



## ESMO Submission to European Commission Green Paper on the European Workforce for Health

ESMO, the European Society for Medical Oncology, would like to thank the European Commission for the opportunity to contribute to the consultation process related to the European Commission Green Paper on the European Workforce for Health.

*ESMO is the leading European non-profit, professional organisation for Medical Oncology promoting multidisciplinary cancer treatment around the world. ESMO is dedicated to educating and supporting oncologists, optimising patient care, disseminating cancer-specific information to the public, and advocating patient rights. ESMO will continue to drive forward better standards of cancer care in Europe.*

### Introduction

ESMO agrees with the Green Paper's contention that an efficient, effective and highly-trained healthcare workforce is required to face the various challenges to European healthcare systems. ESMO wishes to promote a sustainable workforce for health in Europe.

We have welcomed the European Commission's recent actions in the health policy field. The health strategy adopted in October 2007 and published in the White Paper "Together for Health" set out the future of collaboration in health policy at EU level. The current Green Paper describes many of the common challenges that face European Medical Oncologists, including:

- That sufficient students take up Medical Oncology and that supply matches demand;
- That consistent minimum standards in training and curricula for Medical Oncology exist across Europe;
- That the freedom of movement of healthcare professionals and the positive benefits this can have on European patients is taken into account.

In addition, ESMO also welcomes in particular the Commission's ongoing initiatives in the field of cancer. We were particularly pleased to actively contribute to the formative meeting of the European cancer platform. Furthermore, ESMO has published recommendation in the field of rare tumours, calling for the increased integration of local, national and European centres of expertise into European reference networks.<sup>1</sup>

### Healthcare challenges

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<sup>1</sup> Improving Rare Cancer Care in Europe, ESMO Consensus Recommendations on Stakeholder Actions and Public Policies, November 2008

[http://www.esmo.org/fileadmin/media/pdf/policies/ESMO\\_Rare\\_Cancers\\_RECOMMENDATIONS.pdf](http://www.esmo.org/fileadmin/media/pdf/policies/ESMO_Rare_Cancers_RECOMMENDATIONS.pdf)



The Green Paper correctly notes that Europe's health systems face major challenges to their long term sustainability. First among these is the impact the ageing population will have on workforce requirements and overall healthcare expenditure. In addition, new technologies which, though it bringing substantial benefits, require adequately trained staff and possibly increased spending.

The case of cancer is a key illustration of these key challenges. With more than 3 million new cases and 1.7 million deaths each year, cancer currently represents the second most important cause of death and morbidity in Europe.<sup>2</sup> One out of every two men and one out of every two women experience cancer during their lifetimes. While survival rates from cancer have improved significantly over the past twenty years thanks to major scientific progress such as the introduction of new treatments, significant variations between Member States continue to persist.

Despite this progress, Europe faces a major increase in its cancer burden as result of its ageing population. The increased burden of cancer incidence between 2004 and 2006, estimated to have risen by 300,000 to 3.2 million, underlines the impact of ageing.<sup>3</sup> With resulting increase in healthcare expenditure, this trend presents a further challenge to the long-term sustainability of healthcare systems.

As the voice and driving force of Medical Oncology in Europe, ESMO is well placed to recognise the challenges that face healthcare policymakers in the face of Europe's ageing population. As specialists in cancer medical therapy, Medical Oncologists prescribe the most appropriate cancer drug for each patient's condition and accompany the patient throughout the illness, from diagnosis and treatment to end of life management. The vast majority of cancer patients will be referred to a Medical Oncologist at the earliest stage of their treatment.

Along with surgery and radiation therapy, medical therapy constitutes one of the three available treatments in cancer care. The best results for patients are achieved when Medical Oncologists act as the central "patient interface" within a multidisciplinary team consisting of radiologists, surgeons, organ-based specialists, nurses, nutritionists, counsellors, and others.

Thanks to high-quality medical innovations such as chemotherapy, targeted treatment and to some extent immunotherapy, a whole range of anti -cancer agents is available to treat each patient's condition. These drugs can be effective, if administered properly, but are also highly toxic and costly. These agents often have very steep dose response curves meaning that highly trained professionals are required to manage the considerable range of side effects and avoid drug-induced deaths. Along with improving patient safety, ensuring the right treatment decision is made ensures the efficient use of resources.

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<sup>2</sup> Freddy Bray in *Responding to the challenge of cancer in Europe*, European Observatory of Health systems, 2008

<sup>3</sup> Ferlay, J, et al., *Estimates of the cancer incidence and mortality in Europe in 2006*, *Annals of Oncology*, 2007



ESMO agrees with the view expressed in the Paper that central to the debate about the future of healthcare systems is the role of the healthcare professionals that work within them. We need a safe and effective healthcare workforce to respond to the challenges outlined above in an efficient way.

### **Training**

Education, clear criteria and guidelines are needed to ensure optimal qualification of physicians using drugs for cancer treatment. Medical oncology training is comprised of the scientific basis of oncology, prevention, screening, diagnosis, the use and evaluation of specific medical anticancer treatments, and clinical investigation of malignant diseases. Medical oncologists are trained in the application of such interventions to bring optimal benefits, taking into account the psychological and social needs of cancer patients and their families.

As specialists in oncology, we are convinced that optimal patient care requires a multidisciplinary approach and that the central role of Medical Oncologist as a patient interface is pivotal.

Medical oncology is a relatively young discipline and as a result there are a variety of curricula and qualifications regimes across Europe. Though 17 member states recognise Medical Oncology as an independent specialty within their training regimes, some member states view it as part of internal medicine. Member states also differ in the duration of the training that one must take to become a Medical Oncologist, with some systems granting the qualification in three years and others requiring six.

In response to these various systems, ESMO has worked to create a benchmark curriculum for Medical Oncology. Standardized training in Medical Oncology, based on a solid background in internal medicine, has been defined in the Recommendations for a Global Core Curriculum in Medical Oncology, produced by ESMO in joint collaboration with the American Society of Clinical Oncology (ASCO).<sup>4</sup> Another ESMO-ASCO joint publication is the Consensus Statement on Quality Cancer Care, published in 2006, which outlines the basic needs and rights of cancer patients to the highest level of care.

Europe has a major role to play in facilitating the sharing of best practice by developing quality criteria for structure, procedures, diagnosis, treatments, care, education of professionals, etc which should serve as guidelines for the development of those used by the Member States. Greater coordination of standards in the Member States will promote the sharing of best practice and ultimately improve patient outcomes.

Policymakers, patients and health professionals have a shared interest in ensuring the professionals are well qualified according to standards recognised at EU-level. The setting and recognition of such common minimum standards is necessary to allow the mobility of health professionals in Europe and ensure patient safety.

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<sup>4</sup> ESMO/ASCO: Recommendations for a Global core curriculum in Medical Oncology, <http://www.esmo.org/education/recommendations-for-a-global-core-curriculum-in-mo.html>



ESMO's objective is to advance and promote the specialty of Medical Oncology, provide post-graduate education and training for Medical Oncologists and establish platforms for the dissemination and sharing of knowledge.

### **Mobility**

ESMO welcomes the Green Paper's statement that the free movement of persons and free movement of workers are guaranteed in Community law. As a principle, freedom of establishment helps to ensure that health professionals go where they are most needed, benefiting patients directly. Since there is a shortage of Medical Oncologists in many countries, obstacles to their mobility prevent many cancer patients from having optimal access to specialized care.

ESMO agrees with the Paper that the answer to concerns about the greater mobility of health professionals is not to set legal restrictions on movement but to introduce appropriate policies in a coordinated manner involving both EU authorities and Member States. In addition, facilitating the mobility of healthcare professionals also avoid the many difficulties inherent in the movement of patients across borders.

The EU can provide real added value in facilitating communication and coordination. We welcome the possible areas for action outlined in the Green Paper, for instance the fostering bilateral agreements between Member States and promoting the "circular" movement of staff. However, we feel strongly that there are a number of existing tools such as the principle of automatic recognition contained in Directive 2005/36/EC that should be used to provide European added value.

Directive 2005/36/EC provides for the recognition of the professional qualifications in view of the establishment in another Member State and in view of facilitating the provision of cross-border services in a Member State other than the one of establishment. Article 21 of the directive relates to the automatic recognition of medical specialties between Member States on the basis of coordinated minimum conditions for training in member states. Currently, 52 medical specialties are currently recognized in an annex to the directive, ranging from anaesthetics to plastic surgery.

It is a matter of grave concern for the European Medical Oncology community that unlike other members of a multidisciplinary cancer team, their professional qualification is not recognised throughout the EU. This has multiple consequences:

- 1) lack of well-qualified cancer specialists in some countries
- 2) inappropriate use of anti-cancer agents by sub optimally trained physicians
- 3) reduced chances of cure or stabilisation for the patient
- 4) increase in cost by inappropriate use of highly costly targeted therapies
- 5) many promising young doctors or scientists from across Europe will be discouraged from a postgraduate qualification in Medical Oncology

ESMO has been working to achieve the recognition of Medical Oncology at EU level with a minimum training requirement of 5 years, in line with the Global Core Curriculum. Current developments in



cancer care require more and more a multidisciplinary approach, and the role of Medical Oncologist in the multidisciplinary team is pivotal.

Europe has faced and will continue to face a major threat from cancer. Medical oncologists must be free from unnecessary administrative restraints and thereby allowed to focus on the safe and effective treatment of their patients in order to win the fight against this terrible disease. ESMO will continue to drive forward better standards of care in Medical Oncology in Europe.

***About the European Society for Medical Oncology (ESMO)***

*The European Society for Medical Oncology (ESMO) is the leading European non-profit, professional organisation for Medical Oncology promoting multidisciplinary cancer treatment around the world. ESMO unites Medical Oncologists, oncology specialists, healthcare professionals, caregivers, patients and policy makers in a global alliance committed to eradicating cancer and ensuring equal access to high quality treatment for all patients. Thanks to its state-of-the-art education and training programs, ESMO plays an instrumental role in providing the oncology community with the most up-to-date scientific research and information available. ESMO is dedicated to educating and supporting oncologists, optimising patient care, disseminating cancer-specific information to the public, and advocating patient rights. As an authoritative voice in the fight against cancer, ESMO provides both the platform and the consultative expertise to influence national and international organisations as well as European authorities, in order to establish common standards for a multidisciplinary approach to cancer treatment. Through its flagship journal, Annals of Oncology, ESMO publishes articles on all aspects of clinical oncology.*

For more information about ESMO, please visit [www.esmo.org](http://www.esmo.org).

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