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Current Perspective

Multidisciplinary training of cancer specialists in Europe



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Abstract The best care for patients with cancer is most likely to be achieved when decisions about diagnosis, staging and treatment are made at multidisciplinary and multiprofessional meetings, preferably when all the professional expertise relevant to the patient's condition is gathered together. Questionnaires were sent to National Societies of Radiation Oncology and Medical Oncology concerning similarities and differences in training programs and multidisciplinary care in member states in Europe. Results indicated wide variation in training systems and practice. Data were lacking for Surgery because Surgical Oncology is not recognised as a speciality in the EU and most specialist training in cancer surgery is organ based. A period of time in cross-disciplinary training in each of the other two disciplines for all trainees in Medical Oncology, Radiation Oncology and Surgical Oncology (including all surgeons training in cancer surgery) is recommended. This is likely to improve the value of multidisciplinary meetings and may result in improved patient care. The Expert Group on Cancer Control of the European Commission has endorsed this recommendation.

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1. Introduction

The delivery of high quality care to cancer patients depends on the coordination of care between the groups of trained specialist doctors. There is an aspiration to deliver uniformly high quality care across Europe. Recommendations on curricula, including the competencies that need to be acquired by doctors, have been made by various societies. In 2011, the European Society for Radiation Oncology (ESTRO) developed an updated curriculum [1]. The European Society for Medical Oncology (ESMO) collaborated with the American Society of Clinical Oncology (ASCO) to develop a Global Curriculum in 2004; revised in 2016 [2]. The European Society of Surgical Oncology (ESSO) recommended a core curriculum in 2008 [3], revised in 2013 (www.essoweb.org) and collaborated with the U.S.-based Society of Surgical Oncology to develop a Global Curriculum in 2016 [4]. Each curriculum stresses the need to understand the contributions of other disciplines and the centrality of high-quality training in improving care. The delivery of that care depends, however, not on the making of recommendations but on their implementation. A survey of the provision of radiotherapy across Europe has demonstrated wide variation in the ratios of actual to optimal utilisation of radiotherapy among the countries [5]. There is also significant variation in the training of surgical oncologists globally [6] and clear evidence that specialist surgical training and case volume improve outcomes [7]. Many trainees in surgery feel the need to supplement their training with fellowships to achieve the necessary competencies suggesting deficiencies in training [8]. These variations in training that result in differential attainment of competences have the potential to further impair the care of cancer patients.

Several sources of information are available to inform a debate on the variation in training across Europe. A survey was undertaken in 2014 to investigate the differences between countries in the duration and organisation of training and the methods used to assess trainees in non-surgical oncology. The survey also sought information on the extent to which multidisciplinary was included in oncology practice in each country to try to understand the coordination of care. The specialities studied in the survey included Medical Oncology, Radiation Oncology and Clinical Oncology, a model of care where one doctor delivers both systemic and radiation treatments. Our aim is to present this information, to discuss variations in training and multidisciplinary across Europe and to consider the implications of this for patient care.

2. Material and methods

The questionnaires for Medical Oncology and Radiation Oncology were developed by members of the

UEMS Multidisciplinary Joint Committee in Oncology, focussing on postgraduate training ([Supplementary material](#)). The draft questionnaires were circulated among peers to ensure that the questions were unambiguous. The questionnaires covered the year 2014 and were sent to national representatives with expertise in postgraduate training. For this survey, Europe was defined as the members or associated members of the UEMS from the European continent. Contacts were identified using databases in the UEMS, ESMO and ESTRO network. If no answer was received within a month, a reminder was sent. If there was still no response, a new contact was identified and the above-mentioned process was repeated. All data were collected, validated and uncertainties resolved in collaboration with the person who filled in the questionnaire or other national representatives if necessary. Total health expenditure of a country in percent of gross domestic product (GDP) in 2014 was obtained from the World Bank (www.databank.worldbank.org accessed May 2017) and used as a measure of the economical health care performance. Microsoft Excel 2016 was used for data analysis. Maps were created using StepMap GmbH, Berlin.

3. Results

Sixty responses from Europe were received, 32 for medical oncology and 28 for radiation oncology. For six countries, namely, Bosnia, Croatia, Cyprus, Latvia, Montenegro and Slovenia, it was not possible to get data for both the specialities. For Scandinavian countries, there is only one speciality, recognised as Clinical Oncology, and representatives from these specialities filled in both questionnaires.

3.1. Radiation oncology

For radiation oncology 28 replies were received ([Table 1](#)). In 20 countries, radiation oncology is an independent speciality, in 7 countries, it is a part of a common oncology speciality, clinical oncology, and for one country (Luxemburg), the speciality radiation oncology is recognised but no official postgraduate specialist training exists ([Fig. 1A](#)). For the UK, clinical oncology completed the radiation oncology questionnaire.

The number of new trainees per year varies from less than 1 to 6.6 per million inhabitants. Training is always hospital based and regulated by national authorities but can partly take place in private practice in Germany. The duration of training to become a radiation oncologist/clinical oncologist varies across Europe from 4 to 7 years ([Fig. 1B](#)). This requirement includes experience in general internal medicine or in other medical specialities apart from radiation oncology. It does not include the

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