end, the QA organization may have guidelines as part of their QA activities for assessors to follow to obtain this feedback directly from patients. The QA organizations will ideally pick the patients to interview in partnership with the treatment provider and may have a list of interview questions, a list of focus group questions or a protocol for interviewing patients.

The QA organization will interview the patient when the patient consents to be involved in the process.

Ways to collect patient feedback directly may include:

- interviews
- focus groups

If direct patient feedback is not possible, the QA organization can consider the organization's methods of collecting and utilizing patient feedback on an ongoing basis. This data may be collated and a report presented to staff on a regular basis for review and for development of any action plan to address the feedback received from those served.

Ways for assessors to collect feedback may include:

- Feedback surveys
- Anonymous reporting

The QA organization will include this feedback (direct or indirect) as part of their quality assurance assessment and reporting.

Suggested Evidence:

Documented resources or guidelines provided to assessors for obtaining patient feedback in its QA processes, such as the protocols for interviewing patients and the interview questions used.

Documentation of training provided to assessors pertaining to patient feedback.

Evidence of the QA organization's process to systematically obtain and utilize feedback from patients (directly or indirectly) in its quality assurance assessment and reporting.

Criterion 5b: The QA organization obtains and utilizes staff feedback in its quality assurance processes.

Guidance:

The QA organization may have mechanisms and guidelines as part of their QA activities for assessors to follow to obtain feedback from staff. This may include:

- feedback surveys
- onsite interviews
- focus groups
- anonymous reporting

The QA organizations may have a list of interview questions, a list of focus group questions or a protocol for interviewing staff.

Suggested Evidence:

Documented resources or guidelines provided to assessors for obtaining staff feedback in its QA processes, such as the protocol for interviewing staff and the interview questions used.

Documentation of training provided to assessors.

Evidence the QA organization has a written process to systematically obtain and utilize feedback from staff in its quality assurance processes.

4.6 Standard 6: The QA Organization has Established Policies and Procedures to Address Corruption, Unethical Behavior, Conflict of Interest, Illegal Activities and Abuse of Human Rights if Discovered in a SUD Treatment Service.

***Criterion 6a:** The QA organization has established policies and procedures, including what actions it will take, if it finds corruption, unethical behavior, conflict of interest and illegal activities in a SUD treatment service it is assessing.

Guidance:

This may include the organization’s definition of and approach to addressing corruption, unethical behavior, conflict of interest and illegal activities. The definition and approach will be in line with ICQs values as per Standard 1. An established policy and procedure refer to the development of a written policy and procedure and consistent implementation of such. It may include policies and processes as well as any relevant committees or governance structures that address and act on these issues.

Actions the organization takes to communicate their policies and procedures to staff, assessors and clients may also be included.

The QA organization may provide an anonymized example of what action it has taken when it has found these in a SUD treatment service.

****See [Glossary of Terms](#) in appendix 1 on definition and resources related to corruption, unethical behavior, conflict of interest and illegal activities.*

Suggested Evidence:

QA organization’s documented statement/policy and process on corruption, unethical behavior, conflict of interest, and illegal activities.

Organizational chart outlining role of relevant structure or department involved in addressing these issues.

Examples of how the organization communicates their statement/policy to their staff, assessors and clients.

***Criterion 6b:** The QA organization has established policies and procedures, including what actions it will take, if it finds abuse of human rights in a SUD treatment service it is assessing.

Guidance:

This may include the organization’s definition of and approach to addressing abuse of human rights. The definition and approach will be in line with ICQs values as per Standard 1. An established policy and procedure refer to the development of a written policy and procedure and consistent implementation of such. It may include policies and procedure as well as any relevant structure or department that addresses and acts on this issue.

Actions the organization takes to communicate their policies and procedures to staff, assessors and clients may also be included.

The QA organization may provide an anonymized example of what action it has taken when it has found this in a SUD treatment service.

****See [Glossary of Terms](#) in Appendix 1 on definition and resources related to abuse of human rights.*

Suggested Evidence:

QA organization’s documented statement/policy and process related to abuse of human rights.

Organizational chart outlining role of relevant committees involved in addressing this issue.

Examples of how the organization communicates their statement/policy to their staff, assessors and clients.

***Criterion 6c:** The QA organization will check whether a SUD service provider has systems, policies and processes for preventing and addressing corruption, unethical behavior, conflict of interest, illegal activities and abuse of human rights if it occurs.

Guidance:

The QA organization may have documented guidelines for assessors to follow to ensure that this is systematically addressed and reported on as part of the QA activity.

The QA organization’s expectations may be included in the report writing guidelines for assessors.

Suggested Evidence:

Examples of documented guidelines for assessors to follow to check if there is an established policy and procedure to address these activities as part of their QA activity.

Documented report writing guidelines addressing this in their reports.

4.7 Standard 7: The QA Organization has a Policy and Procedure to Promote Evidence-Based Practice.

***Criterion 7a:** The QA organization has an established policy and procedure for ensuring the interventions provided by the substance use disorders treatment service are evidence-based and in line with current national and/or international guidance.

Guidance:

The QA organization may have a statement or policy on evidence-based interventions to guide assessment.

The QA organization has provided an anonymized example of action taken by them when a non-evidence-based practice was found during a QA assessment.

The QA organization may have a set of current national guidelines or refer to the current 'International guidelines for the Treatment of Drug Use Disorders' (WHO/UNODC 2020) for assessors to systematically use in their QA activity.

Suggested Evidence:

A statement or policy on evidence-based interventions.

Evidence that the QA process includes an assessment of whether a practice is evidence-based.

Evidence on the use of current international standards and guidance for the treatment of substance use disorders.

4.8 Standard 8: The QA Organization has a Work Plan that Demonstrates Its Ongoing Commitment to the Standards that Underpin the Quality Seal Award Focused on Improving the Quality in Substance Use Disorders Treatment Services.

Criterion 8a: The QA organization has provided a written statement or a work plan reflecting their QA activities to improve the quality of SUD treatment services in line with current international guidelines.

Guidance:

This may include the QA organization's:

- strategy that reflects the standards that underpin the Quality Seal award
- goals and activities to:
 - communicate the award of recognition to staff, stakeholders and clients
 - promote the Quality Seal and its benefits to its stakeholders and clients
 - embed the quality seal recognition, and the standards in the self-assessment application or in its QA processes of SUD treatment service providers

Suggested Evidence:

A written statement or a work plan that embodies the standards that underpin the Quality Seal Award to improve the quality of SUD treatment services.

Criterion 8b: The QA Organization has provided a written statement agreeing to submit an annual report (every 12 months after the ICQ Quality Seal is awarded) of progress made on the written statement or work plan or activities. Where there have been recommendations for improvement, an update on these will be provided as well at this time.

Guidance:

This may include a written statement agreeing to submit an annual report including achievements made vis a vis the plan to improve the quality of SUD treatment services in line with current international guidelines.

Where applicable, a progress report on any recommendations for improvement provided by ICQ QA Advisory Committee will be provided as well.

Suggested Evidence:

A written statement from senior leadership or board of directors agreeing to submit an annual report on accomplishments made on the written statement provided with the application or the work plan to align its efforts with current international guidelines and quality improvement in SUD treatment services.

Where applicable, a progress report or additional evidence, on any recommendations for improvement provided by ICQ will be provided.

4.9 **Standard 9: The QA Organization is Responsibly Governed to Meet its Defined Purpose.**

***Criterion 9a:** The QA Organization is a legal entity and can be held legally responsible for its activities.

Guidance:

The QA Organization is a legal entity. This may be a governmental body, an independent body approved by government, a 'not for profit' organization or an independent company.

Suggested Evidence:

Articles of Association, Deed or Constitution's official documentation defining the structure, powers and constitution of the organization.

Governing legislation (if appropriate).

***Criterion 9b:** The QA organization is effectively managed to meet its strategic objectives.

Guidance:

The QA organization has a governing body that delegates responsibility for the management of the QA organization to a chief executive or equivalent.

The role of the chief executive is defined in a job description with clear lines of accountability and responsibility.

The governing body meets on a regular basis and at least quarterly.

Minutes of the meetings of the governing body are maintained.

There are written job descriptions for all staff, regular supervision meetings, and annual performance evaluations.

Suggested Evidence:

Documented details of the governing body.

Minutes of meetings of the governing body.

Chief executive job description.

Organizational Chart.

Written job descriptions and performance evaluations.

***Criterion 9c:** The QA organization has a defined process in place for the management of ethical concerns and conflicts of interest in the QA organization which is communicated to all staff.

Guidance:

Ethical concerns and conflicts of interest may relate to the operation of the QA organization itself and its staff and pool of assessors in relation to clients, partners and stakeholders.

Ethical concerns, conflicts of interest and definitions of each are communicated to all staff and assessors.

There is a designated person to receive reports of ethical concerns including an anonymous

process.

Suggested Evidence:

Documented process for addressing ethical concerns.

Documented process for declaring and managing conflicts of interest.

Examples of how these processes are communicated to all staff, their clients, partners and stakeholders.

APPENDIX 1

Glossary of Terms

Please note that the definitions provided below have been taken from documents from a variety of organizations, some of which have been noted below.

Those highlighted in *red* have been taken from EUDA (*Implementing quality standards for drug services and systems: a six-step guide to support quality assurance*; www.Emcdda.europa.eu).

Those highlighted in *yellow* come from ISQua (*Guidelines and Principles for the Development of Health and Social Care Standards 5th Edition*) (ISQua is the International Society for Quality in Health Care).

Those not highlighted are found in the UNODC/WHO QA Toolkits on System and Service Standards for the Treatment of Drug Use Disorders.

Accreditation

Accreditation is the process by which an institution delivering a service is independently assessed for quality against pre-defined criteria and standards, which are set by the accrediting body.

Audit

An audit is a systematic examination of an activity, process, data, records or environment.

Certification

Certification is the formal attestation or confirmation of certain characteristics of an object, person, or organization. This confirmation is often, but not always, provided by some form of external review, education, assessment, or audit.

Clinical Practice Guidelines

The Institute of Medicine (IOM) defines clinical practice guidelines as "statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options" [1].

Competency

The knowledge, skills, abilities, behaviors, experiences and expertise to be able to effectively perform a particular task and activity.

Conflict of Interest

Jurisdictions define conflict of interest differently, but the following elements are usually present.

Public Official: Covered individuals qualify as public officials under the domestic law of the country.

Official Action: The covered individual takes an action in his or her official capacity including making decisions or otherwise participating substantially in the official process of deliberation, action or

recommendation to act, where the public official plays a role.

Private Interest: The covered official, or other persons—including legal entities—linked to the official has a private interest, usually of pecuniary nature, that may be affected by the official action.

Optional elements of the definition sometimes include public duty, public trust or the requirement for specific norms in the legislation to be violated as a result of the conflict of interest. Conflicts of interest may arise in all environments and sometimes irrespectively of the will of the public official. Every person has private interests; civil servants, however, have a duty to serve the public interest and to make decisions using objective criteria, in an impartial manner, [Preventing and Managing Conflicts of Interest in the Public Sector : Good Practices Guide](#) (2020, World Bank, OECD and UNODC).

Other source: [OECD Guidelines for Managing Conflict of Interest in the Public Service](#)

Contract

Formal agreement that stipulates the terms and conditions for services that are obtained from, or provided to, another organization.

Corruption

UNCAC (United Nations Convention Against Corruption, United Nations, New York, 2004) does not define corruption as such. It rather defines specific acts of corruption and urges States to criminalize these acts in their jurisdictions. This decision is in part the outcome of the difficulty of defining corruption. It also derives from the fact that corruption ranges from a single instance of bribery of a low-ranking customs official to the transformation of a democracy into a kleptocracy (i.e., government by corrupt leaders who exploit people and natural resources in order to extend their personal wealth and political power).

This has parallels with other international instruments that address global crimes, such as organized crime and terrorism, where the international community did not agree on a definition of the overarching concept but approached this matter by defining specific acts.

The illegal actions defined by UNCAC as corruption offences include:

- Bribery in the public and private sectors (articles 15, 16 and 21)
- Embezzlement in the public and private sectors (articles 17 and 22)
- Trading in influence (article 18)
- Abuse of functions (article 19)
- Illicit enrichment (article 20)
- Money-laundering (article 23)
- Concealment (article 24) and obstruction of justice (article 25) related to the offenses listed above.

For example, UNCAC article 15 defines bribery as “the promise, offering or giving, to a public official, directly or indirectly, of an undue advantage, for the official himself or herself or another person or entity, in order that the official act or refrain from acting in the exercise of his or her official duties”.

As it pertains specifically to Drug Treatment, in [Corruption Drug treatment fact sheet](#), UNODC identified the following transparency violations are most common in drug treatment:

- **Patient enticement.** Patients are given unethical incentives to enter, stay, or switch addiction treatment facilities.
- **Listing hijacks.** Unaffiliated individuals alter the contact details of treatment facilities on Google Business or Google Maps to redirect phone calls to an unauthorized treatment facility or phone centers.
- **Misleading language or misrepresentation of services.** Treatment facilities deny affiliation with other facilities or organizations. Provided services, accreditation status, clinical staff credentials, and insurances accepted are inaccurately represented or facilities, locations, and amenities are misdescribed.
- **Patient privacy violations.** Patients' personal data are used as part of a sales or marketing campaign without consent. This is a violation of the protection of sensitive personal health information.
- **Insurance overbilling and fraud.** Insurance companies receive disproportionate billing or are billed for treatments that never took place. Urine drug screenings are common examples. ["Buyer beware" when it comes to addiction treatment - Harvard Health.](#)
- **Bribery.** Individuals accepting bribes to either not report drug use or provide access to treatment and services.
- **Sexual favors/Rape.** Health personnel abusing their power and asking for sexual favors. The patient is put under emotional pressure to get access to treatment and services." [Anti-Corruption Module 1](#) (UNODC).

Drug Use Disorders Treatment System

A drug use disorders treatment system is a planned, coordinated and resourced group of services that work together to provide specialized drug use disorders treatment and other interventions to promote recovery, health and wellbeing in people with drug use disorders and meet agreed outcomes.

The system may consist of levels or tiers of treatment modalities and interventions including:

- Non-specialized or mainstream health, social care and criminal justice services: providing screening, brief intervention and referral to drug treatment; mainstream health and social care for people who use drugs and their families.
- Specialized community and in-patient drug use disorders treatment and residential rehabilitation services.
- Mainstream and community interventions to enable patient recovery and reintegration through training, employment and housing, community initiatives and mutual aid.

Evaluation of a Program

Evaluation is a process that critically examines a program. It involves collecting and analyzing information about a program's activities, characteristics, and outcomes. Its purpose is to make judgments about a program, to improve its effectiveness, and/or to inform programming decisions (Patton, 1987).

Evidence-Based Intervention

This is a concept imported from the medical field, defined as 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients' (Sackett, 1996).

When applied to drug demand reduction, this refers to the use of scientific results to inform interventions decisions.

For more information and guidance, see WHO's [Guide for Evidence Informed Decision-Making](#).

In addition, the Institute of Medicine (IOM) defines clinical practice guidelines as "statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options" [1].

Human Rights

Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination. ([Human Rights | United Nations](#))

Patient

'Patient' is the UNODC preferred terminology for the recipients of treatment for drug use disorders. We recognize that some countries prefer terms such as 'service users' and 'clients', particularly for those in receipt of low threshold interventions and services.

Policy

A written operational statement that formalizes the approach to tasks that is consistent with the organizational objectives.

Procedure

A written set of instructions conveying the approved and recommended steps for a particular act or series of acts.

Process

A series of actions or steps taken in order to achieve a particular end.

Quality Assurance

Quality assurance is a process which involves continuous monitoring and striving to improve quality and outcomes. The concept includes the assessment or evaluation of the quality of care; identification of problems or shortcomings in the delivery of care; design of activities to overcome these deficiencies; and follow-up monitoring to ensure effectiveness of corrective steps. Quality standards are one of the tools used in the quality assurance process. Based on the WHO definition, quality assurance systems in drug demand reduction focus on the extent to which drug-related interventions, services or systems improve outcomes.

Quality Standards

Quality standards are principles and sets of rules often set by recognized national or international bodies, that may be used to implement interventions. A quality standard may be described as 'a statement of expected requirements'. They can refer to content issues, processes, or to structural aspects. Typically, the standards proposed in the health field are evidence based, and provide clear and aspirational, yet measurable, statements related to content, processes, or structural aspects of quality assurance, such

as environment and staffing composition.

Values

Principles, beliefs or statements of philosophy that guide behavior, which may include social or ethical issues.

APPENDIX 2



Application Form for ICQ Quality Seal for QA organizations

*****NOTES:**

Please refer to [Section 4](#) of this document for guidance and suggested evidence for the completion of this form.

Please respond in English or Spanish.

Please incorporate the specific evidence being referenced for each criterion in the body of your responses.

| Section 1: Background | |
|---|--|
| a) Organization name | |
| b) Organization contact person and job title | |
| c) Organization address, e-mail and phone or WhatsApp number | |
| d) Country or countries the organization provides quality assurance for substance use disorders treatment services | |
| e) Date of application | |

Section 2: Application questions

Standard 1: The QA Organization Supports Implementation of the Principles and Standards Outlined in the [‘International Standards for the Treatment of Drug Use Disorders’](#) (2020/WHO/UNODC) and ICQ Advisory Committee values.

***Criterion 1a:** A written statement from the QA organization confirming they agree with the [International Standards for the Treatment of Drug Use Disorders](#) (2020, WHO/UNODC).

Evidence:

Criterion 1b: A written statement from the QA organization confirming they agree with ICQ Values.

Evidence:

Standard 2. The QA Organization has Expertise in Quality Assurance of Substance Use Disorders Treatment Services and has Initiatives Underway.

***Criterion 2a:** The QA organization’s staff or pool of assessors involved in the accreditation process for substance use disorders are competent in SUD treatment.

Evidence:

***Criterion 2b:** The QA organization has undertaken accreditation processes with substance use disorders treatment services and keeps a register of such clients (*client refers to SUD treatment providers with whom there is a contract or agreement for services*).

Evidence:

Standard 3: The QA organization’s Standards for Substance Use Disorders Treatment Services are in Line with the [‘Quality Assurance in Treatment for Drug Use Disorders: Key Quality Standards for Appraisal’](#), (2021 pre-publication draft) UNODC/WHO, COPOLAD/CICAD, (supported by OAS and PAHO), African Union Continental and European Union (EQUUS), and supported by EU Drugs Agency.

***Criterion 3a:** The QA organization attests that their standards are in line with the '[Key Quality Standards](#)' (2021, UNODC et al).

Evidence:

***Criterion 3b:** The QA organization demonstrates their conformance of the QA organization's standards with the '[Key Quality Standards](#)' (2021, UNODC et al).

Evidence:

Standard 4: The QA Organization has Standards and Processes for the Registration, Quality Assurance, Accreditation, or Certification of Substance Use Disorders Treatment Services. These Processes are Transparent, Fair and Open to Challenge and are Operated and Applied by Trained and Competent Assessors.

***Criterion 4a:** The QA organization publishes its QA processes.

Evidence:

***Criterion 4b:** The QA organization uses a consistent set of standards and evidence from services to rate services.

Evidence:

Criterion 4c: The QA organization has an appeals process for services that wish to challenge the scoring or rating they have been awarded.

Evidence:

***Criterion 4d:** The QA organization has assessors who are trained in quality assurance.

Evidence:

Standard 5. The QA Organization’s Quality Assurance Processes Involve Feedback from Treatment Staff and Patients.

***Criterion 5a:** The QA organization obtains and utilizes patient feedback in its quality assurance processes.

Evidence:

Criterion 5b: The QA organization obtains and utilizes staff feedback and utilizes it in its quality assurance processes.

Evidence:

Standard 6: The QA Organization Has Established Policies and Procedures to Address Corruption, Unethical Behavior, Conflict of Interest, Illegal Activities and Abuse of Human Rights if Discovered in a SUD Treatment Service.

***Criterion 6a:** The QA organization has established policies and procedures, including what actions it will take, if it finds corruption, unethical behavior, conflict of interest and illegal activities in a SUD treatment service it is assessing.

Evidence:

***Criterion 6b:** The QA organization has established policies and procedures, including what actions it will take, if it finds abuse of human rights in a SUD treatment service it is assessing.

Evidence:

***Criterion 6c:** The QA organization will check whether a SUD service provider has systems, policies and processes for preventing and addressing corruption, unethical behavior, conflict of interest, illegal activities and abuse of human rights if it occurs.

Evidence:

Standard 7: The QA Organization has a Policy and Procedure to Promote Evidence-Based Practice.

***Criterion 7a:** The QA organization has an established policy and procedure for ensuring the interventions provided by the substance use disorders treatment services are evidence-based and in line with current national and/or international guidance.

Evidence:

Standard 8: The QA Organization has a Work Plan that Demonstrates Its Ongoing Commitment to the Standards that Underpin the Quality Seal Award Focused on Improving the Quality in Substance Use Disorders Treatment Services.

Criterion 8a: The QA organization has provided a written statement or work plan reflecting their QA activities to improve the quality of SUD treatment services in line with current international guidelines.

Evidence:

Criterion 8b: The QA organization has provided a written statement agreeing to submit an annual report (every 12 months after the ICQ Quality Seal is awarded) of progress made on the written statement or work plan or activities. Where there have been recommendations for improvement, an update on these will be provided as well at this time.

Evidence:

Standard 9: The QA Organization is Responsibly Governed to Meet Its Defined Purpose.

***Criterion 9a:** The QA organization is a legal entity and can be held legally responsible for its activities.

Evidence:

***Criterion 9b:** The QA organization is effectively managed to meet its strategic objectives.

Evidence:

***Criterion 9c:** The QA organization has a defined process in place for the management of ethical concerns and conflicts of interest in the QA organization which is communicated to all staff.

Evidence:

APPENDIX 3

ICQ Quality Seal application process

[Guidance and ICQ Standards]

