

# HOW TO IMPROVE ONCOLOGY EDUCATION IN CANADA

## A personal view

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## Top-line summary

Increasing complexity in the care of cancer patients requires multi-disciplinary teamwork to deliver optimal care. Cancer affects an increasing proportion of the population, and limitations to funding make it important that cancer care teams function efficiently. To meet these challenges, the training and education of oncologists needs to be updated.

Here, Henry Shibata, MD, a member of the Editorial Advisory Board of Oncology Exchange, presents suggestions to improve the preparation and continuing education of oncologic specialists in Canada for their role within multidisciplinary teams. He calls for the Canadian Oncology Societies to take the lead in coordinating review of specialty certification and ongoing education.

Canada's ever-growing population of senior citizens, inevitably affected by chronic diseases, makes it imperative that we drastically improve our management of complex health conditions, among them cancer.

Caring for a person with cancer has become a truly intricate undertaking. Whirlwind advances in scientific knowledge, technologic breakthroughs, the advent of evidence-based medicine and patient advocacy all create multiple pressures to improve patient care. It is no longer feasible for an individual physician to treat someone with such a complicated disease, as was the norm in years past.

Programs to train physicians in the management of cancer patients have evolved within each specialty, i.e. internal medicine, surgery, neurology, gynecology, pediatrics, etc. As patients treated by specialists tend to have better outcomes than those managed by generalists, the best patient care is achieved when specialists, armed with the skills and knowledge in their respective fields, function as members of a team that may include generalists, family physicians and members of allied health disciplines.

We expect oncology training programs to provide a broad base of basic and clinical knowledge related to oncology and the specifics of existing oncology disciplines, as well as to ensure that the trainee masters the complex skills needed to effectively manage the patient with cancer.

### MEDICAL SCHOOL

Regarding the teaching of oncology as a specific, organized topic, all the curricula of Canadian medical schools are deficient to a varying degree and

require closer collaboration with professional educators for improvement. Each of the specialties dealing with oncologic topics offers some teaching to medical students but not in a comprehensive fashion. A well-structured series of courses taught by a team of basic scientists and clinical specialists — in a way that bridges the gap between basic science and clinical medicine and specifically indicates the relevance of experimental advances in day-to-day care — would inform medical students early on of how teamwork in the real world can lead to better care of the cancer patient. Students should receive meaningful introductions to the fields of cancer genomics and proteomics, and should have a solid understanding of how the interaction between cancer cells and surrounding stroma, as well as systemic endocrine influences, affect the malignant behaviour and invasive potential of each tumour.

Oncologists — including oncologic pathologists, molecular biologists, radiation oncologists and imaging specialists — must become involved in medical school curriculum committees to make an impact in the design of the courses offered. A well-organized program demonstrating the modern dynamism of oncology would help the students better understand and appreciate the possibilities of this field. More exposure to dedicated oncologists would enhance oncology as an exciting career choice for more students.

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# STATUS REPORT

## RESIDENTS AND FELLOWS

### Oncology as single specialty

Oncology should be considered as a separate entity from the traditional specialties. Objectives over the 2, 3 or 4-year designated period should be clearly stated at the outset of each specialized residency training program. Within each subspecialty, oncology trainees should adhere to a common core curriculum for a certain specified period of time and then pursue further training in their respective subspecialty programs. Scientific concepts in the Core Curriculum of such a program should include:

- an overview of modern cancer biology
- principles of translational research, i.e. the translation of laboratory findings into clinical investigations and the transfer of clinical observations to the laboratory
- introduction to presently accepted practice guidelines for the entire field, with an appreciation of the processes by which they are developed and are likely to change
- special attention to the concept of prospectively randomized clinical trials, with learning of the skills necessary to accrue patients
- strong emphasis on the concept of evidence-based medicine and the continuing need to selectively and critically read articles pertaining to one's fields of interest
- basic concepts of palliative medicine so that unnecessary and inhumane treatments will not be continued and patients are supported so they can die with dignity

Interpersonal concepts should include:

- ways to nurture and improve patient–doctor relationships and improve skills for interacting with families
- how to establish relationships and close cooperation with other oncologic specialties and disciplines
- the importance of serving as role models for medical students
- approaches to managing relationships with advocacy groups and organized oncologic support groups

## SPECIALTY TRAINING AND THE RCPSC

In Canada, certification of specialists is under the jurisdiction of the Royal College of Physicians and Surgeons of Canada (RCPSC), a private organization with the mandate to oversee postgraduate education, develop guidelines for specialty training programs and conduct certifying examinations. Historically this has led to separate development of the oncologic subspecialties — each has retained loyalty to its original founding specialty, e.g.. Medical Oncology to Internal Medicine, Surgical Oncology to General Surgery, Gynecologic Oncology to Gynecology, Urologic Oncology to Urology, Radiation Oncology to Radiology, etc. The Royal College now also manages the Maintenance of Competence Program (MOCOMP) as part of the certification and continuing education process.


The former annual Royal College meetings, which provided broad-based opportunities for continuing education, have been discontinued. The different specialty societies and associations now hold separate meetings with specialty-specific programs, leading to the demise of the tradition of a joint assembly at one place and time of all the RCPSC members of different disciplines from across Canada.

## POTENTIAL ROLE OF THE COS

The Canadian Oncology Societies (COS) was formed in 1976 with a nucleus of Canadian oncologists desiring to have their own organization separate from the United States. It has grown into an umbrella organization of 7 oncologic associations, including the Canadian Association of Medical Oncologists (CAMO), Canadian Hematology Society (CHS), Canadian Society of Surgical Oncology (CSSO), the Society of Gynecologic Oncologists of Canada (GOC), the Canadian Uro-Oncology Group (CUOG), the Canadian Association of Nursing Oncology (CANO) and the Canadian Association of Psychosocial Oncology (CAPO).

Together with representatives from the Canadian Association of Radiation Oncologists (which prefers to remain separate), Diagnostic Radiology and Psychiatry, the Canadian Association of General Practitioners in Oncology (CAGPO) and non-physician organizations, the COS could build on its mandate to act as a common meeting ground for all oncologists. It could formulate a comprehensive training program acceptable to all the physician member societies and submit this to the Royal College, eliminating the need for the several different certifying boards currently in existence and promoting an interdisciplinary examination process and certification.

As part of its educational responsibilities, the COS could organize a joint annual meeting dealing with subjects of common interest such as basic science lecture series, the annual Cosbie Lecture, interdisciplinary seminars and panel discussions of specific cancers — and, of course, workshops on medical student education and specialty residency training.

Such a meeting could be contiguous in time and place with the National Cancer Institute of Canada (NCIC) meetings. It would serve to cement the concept of teamwork — promoting insights into developments within each discipline, encouraging exchange of ideas, fostering camaraderie among all oncologists and helping with personnel recruitment. 

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