Royal College of Physicians

Quality in Primary Immunodeficiency Services

Accreditation standards and evidence requirements

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October 2025	Finalised standards

Introduction

This document outlines the standards for QPIDS accreditation based on the 2025 revision. The full set of standards, guidance and evidence requirements to achieve accreditation are provided to registered services only, to support them in improving their service in the UK and Republic of Ireland.

The standards have been established with the paediatric and adult immunology community and patient and service representatives.

You can register your service for our programme on the accreditation website at **www.qpids.org.uk/userregistration**.

QPIDS accreditation standards 2025

Domain 1. Leadership, strategy and management
1.1 The clinical service has a service description.
1.2 The service has a leadership team that is visible and responsive to service needs, is approachable and uses a variety of methods to communicate regularly with staff.
1.3 The service develops and implements an annual operational plan.
1.4 The service leadership team carries out a service-specific staff survey and provides opportunities for informal feedback.
1.5 The service promotes the health and wellbeing of staff.
1.6 There are escalation procedures for staff.
Domain 2. Systems to support service delivery
2.1 The service regularly assesses the facilities and equipment required to deliver the service.
2.2 The service has a process for document review and control.
2.3 The service has a patient database that is kept up to date.
2.4 There is appropriate support from laboratory and radiology services.
Domain 3. Person-centred treatment and/or care
3.1 The service has an up-to-date website and/or public-facing document, which provides key information to services users.
3.2 Patients and carers are involved in the development of the service.
3.3 The service communicates to service users their rights and responsibilities.
3.4 The service documents person-centred treatment/care plans, based on the needs of the individual service user.
3.5 The service enables patients and carers to feedback on their experience of the service confidentially.
3.6 The service supports patients transitioning from paediatric to adult care, and patients being transferred in/out from other regions.
3.7 The service records, investigates and learns from concerns and complaints.
3.8 The service has procedures for patient admissions.
3.9 The service provides clinical advice to primary care.

Domain 4. Risk and patient safety
4.1 The service has risk management procedures.
4.2 The service has a procedure for how incidents, adverse events and near misses are reported, investigated and used to inform changes to service delivery.
4.3 The service undertakes and records a clinical risk assessment of individual patients, where required.
Domain 5. Clinical effectiveness
5.1 The service sets, monitors and reports on metrics, and has an improvement plan supported by the management team.
5.2 The service participates in local and regional audit/assessment programmes.
5.3 The service participates in national audit/assessment programmes.
5.4 The service reviews and updates all relevant guidelines and clinical pathways.
5.5 The service keeps a register of all research undertaken, where relevant.
Domain 6. Workforce
6.1 The service undertakes a review of the workforce.
6.2 There is a service-specific orientation and induction programme, which new staff and those with a change in role are required to complete.
6.3 The service has a process to assess staff as competent in specialist techniques.
6.4 The service has training plans in place for staff.
6.5 The service has an appraisal process for staff.
6.6 The service encourages networking with other clinical services.

Further information

For further information on QPIDS visit **www.qpids.org.uk**

If you have any queries about the work of the QPIDS, please email us at **askqpids@rcp.ac.uk**

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