

COLLEGE OF ONCOLOGY, 2014 -...

1. Vision and Mission

In Article 38 of the KB 21 of March 2003, the different tasks of the College of Oncology are well described. In general, priority is to support *the quality of Oncology in Belgium*.

The basic idea of the functioning of the College is *multidisciplinary*. This reflects clearly the current management of patients with cancer. More than ever, the College needs to be involved in the *evolution/reorganization* of the oncology in Belgium.

2. Plan of activities for 2014

By the creation of a board, the idea is to make the College more flexible than before. The board is composed by the President (Marc Peeters), the vice-President (Simon Van Belle) and the Secretary (Ahmad Awada). In collaboration with the President they'll coordinate the daily activities of the College.

Following priorities are on the agenda for 2014:

- Better integration of the activities and the visions of both, the College of Oncology and Radiotherapy. Already in 2013, constructive discussions between both Presidents, Yolande Lievens (Radiotherapy) and Marc Peeters (Oncology). A plan of collaboration will be finalized in the beginning of 2014.
- Currently the questionnaire on the activities and organization of the health care programs in oncology are analyzed and evaluated within the college. This year a roundtable with the stakeholders will be organized to discuss the results of this questionnaire. Final conclusions and advices will be formulated and published.
- Most of the tumors have published guidelines. The majority are developed in collaboration with KCE. Although the quality is excellent, the turnover time is too long. By consequence, the College needs to reflect on the methodology to develop new and update older guidelines. Collaboration with Kankercentrum and KCE need to be investigated and a plan of action needs to be finalized.
- Already in 2013 it was decided to put PROCARE - the quality program on rectal cancer - under the umbrella of the College. The next step is to create a new steering committee and to find money to continue this value project on the management of rectal cancer in Belgium.
- Different stakeholders have questions on the current and the future costs of oncology care in Belgium. There's a clear demand to put the different parties around the table and to discuss the situation and to formulate an action plan. The latter is important to maintain the quality of our oncological care.



The multidisciplinary composition of the College forms the neutral base to organize such a meeting.

- Quality indicators are (mis)used to guide physicians, patients in their decision to get oncological management. It's the task of the College to evaluate the implementation in clinical practice and to guide the objectivity of the published quality indicator data in oncology.

3. The College of Oncology and the future

With further ageing of the population, cancer will persist to be an important health care problem for the coming years. In general, the quality of oncology care is high. The KB on the oncology care programs formed the base for organization and structure of oncology in Belgium and the Cancer Plan gave structural support for clinical, translational and scientific progress.

One can ask: 'What's necessary in oncology for the next years and what's the role of the College in the future?'

a) Maintain what we've!

Over the years major efforts by different parties increased the quality of oncology care in Belgium. An example is the positive evolution from an individual towards a multidisciplinary decision process. The increasing complexity makes this *multidisciplinarity* an absolute must.

The *paramedical support* (social workers, psychologists, dieticians,...) for our patients is in most centers well-organised by the Cancer Plan. It's highly appreciated by our patients. It helps to cope with their disease in different aspects.

Research in cancer is making (slowly) *progress*. This is reflected in daily practice with an increasing number of available systemic therapies. Moreover, selection of patients based on biomarkers is common practice for certain tumor types (breast, colon,...). The difficult exercise that we're facing today is to generate (new) models which make the *financement* of oncological care still possible. Better communication between the different stakeholders and decision makers is an important working point for the future.

b) Make progress!

Part of the progress in oncology will result from the incidence reduction over time. *Screening and prevention* are thé tools in the fight against incidence. We've campaigns against smoking, overconsumption of certain meat products,... and screening programs for breast, colon, cervical cancer. Although screening and prevention is the competence of the regions, interaction with different federal institutions such as the Cancer register or INAMI/RIZIV is absolutely necessary to guarantee the quality/success of these programs.



In general, we've the impression that quality of oncological care in Belgium is good to excellent. We've already some available indicators to make this impression objective, but still more efforts are necessary in the generation, evaluation, implementation of *quality indicators* for general oncology practice and per tumor type. Moreover, a '*consequence*' model need to be created for the centers evaluated by these indicators.

Quality indicators make immediately the bridge towards the current discussion on the model for management of rare tumors. Overall, the idea on *expertise centers* is growing. The main issue is the definition of these centers and the interaction with other 'cancer centers'. The *organizational and financial* impact of such a model on the current health care organization needs analysis and conclusions before implementation.

As mentioned in chapter a), urgently we need an open discussion on coping with the scientific progress and the personalized/individualized management in oncology. All actors need to generate a common 'Belgian' plan with the patient as central point in a globalized setting.

c) The role of the College

The KB 21 maart 2003, published on April 25th 2003 clearly defines the tasks of the College for Oncology. The main idea for the creation of this College is to survey the quality of oncological care in the Oncology care programs.

Art. 38. En outre, un programme de soins de base en oncologie et un programme de soins d'oncologie doivent, pour conserver l'agrément, collaborer à l'évaluation interne et externe de l'activité médicale, conformément aux dispositions de l'arrêté royal du 15 février 1999 relatif à l'évaluation qualitative de l'activité médicale au sein des hôpitaux. A cette fin est mis en place un collège d'oncologie qui, outre les tâches mentionnées dans l'article 8 de l'arrêté visé du 15 février 1999, est chargé des missions suivantes :

a) soutenir les hôpitaux dans la réalisation et l'adaptation d'un manuel oncologique pluridisciplinaire, contenant les directives pour l'établissement du diagnostic, le traitement et le suivi des affections oncologiques, par la rédaction, entre autres, d'un modèle de manuel oncologique pluridisciplinaire;

b) élaborer plus avant un modèle pour l'enregistrement du cancer comme visé à l'article 11;

c) organiser des audits dans les hôpitaux par la visite de membres ou d'experts désignés par le Collège et rédiger un rapport à ce sujet;

d) comparer, au niveau national, les manuels utilisés et organiser des rencontres thématiques de consensus suivant les thèmes prioritaires;

e) actualiser les normes relatives à l'usage de médication antitumorale selon les derniers acquis de la science médicale;

f) formuler des recommandations sur les critères de compétence auxquels doivent répondre les médecins-spécialistes visés à l'article 14 afin de pouvoir faire partie de l'équipe médical d'un programme de soins d'oncologie, ainsi que sur la nécessité d'instaurer des qualifications professionnelles particulières pour des médecins spécialistes associés à la dispensation de soins oncologiques;

g) formuler des recommandations en ce qui concerne les programmes de soins spécialisés d'oncologie et leur niveau d'activité minimum.

Le Collège d'oncologie peut, pour l'exécution de ses missions, visées à l'alinéa 1^{er}, créer un groupe de travail "pathologie" par système d'organes et faire appel, dans le cadre de son fonctionnement, à des experts étrangers réputés dans le domaine de l'oncologie

Art. 38. Een zorgprogramma voor oncologische basiszorg en een zorgprogramma voor oncologie moeten daarenboven, om erkend te blijven, hun medewerking verlenen aan de interne en externe toetsing van de medische activiteit, overeenkomstig de bepalingen van het koninklijke besluit van 15 februari 1999 betreffende de kwalitatieve toetsing van de medische activiteit in de ziekenhuizen. Hier toe wordt een College voor oncologie opgericht dat naast de opdrachten vermeld in artikel 8 van bedoeld besluit van 15 februari 1999 eveneens tot opdracht heeft :

a) de ziekenhuizen te ondersteunen in de aanmaak en de aanpassing van het multidisciplinair oncologisch handboek dat de richtlijnen voor de vaststelling van de diagnose, de behandeling en de opvolging van oncologische aandoeningen bevat, door ondermeer een model van multidisciplinair oncologisch handboek op te stellen;

b) het nader uitwerken van een model voor de kankerregistratie zoals bedoeld in artikel 11;

c) in de ziekenhuizen audits te organiseren door visitatie van leden of aangeduide experts van het College en hierover een rapport op te stellen;

d) het nationaal vergelijken van de gehanteerde handboeken en het organiseren van thematische consensusmeetings afhankelijk van de prioritaire thema's;

e) de normen inzake het gebruik van antitumorale medicatie te actualiseren volgens de laatste stand van de medische wetenschap;

f) het formuleren van aanbevelingen over de competentiecriteria waaraan de geneesheer-specialisten bedoeld in artikel 14 dienen te voldoen om deel te kunnen uitmaken van het medisch team van een oncologische zorgprogramma en over de noodzaak tot het instellen van bijzondere beroepsbekwaamheden voor geneesheer-specialisten betrokken bij de oncologische zorgverlening;

g) het formuleren van aanbevelingen inzake de gespecialiseerde zorgprogramma's voor oncologie en hun minimaal activiteitsniveau.

Het College voor oncologie kan voor de uitvoering van zijn in het eerste lid bedoeld opdrachten, een pathologiewerkgroep per orgaanstelsel oprichten en het kan in het kader van zijn werking beroep doen op buitenlandse experts die vermaardheid in het domein van de oncologie hebben verworven.



- At the start of the College different working groups were defined and responsibilities were given to members of the College. It's important to review these working parties and to evaluate their importance/reason of existence in current oncology landscape. In line with the 'modernization' of the College, a board composed by the President, vice-President and the Secretary was recently installed. Especially for day-to-day decisions this is important. Also other possibilities such as telephone/video conferencing have to be investigated to increase the participation of the members to the activities of the College.

POINT OF ACTION: modernize the organization/structure of the College. Clearly define different responsibilities.

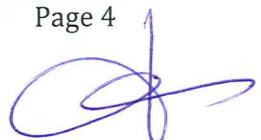
- Interaction/synergism with the College of Radiotherapy. The composition of the College of Oncology and also the view on management in oncology is clearly multidisciplinary. It's logical that outside technical aspects on radiation, most of current issues in oncology are common for both Colleges. As a consequence more intense communication needs to be created between both Colleges. We already agreed that in the new 'multipartiet' structure of Colleges. Both Presidents can be back up for each other.

POINT OF ACTION: creation of a common platform between College of Oncology and Radiotherapy.

- Over the years guidelines for different tumor types were generated by the College mostly in collaboration with KCE. One of the major issues is the flexibility of creation and update. We clearly need a new organization structure in which we find a balance between a rigid, time consuming but well-validated process and a more flexible system. Especially for the updates this latter is extremely important.

POINT OF ACTION: create a standard operation procedure (SOP) for creation of new guidelines and updates. Clearly define responsibilities of different involved parties. Quality and Flexibility are the keywords.

- In the following years the College needs to work on visibility. For colleagues, media, patients,... it's absolutely not clear what's the role and the task of the College. Also, there's an absolute need to define which are the communication policies, the need to organize symposia,... In general, for important oncology questions/discussions such as on rare tumors, the College needs to prepare a clear vision integrated in a press release.



POINT OF ACTION: reflection on the visibility of the College.

- Evaluation of quality in care in general, but also in oncology, is becoming increasingly important. Patients, but also other involved parties are more and more interested in (quality) parameters to guide their cancer management. Currently, some indicators were developed for tumor types such as esophageal, gastric and breast cancer. The issue is the lack of organization and overview. The College can/must play a pivotal role in organizing indicator-based quality control.

POINT OF ACTION: reactivate the working group on quality indicators. It's important to expand the group with stakeholders (non-members) of the College.

- PROCARE was created to organize quality evaluation of rectal cancer management in Belgium. The initiative is supported by the involved scientific and professional organizations. During a certain time period, the project was financially supported by INAMI/RIZIV. Although a steering committee overviewed the actions within PROCARE, the success was mainly based on personal efforts of certain highly motivated people. Several factors formed the base to integrate PROCARE in the College. The idea is to use PROCARE as pilot project to create a platform for other disease-oriented quality programs.

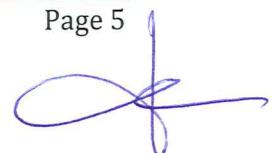
POINT OF ACTION: urgent creation of PROCARE working to prepare the transition to the College.

- Until today, the College undertook no action to give some guidance on f) (criteria of competence). With new medical specialities having competence in oncology, it's important that the College takes a coordinating role in this matter. Not interfering with, but discussing with the commissions of recognition. This coordinating role is also necessary for paramedics such as psychologists, onconurses, social workers,...

POINT OF ACTION: working group on medical/paramedical competence criteria.

- Finally, the multidisciplinary composition of this College gives the opportunity to give support to different commissions, boards,... related to oncology.

POINT OF ACTION: listing of competence of different members of the College and the availability to support extra-College initiatives.



- College of Oncology - organization chart

