

Plenary Joint Session

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CME accreditation in Europe: Where are we now?

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The subject of CME in oncology was discussed at two meetings sponsored by the European Commission and resulted in the establishment of an education unit in the Federation of European Cancer Societies (FECS).

In promoting CME in oncology, the first task of the Unit was to carry out an audit of CME in different countries in Europe. The audit indicated a great range of different systems in different countries, some of which were relatively advanced in the organisation of CME where as others were deficient. It was also clear that the accreditation systems were not transferable among countries.

The FECS decided to develop an accreditation system for multidisciplinary CME in oncology which would be accepted throughout Europe the Accreditation Council of Oncology in Europe (ACOE). ACOE represents the full member societies of FECS as well as having representation from the European School of Oncology and the EORTC. The ACOE system was launched in September 1999 at the FECS/ECCO-10 in Vienna.

In January 2000 FECS took the decision to support the European Accreditation Council for CME (EACCME) of the European Union of Medical Specialists (UEMS) which will act as a clearing house system for oncological events. To date ACOE has accredited some 50 oncology events from all over Europe and is seeking mechanisms for reciprocal CME arrangements with accrediting authorities in the United States of America.

The next strategic steps for ACOE are to implement a truly united approach to CME accreditation in oncology amongst the European States and ultimately to become part of a simple system for the global recognition of CME credit points. The necessity for CME is universally recognised but funding for educational events of this nature requires definition. Partnership with industry will be an issue which will require initiatives and leadership by the medical and allied professions so that industry-supported CME events will remain unequivocally educational and not promotional.

In addition to industry, the role of the scientific and professional bodies, hospitals and universities, governmental health departments and the European Commission should be brought together to define a strategic plan for CME in oncology.

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How an alumni association of young European clinical oncologists can foster a network for educational exchanges and enhance a multidisciplinary approach in cancer treatment

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The FECS/AACR/ASCO workshop entitled "Methods in Clinical Cancer Research," held annually in Flims, Switzerland, since 1999, has provided a unique opportunity for young clinical oncologists of different origins and backgrounds to learn and to interact with one another and with renowned Faculty from Europe and North America. The Flims experience has enabled each participant to fully appreciate the importance of a multidisciplinary approach in the management and investigation of cancer. The establishment of a Flims Alumni body would create a novel setting for innovative and dynamic communication and exchange among cancer clinicians of all disciplines, including medical oncologists, radiation therapists, surgical oncologists, and others. A fruitful dialogue among all young cancer clinicians appears to be a very promising goal and ideally this dialogue should occur before young cancer clinicians are separated by the classical boundaries that divide medical oncologists, surgeons, and radiotherapists. As young and active oncologists, we have the responsibility to contribute to a better understanding of cancer. We need to be always innovative, always aggressive, and always original in our commitment to both cancer treatment and clinical and translational cancer research. One key to achieving this goal is to foster the multidisciplinary approach to the understanding and treatment of cancer, and to promote a strong dialogue among different specialists dedicated to cancer care. The Flims Alumni body could provide a unique benefit for young European oncologists during their training, creating a network for educational exchanges between countries before these oncologists receive an academic appointment. Such European exchanges could serve as an alternative to the complementary training that many young European oncologists receive in the United States. The Flims Alumni body would foster the mobility of young cancer clinicians between different European countries in a manner similar to that seen in the United States between the best comprehensive cancer centers. The Flims Alumni body would also foster the concept of a multidisciplinary approach being the unavoidable cornerstone and original basis of modern oncology. A multidisciplinary approach will therefore appear as the universal rule for the optimal management of cancer patients.

Finally we believe that such an association would contribute to establishment and the growth of a European model of oncology as a complement to the well-established American model of oncology. Such a project would benefit not only European oncologists, but also – and most important – the oncology patient. The Flims Alumni body, by promoting the dissemination of knowledge and facilitating communication among medical oncologists, radiation therapists, and surgical oncologists, is certainly a good way to advance in the understanding of cancer etiology and treatment.