



INTERACT EUROPE

Task 3.1 Early assessment of cancer centre needs

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Abstract: INTERACT-EUROPE brings together 33 partners from 17 countries aiming to develop a European inter-specialty cancer training programme involving all main oncology disciplines and professions, cancer centres and patient groups, based on relevant needs assessments. The project will foster a patient-centric approach to quality cancer care through the promotion of multi-disciplinary and multi-professional team working.

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 <p>EUROPEAN ONCOLOGY NURSING SOCIETY</p>	<p>European Oncology Nursing Society (EONS) https://cancernurse.eu/</p>
 <p>EASL The Home of Hepatology</p>	<p>European Association for the Study of the Liver (EASL) https://easl.eu/</p>
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Background

While the need for multidisciplinary and multi-professional cancer management to achieve best patients' outcomes has been widely recognised, there is more that most healthcare ecosystems across the European Union (EU) could do to facilitate and support this need.

The education and training provision for oncology professionals' education and training is a key area of opportunity for better embedding principles and foundational knowledge in support of multidisciplinary cancer care. Indeed, highly distinct education and training programmes for various oncology specialities and disciplines can result in missed opportunities for inculcating stronger mutual understanding and cooperation between the various cancer care professionals.

The INTERACT-EUROPE project to create an EU inter-specialty cancer training programme aims to foster a patient-centric approach to quality cancer care through the promotion of multi-disciplinary and multi-professional team working. The project seeks to advance the foundations of knowledge and understanding that different professions involved in cancer care have of each other.

Healthcare professional organisations involved in the project are presently developing a curriculum for an inter-specialty training programme targeted at clinical oncology, surgery, and radiology, including their respective nursing services, based on relevant needs assessments.

In conducting this activity, the project must also lay out the foundations of trainees and cancer centres recruitment and participation to the programme. This entails gaining a strong understanding of trainee and centre needs and their readiness for the later delivery of the programme.

It is an aspiration that elements of the training curriculum be translated into technology-enhanced learning scenarios, to ensure wider access to such training tools across the EU. Finally, communication actions will ensure broad awareness of the programme to allow uptake of the project's recommendations by the cancer care community.

Work Package 3 of the INTERACT-EUROPE project is associated to 'Preparation of Trainees and Cancer Centres'. The Work Package is led by the European Cancer Organisation, with a significant role in the Work Package also conducted by the European School of Oncology (ESO) in respect of, for example, the provision of preliminary training and education opportunity for the first cohort of the inter-specialty cancer training programme.

The main objectives of Work Package 3 are to:

- Create and implement a process for selecting trainees and cancer centres to the Inter-specialty Cancer Training Programs (ISCTP).
- Ensure a strong understanding of the need of cancer centres and trainees participating in the ISCTP.

- Ensure readiness of the first selected cohort of trainees and cancer centres to conduct the ISCTP.

In meeting these objectives, the main tasks of Work Package 3 are to:

- 1) Conduct an early assessment of cancer centre needs associated to ISCTP participation in order to help inform activities of Work Package 2 on curricula development (T3.1)
- 2) Create eligibility criteria for trainees and centres participating in the Inter-specialty Cancer Training Programme (T3.2)
- 3) Design and agree the selection procedure to be used following the call for interest (T3.3)
- 4) Conduct a 2nd assessment of cancer centre needs associated to ISCTP participation (T3.4)
- 5) Create and approve Guidebook for trainees, centres and mentors (T3.5)
- 6) Secure communication partners for launch of call for interest (T3.6)
- 7) Launch call for interest for trainee and centre participation (T3.7)
- 8) Select trainees and cancer centres for first cohort (T3.8)
- 9) Host live introductory educational event for trainees, centres and mentors (T3.9)
- 10) Produce final assessment of cancer centre needs associated to ISCTP participation (T3.10)
- 11) Collect and agree recommendations and reflections for Project Blueprint document (T3.11)

More information about the INTERACT-EUROPE project is available at:
<https://www.europeancancer.org/eu-projects/impact/interact-europe>.

Aim

The aim of Task 3.1 (early assessment of cancer centre needs) is to help inform activities of Work Package 2 on curricula development and to help ensure readiness of the first selected cohort of trainees and cancer centres to conduct the ISCTP. The assessment should do this by bringing forward to the INTERACT-EUROPE consortium and Steering Committee a fuller understanding of the needs of cancer centres to be able to participate fully in the proposed inter-specialty cancer training programme.

Such an early assessment should provide a first overview of how needs of centres may differ dependent on certain choices made on curricula, such as length of time required by trainee in a centre, amount of exposure to live MDT meetings on placement, and the nature of assessment and mentorship of trainees.

Methodology

1.1 HOW WE CONDUCTED THE EARLY ASSESSMENT OF CANCER CENTRE NEEDS

Early meetings of the INTERACT-EUROPE project took place between June and September 2022, including a two day kick off meeting, consensus meetings of Work Package 2 (curriculum) and a series of monthly Steering Committees. The regular update meetings on the activities of Work Package 2 in conducting a training needs assessment and associated survey and literature review actions, enabled a reasonable view to be formed by October 2022 of the key areas to investigate in the context of an early assessment of cancer centre needs.

An online meeting of Work Package 3's Consultative Partners¹ was called for 3 October 2022 to outline key background and questions to the consultation. Thereafter, a formal consultation document was circulated to the consultative partners for reply. This consultation document was also shared publicly online and additional cancer centre inputs invited.

The 5 key question areas identified within the consultation were the following:

- 1) Eligibility criteria for cancer centres to participate in the inter-specialty cancer training programme
- 2) Rotation requirements associated to the inter-specialty cancer training programme
- 3) Understanding the needs for tutors and mentors
- 4) What benefits can be understood for cancer centres from participation
- 5) Learning from other programmes

¹ Carol Davila University of Medicine and Pharmacy; Faculty of Medicine, University of Ljubljana, Slovenia; Fundação Champalimaud; Institut Curie; Medical University of Gdańsk; The Cancer Centre of Tartu University Hospital; The National Cancer Institute of Lithuania (NCI); The Organisation of European Cancer Institutes (OECI); University College Dublin (UCD); University of Cyprus.

1.2 NUMBER OF RESPONDEES

16 responses were received to the formal consultation among which were INTERACT-EUROPE Steering Committee members, Work Package 3 Consultative Partners, as well as other organisations responding to the [open consultation](#) available on the European Cancer Organisation website.

1.3 RESPONDING ORGANISATIONS AND INDIVIDUALS

The following institutions, centres and individuals provided responses to the consultation:

- 1) Carol Davila University of Medicine and Pharmacy
- 2) Clinic of Oncology, Clinical Centre University of Sarajevo
- 3) Comprehensive Cancer Center Ulm (CCCU)
- 4) Faculty of Medicine, University of Ljubljana, Slovenia
- 5) Fundação Champalimaud
- 6) Institut Curie
- 7) Istituto Nazionale dei Tumori
- 8) Doctor Kim Benstead
- 9) SJD Paediatric Cancer Centre Barcelona
- 10) The Cancer Centre of Tartu University Hospital
- 11) The European Oncology Nursing Society (EONS)
- 12) The European School of Oncology (ESO)
- 13) The National Cancer Institute of Lithuania (NCI)
- 14) The Organisation of European Cancer Institutes (OECI)
- 15) University College Dublin (UCD)
- 16) University of Cyprus

Eligibility criteria for cancer centres

1.4 PROPOSAL MADE

Work Package 3 has given initial reflections to what should be understood as the eligibility criteria for cancer centres participating in the INTERACT-EUROPE inter-specialty cancer training programme.

Reflective of a need to build an inclusive and accessible programme, that can support inter-specialty training needs across the diversity of Europe's health systems, considerations put forward on cancer centre eligibility within the October 2022 consultation document were that centres should be able to:

- Demonstrate their commitment to developing multidisciplinary cancer care within the centre, including with the professions in focus of the inter-specialty cancer training programme.
- Demonstrate their commitment to the provision of appropriate mentor/trainee participation, including certification of learning by the trainee.
- Demonstrate their commitment to providing trainees with the time and support required to complete the programme.

1.5 COMMENTS RECEIVED

Overall, there was a general agreement from responding organisations on the eligibility criteria proposed. **The Comprehensive Cancer Center Ulm (CCCU)** considered that *“further specification might create a hindrance in the access to the training. It is instrumental to be as inclusive as possible”*.

However, **the SJD Paediatric Cancer Centre Barcelona** recommended that centres participating in the programme should be subject to a minimum caseload requirement and to *“demonstrate they are leaders in the field”*.

Conversely, **the Organisation of European Cancer Institutes (OECI)** considered that *“commitment of the centres is more important than a good infrastructure and procedures in place...The purpose is to include many centres throughout Europe and too many criteria could limit centres.”*

Suggestions of clarification of criteria.

The University of Cyprus suggested a revision of the phrasing of the eligibility criteria, such as *“demonstrate their commitment to developing multidisciplinary cancer care within the centre, and their associated network if relevant including the professions in focus of the inter-specialty cancer training programme (cancer centres, hospitals of general medical focus, universities).”*

The Organisation of European Cancer Institutes (OECI) raised questions about how the demonstration of commitment to multidisciplinary care could be substantiated. Suggestions raised in their reply included demonstrating the prior existence of multidisciplinary meetings for the major tumour types *“In this day and age, this is really a minimum”*.

In respect to substantiating what is to be understood by *“appropriate mentor/trainee participation”* OECI made a suggestion of avoiding defining too many criteria at first. The purpose is to *“include many centres throughout Europe, too many criteria could limit centres.”*

Suggestions of additional criteria

The European School of Oncology suggested some additional criteria could include:

- Demonstration of implementation at the institution level of multidisciplinary care;
- Demonstration of availability of all interconnected specialties involved;
- Demonstration of commitment for continuous medical education after the end of the training;
- Demonstration of commitment to support research.

The Istituto Nazionale dei Tumori recommended to consider adding criteria about the centre being *“a place to generate also knowledge and skills on how to perform clinical research”*.

The National Cancer Institute of Lithuania (NCI) suggested adding a criteria for the centre: *“to serve as a national node for inter-specialty cancer training organisation and dissemination.”*

Doctor Kim Benstead suggested that it would be valuable to include a criteria about the composition of the cancer centre team to deliver the training. She suggested that this should consist of at least one surgeon, one cancer nurse, one radiation/clinical oncologist/medical oncologist as a minimum, and preferably a radiologist and nutritionist/dietician.

Carol Davila University of Medicine and Pharmacy suggested including short course training (2-4 weeks) for other specialties involved in cancer patients care.

The Cancer Centre of Tartu University Hospital mentioned that *“it is worth adding some requirements for mentor, e.g., required accreditation/appraisal”*.

Institut Curie recommended adding a criteria on providing a progress report/assessment of the programme.

The Clinic of Oncology, Clinical Centre University of Sarajevo provided additional proposals for eligibility criteria such as:

- Demonstrating experience in multidisciplinary care;
- Demonstrating language skills of participating staff;
- Being university hospital and reference center;
- Demonstrating previous examples of cooperation across centers.

Other comments

The University College Dublin (UCD) suggested that agreement is required among institutions authorised to supervise such training to participate in an inter-specialty component to the existing programmes.

The Fundação Champalimaud recommended that the INTERACT-EUROPE project should target the achievement of a representative grouping within the first cohorts of the inter-specialty cancer training programme, *“making sure that widely recognised centres in medical training are present, as well as broad regional span of European participants, in particular from less central regions in the west and south of Europe, Eastern Europe and Scandinavia.”*

The European Oncology Nursing Society (EONS) raised the issue of certification suggesting adding *“a document to prove the completion of the training or certificate on completion of the training”*.

1.6 COMMENTARY

A wide range of suggestions were received in respect to additional criteria that might be added. Responses to the consultation were summarised and discussed at the November 2022 Steering Committee meeting of the INTERACT-EUROPE project. Overall, the Steering Committee recognised the need to maintain an accessible programme but agreed that means of certifying the cancer centre’s commitment to the principles described in the eligibility criteria should be considered. This could include requesting information on the frequency of MDT meetings in the centres, and ensuring centres put forward a representative sample within cohorts taking part in the inter-specialty cancer training programme.

Rotation requirements

1.7 PROPOSAL MADE

The degree to which rotation may be a component of the delivery of the inter-specialty cancer training programme has been a subject of particular discussion in the early part of the INTERACT-EUROPE, with an understanding of its significant implications for all involved.

A full and complete understanding of the degree to which rotation will be a feature of the inter-specialty cancer training programme will be obtained following the agreement of the core curriculum and an assessment of how that curriculum should be delivered.

Also, within these considerations has been the wording and intention of the original EU4Health (EU4H-2021-PJ-02) call for proposals on developing an inter-speciality cancer training programme, which underlined the importance to deliver a more skilled and mobile cancer workforce through cross-border training and information-sharing. This raised attention as to whether or not cross-border rotation opportunities should be a component of the inter-specialty cancer training programme.

During early meetings of INTERACT-EUROPE, key points raised in relation to rotation requirements have included:

- Rotation requirements within a centre are less financially burdensome for a trainee than rotation between centres.
- Rotation across countries have been indicated as desirable by the European Commission in opening calls for the project – but would have the highest cost implication for trainees. Challenges would be posed too for centres and trainees in respect to language knowledge.
- Yet rotation between countries may be desired by some individuals and centres. A model could be developed that makes that an optional, but not mandatory, requirement of the process.
- Benefits of conducting cross-border rotation, or rotation to another hospital/cancer centre, could include observing different forms of multi-disciplinary working and thereby enabling active exchange and uptake of better practice.
- Forthcoming audit of the published curriculum will better indicate which elements of the curriculum will require rotation, with an expectation that rotation within a centre could be sufficient.
- Cross-border elements of the ISCTP could be underpinned by the provision of some educational event activity enabling trainees to learn alongside colleagues from other countries.

In order to maintain an accessible training programme, which need not necessarily entail high cost for trainees and cancer centres, initial considerations by the Steering Committee of the INTERACT-EUROPE programme envisage rotation potentially taking place in 3 different ways:

- i. National level (within the centre) – ISCTP trainees will conduct elements of learning via rotation periods across departments of the same centres (e.g., to the surgery unit, the radiation oncology unit etc).

- ii. National level (across centres) – Possibility/flexibility could be created for ISCTP trainees will exchange across centres at a national level, allowing for further promotion of their own hospital.
- iii. Cross-border level (across centres in Europe) – Trainees will exchange across centres at the European level (depending on language knowledge)

Rotation level i) above could be considered the minimal level of rotation. ii) and iii) may be aspirational but non-mandatory forms of delivery for the ISCTP that are developed in due course.

1.8 COMMENTS RECEIVED

Overall, there was a general agreement on the described rotation requirement on the value of the rotation programmes (particularly at national level).

The **Organisation of European Cancer Institutes (OECI)** stated that rotation within the centre should be mandatory and the national and cross-border rotation should be optional.

The **Faculty of Medicine, University of Ljubljana, Slovenia** suggested restricting rotation at the national level to the recognised national training centres, and “*not just centres as such*”.

Concerns, experiences or additional suggestions on rotation

The **Clinic of Oncology, Clinical Center University of Sarajevo** highlighted possible concerns such as high workload on regular tasks and high costs of exchanging/rotation mechanism for the institution.

Institut Curie suggested setting up “*a cross-border portfolio of clinical cases, and organise a comparative interactive study of healthcare management in various European countries.*”

The **National Cancer Centre Institute of Lithuania (NCI)** raised the issues faced by small European countries in implementing rotation programmes due to the lack of large multidisciplinary cancer centres open for mentorship. In Lithuania, for example, “*only one national cancer institute and two university clinics mainly provide all-spectrum cancer care*”.

Length of rotation trainings

University College Dublin (UCD) recommended that rotation requirements of interdisciplinary training “*involve a minimum of one month, in a single bloc, to be spent in physical rotation to each of the other two specialties for all trainees in Medical Oncology, Radiotherapy and Cancer Surgery*”. Moreover, UCD suggested that rotation should occur preferably during the mid-phase of the training programme.

The **European School of Oncology (ESO)** recommended that the length of the national rotation across centres should be for a period of at least 6 months and for the cross-border level rotation for at least 3-6 months.

Good examples of clinical rotation programmes from other trainings

Good examples highlighted include:

- European School of Oncology Clinical Training Centers Fellowship Programme
- SJD Paediatric Cancer Centre Barcelona (1 year training fellowship program)
- Institut Curie programmes
- National Cancer Institute of Lithuania programmes
- Comprehensive Cancer Centre Ulm and Ulm University (nursing specialty programme in oncology nursing)
- European School of Oncology/European Oncology Nursing Society (ESO/EONS) fellowship

1.9 COMMENTARY

The INTERACT-EUROPE project thanks respondees for the many helpful suggestions made about rotation requirements. Key points noted included the need for proportionality in approach in respect of burden on high pressure work environments, and the careful consideration to be made on the timing of the rotations. The November 2022 INTERACT-EUROPE Steering Committee considered the responses provided to this element of the consultation and there was a general consensus around the value of having the rotation requirements of the programme occurring in the mid-point of the training.

All responses provided will continue to inform the full articulation of the programme design, connected to the WP2 competency framework, to be delivered before the end of the project.

Needs for tutors and mentors

1.10 PROPOSAL MADE

As the INTERACT-EUROPE project advances, there is an increasing sense that the role of tutors and mentors will be of high importance. For the longer-term sustainability and impact of the programme, the ‘train-the-trainer’ methodology is also anticipated to be a critical feature of delivery.

Mentors/tutors will be vital to assisting a trainee through the curriculum, underpinning their active learning, and validating impact of education and training provided by the programme. Consideration must therefore be provided to the suggested level of seniority, and years of experience of such mentors/tutors, mindful too of maintaining an accessible programme for cancer centres to participate within.

It is also anticipated that mentors/tutors will require key elements of support within the ISCTP e.g., the provision of guidebooks, the offer of informational and support events by the programme coordinators.

A more complete understanding of mentor/tutor needs will emerge following the completion and agreement of the ISCTP curriculum. However, in advance of that, the above reflects some of the very preliminary considerations underway as the INTERACT-EUROPE seeks to shape and clarify the profile and support needs for mentor/tutors within the ISCTP. Stakeholder input and transmission of experience at this stage would be gratefully received to assist the refinement of understanding.

1.11 COMMENTS RECEIVED

Profile of mentors/tutors within the inter-specialty cancer training programme

Most of the centres agreed that the tutors/mentors should demonstrate a level of seniority, including years of experience and ability to guide others.

Some of the centres highlighted that the tutors/mentors should be experts on the field with no less than 2 years of work experience as a specialist.

The Clinic of Oncology, Clinical Center University of Sarajevo stressed the importance of the “train the trainer” methodology which should be at the heart of the INTERACT-EUROPE programme.

The University of Cyprus highlighted that an important parameter is to ensure that tutors/mentors have the time to devote to the endeavour, stating that “*the higher the seniority, the more difficult it will be to devote a significant amount of time*”. A solution might be to involve both senior and more junior tutors to create a balanced and sufficient coverage of the needs of trainees.

The National Cancer Institute of Lithuania (NCI) raised a point about involving mentors/tutors from other professions, such as genetics, psychologists, physicist, and others.

However, **the European Oncology Nursing Society (EONS)**, mentioned that there needs to be a distinction between mentors/tutors roles as *“the mentor will support the personal and professional development whereas the tutor will be responsible for learning teaching and assessment”*.

Experiences of good (and bad) practice

Institut Curie highlighted the issue of staff shortage in healthcare and the consequent overbooked agenda of healthcare workforce. Therefore, it might be useful to consider alternatives to a programme led according to a senior tutors/mentors scheme.

The European School of Oncology (ESO) underlines that the program should be based on a clear definition of targets and time period for the mentorship (6-12 months). Moreover, matching of mentors/mentees should be based on aligning the mentees interests with the mentors’ specialty and interests. Finally, a certain number of sessions should be mandatory for both the mentor and the mentee.

Fundação Champalimaud mentions the importance of introduction courses for mentors/tutors to familiarise with the technical tools which will be used during the mentoring/tutoring (video and information technology).

Key needs for mentors/tutors

Several suggestions have been made by the respondents, including:

- Good professionalism demonstrated by clinical achievements;
- Good understanding of the field with proved contributions;
- Good educational skills and experience in teaching/mentoring;
- Good communications skills;
- Proof of availability to commit time on mentoring;
- Language skills;
- Pedagogical approach;
- Understanding of cultural diversity;
- Strong interpersonal skills and empathy;
- Clear written instructions and expectations;
- Possible certification for mentors/tutors to acknowledge their participation.

Examples of tutoring/mentoring programmes

- ESCO career advice via Mentorship programme (European School of Oncology)
- American Society of Clinical Oncology (ASCO) Mentorship programme
- Portuguese Association “Ordem dos Médicos” course for tutoring
- Ulm University programmes
- Moffitt Cancer Center programmes

Comments to the consultation on the issue of tutors/mentors will greatly assist the full articulation of programme design to be completed in 2023. Key points coming out of the responses include:

- The need for sensitivity to the high workloads already experienced by clinical staff in cancer centres. A proportionate model in respect to tutor responsibilities should therefore be adopted.
- The value that might be gained by developing a mixed model on tutor/mentor roles, so as to achieve the involvement of senior staff but to also distribute tutoring/mentoring role. This would involve clear definition of different tutoring/mentoring roles and the profile of individuals to conduct these roles.
- A core role will need to be provided by the inter-specialty cancer training programme central coordinating organisation to support tutors and mentors with their needs on an ongoing basis.

Suggestions on benefits understood for cancer centres

1.13 PROPOSAL MADE

In order to bring about a wide participation of cancer centres within the future ISCTP, it is understood that cancer centres will require a strong sense of the benefits to be derived.

From the perspective of the INTERACT-EUROPE project commencement, these are presently understood to include:

- Raising the skills of healthcare professionals in the cancer centre; and
- Enhancing the functioning of the multi-disciplinary teams.

With the ultimate benefit from the above, of improved outcomes and quality of care for the patient.

Additional benefits of participation in the programme might include:

- Participation within a recognised international level training and education programme; and
- Opportunity for a cancer centre to network and learn from counterpart cancer centres also taking part in the programme, both within country, and in other countries.

It is also understood that for the strong sense of benefit for the cancer centre to be maximised, care should be taken to avoid the ISCTP conflicting, or duplicating existing education and training provision undertaken by the cancer centre.

Time of trainees and mentor/tutors to fulfil the programme requirements should also be proportionate and appropriate.

1.14 COMMENTS RECEIVED

Overall, a general level agreement on the benefits outlined above was expressed by the consultation respondees.

Doctor Kim Benstead suggested that induction courses and annual update courses be provided for trainers/mentors. These courses could be accredited by the Accreditation Council of Oncology in Europe (ACOE) which would provide a benefit to participants of Continuing Medical Education (CME) points.

The Faculty of Medicine, University of Ljubljana, Slovenia underlined that due to uniform shortage of oncologists and other professionals in Europe *“it would be necessary to provide payment or other form of reward for mentoring hours”*.

The Cancer Centre of Tartu University Hospital suggested that a high value training programme should include *“clear learning methods, structured programmes, and ideally be the combination of personal, experiential and practical training”*.

University College Dublin (UCD) emphasised that the INTERACT-EUROPE programme will be of “*value to all involved in programme development in the training of cancer specialists and will facilitate consistency of standards among training institutions throughout the EU.*”

The Carol Davila University of Medicine and Pharmacy added that the inter-specialty cancer training programme centres will increase the quality of cancer care “*because participating in an educational programme stimulates the effort of mentors and centres to be up to date in medical science*”.

Additional benefits to consider as a potential asset

- Better care for people affected by cancer;
- Funding;
- Transferring of know-how (including previously conducted studies);
- Advances in science with increased research output and publications;
- Building professional network;
- Visibility and recognition;
- Institutional label/accreditation;
- Opportunities to develop partnership research outside the institution;
- Learning from best practices applied outside the centre;
- Strengthening the multidisciplinary team spirit;
- Direct benefit from contribution of the trainees to the cancer centres activities;
- Individual development of the knowledge and skills of multidisciplinary working of the trainees;
- Increased and better dialogue and communication among specialists and with patients.

Examples of training programmes

- European School of Oncology/European Society of Paediatric Oncology (ESO/SIOP) fellowship
- Institut Curie programmes
- European Society for Radiotherapy and Oncology (ESTRO) programmes
- European Society for Medical Oncology/American Society of Clinical Oncology (ESMO/ASCO) global curriculum
- European Association of Urology/European Board of Urology (EAU/EBU) training courses
- BBMRI-ERIC network
- Advanced Oncology study program

1.15 COMMENTARY

The feedback received from cancer centres and others on the perceived benefits of the inter-specialty cancer training programme will be highly informative for the future:

- Activities to achieve a recruitment of trainees and cancer centres.
- The further design of the delivery mechanisms for the training.
- The future development of the inter-specialty cancer training programme in next phase projects.

Learning from other programmes

1.16 PROPOSAL MADE

The INTERACT-EUROPE programme has an enthusiasm to actively learn from good examples of European (or national) level training programmes that may contain useful insights and lessons for the construction of the EU's inter-specialty cancer training programme.

Some programmes that have been brought to our attention already in this regard include:

- i. [The European School of Oncology \(ESO\) Clinical Training Centres Fellowship Programme](#)

The ESO's Clinical Training Centres Fellowship programme gives young oncologists the opportunity to spend 3-6 months at a centre of excellence in Europe where they will gain more knowledge in their own specialties and experience in a multidisciplinary clinical setting specially designed to address their needs.

Centres involved in the Fellowship programme include Istituto Nazionale dei Tumori (Milan, Italy); Champalimaud Clinical Centre (CCC) (Lisbon, Portugal); The Christie, NHS Foundation Trust, (Manchester, United Kingdom); Centre Leon Berard (Lyon, France), and others.

- ii. [The European Urological Scholarship Programme \(EUSP\)](#)

Initiated by the European Association of Urology (EAU), the European Urological Scholarship Programme offers a wide range of programmes in Europe, including:

- Short visit – for a duration of 2/3 weeks providing with a first-rate learning experience at a centre of excellence in Europe.
- 1-Year Scholarship - Research project under the guidance of experts.
- Clinical visit – Learning best practices by observing the experts first-hand at a reputable institution abroad for a period of 6 to 12 weeks. Collaborate with the experts to generate an international peer-reviewed publication.

Applicants to the EUSP Scholarships must be EAU members who are urologists, urologists-in-training, or urology-associated basic scientists. All projects and/or visits must be conducted in a European institution.

iii. [European Society for Radiotherapy and Oncology \(ESTRO\) educational courses](#)

ESTRO provides several courses in person and online format throughout all the academic year.

Examples at national level:

i. [Humanitas University \(Italy\)](#)

The 5-years program provides different possibilities of rotations, depending on the level of experience, such as:

- Rotations in hospitalisation, outpatient clinics and oncology day hospitals in the various locations (approximately 6 months in a location in the country).
- Rotations in outpatient clinics and day hospitals in the various disease groups.
- Training period abroad at centers of excellence to develop a thesis project (for a period of 6-12 months).

1.17 COMMENTS RECEIVED

University College Dublin (UCD) expressed their view that the INTERACT-EUROPE programme will not replace or supplant the programmes already in place, *“rather it aims at refining and enhancing programmes by improving understanding and appreciation of the value and limitations of each modality of treatment and their respective advantages and disadvantages in the sequencing in the treatment of patients with cancer.”*

Other examples and best practices

Several existing programmes were brought forward for attention, such as:

- European Society of Medical Oncology (ESMO) masterclasses and fellowship programmes
- Training courses developed by the International Atomic Energy Agency e.g., for nuclear medicine physicians
- The Master's Programme in Translational Medicine (TRANSMED)

Some best practices suggested included spending short periods of time (e.g., 2 weeks) in another department and having an organised series of activities addressing competencies that cannot be acquired online.

Fundação Champalimaud underlined that the INTERACT-EUROPE programme should consider non-European programmes (such as US, Canada, Australia, Japan, China) to explore advantages and disadvantages and identify how to best improve our programme.

1.18 COMMENTARY

Examples of training programmes to learn from and take inspiration from are being actively brought to the attention of all INTERACT-EUROPE Steering Committee members in respect of

their shared work in developing the full implementation model for the inter-specialty cancer training programme during 2023.

Conclusions and next steps

The INTERACT-EUROPE project places on record its sincere thanks to all individuals and institutions who took the time to respond to the consultation questions and bring forward valuable recommendations and insights.

At the time of writing, a draft competency framework to support the inter-specialty cancer training programme is in circulation for comment by healthcare professional organisations and others, under the oversight of Work Package 2 of INTERACT-EUROPE. Insights from the Work Package 3 consultation on cancer centre needs, summarised above, will also assist this exercise.

Recruitment of trainees and cancer centres to the pioneer cohort of the programme will commence in early 2023 with matters such as centre eligibility and descriptions of tutor and mentor roles, informed by the input received to this consultation.

Further consultation activity with cancer centres will take place in Q2 2023 as the design of the delivery mechanisms for the inter-specialty cancer training programme are further developed.

As part of INTERACT-EUROPE's commitment to transparency, openness and broad outreach, the consultation remains open for additional contributions from any interested party via the [INTERACT-EUROPE website](#).

ANNEX – Full responses

Carol Davila University of Medicine and Pharmacy	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME</p>	<p>Response:</p> <ul style="list-style-type: none"> - We generally agree with the eligibility criteria. - We think that short course training (2-4 weeks) for other specialities involved in cancer patients care (cardiology, infectious disease, neurology, nutrition, etc.) should be offer, so eligible cancer centres should be able to offer such multidisciplinary care
<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response: We agree the level I rotation (national level within the centre) maintain the accessibility of inter-specialty cancer training programme.</p> <p>In Romania some level I and II rotation are present during residency, but surgery is not present in the medical oncology curricula and in the radiation therapy curricula neither. Also, medical oncology and radiation therapy is not present in the curricula of surgical oncology.</p> <p>A uniform European ISCTP should be offered.</p> <p>Level II (national, across centres) rotation raise financial concerns for in-training doctors.</p> <p>In some Western European Countries there are several temporary positions offered to young specialist or residents (6 months or one year) and this offer the possibility of rotation and training in high-volume centres for more doctors.</p> <p>Level III rotation is of high importance for rare cancers (such sarcoma).</p>
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: The mentors should be experienced professionals.</p> <p>In Romania we have a degree of speciality – senior oncologist (or senior radiotherapist); this degree could be obtained after at least 5 years of experience. The training programme for residents must be coordinate by a senior doctor in the last part of residency, and only in university hospitals in the first part of residency.</p> <p>Bad aspect: The rotation is not mandatory for the 3 years of oncology (for medical oncologist), or 2 years for radiotherapy (for radiotherapist). If a resident stay for all training programme with a doctor which is specialized on a specific cancer (e.g., lung cancer) or a specific technique, that doctor is not well trained for national cancer network general requirements.</p>

	<p>For the ISCTP purpose we consider that the mentors should have at least 5 years of experience and activity in a high-volume centre, where the training should take place. Rotation should be offered for all in-training fellows in order to achieve interdisciplinary training skills. Mentors should have enough patients (e.g., 100 patients per months for medical oncology, less for surgery or radiation therapy, depends on the specific speciality).</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: By participating in ISCTP centres will increase the quality of cancer care offered, because participating in an educational programme stimulate the effort of mentors and centres to be up to date in medical science. It stimulates the mobility of doctors but on the same time increase the number of well-trained specialists. The main advantages are already mentioned: 1. Participation within a recognised international level training and education programme 2. Opportunity for a cancer centre to network and learn from counterpart cancer centres also taking part in the programme, both within country, and in other countries. A recognition of the training during ISCTP as speciality training (during residency), or as a competence recognized by national authorities will be a plus, but possible hard to obtain. For level III ISCTP a certificate of international training will be an advantage.</p>
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: We did not participate in other training programmes yet. We just start to use The ESO's Clinical Training Centres Fellowship programme, and I think that it will help the centres to improve the quality of cancer care, especially by training in Centres of Excellence for rare cancer or ultra-specialized techniques (interventional radiology, sarcoma, nuclear medicine, CAR-T, etc) We also start TRANSMED, a programme for students from different universities from the country, to spent one week in a different university and participate at the courses. For oncology, the course for the students varies consistently between different medicine universities. The students find this programme as very attractive. Another example is Masterclass in Oncology, provided by ESO, but this one is only theoretical.</p>

	The major advantage of INTERACT-EUROPE ISCTP for fellows is the possibility of practice at a high-volume center of excellence.
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Clinic of Oncology, Clinical Center University of Sarajevo	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME</p>	<p>Response:</p> <ul style="list-style-type: none"> - I strongly agree with the above suggestions of eligibility criteria. - Some of the additional proposals for eligibility criteria to suggest are: <ul style="list-style-type: none"> • To demonstrate experience in multi-disciplinarity, either through regular multidisciplinary team meetings or through organization of institution (Institutes of Oncology with multidisciplinary departments). • To demonstrate language skills of participating staff (English should be required). • To be university hospital and reference center • To demonstrate previous examples of cooperation across centers (at least at national level): publications, multicenter research projects, clinical trials etc. - Good example of eligibility criteria for cancer centers are described in the European Society of Digestive Oncology Trainee Fellowships programme. (https://www.esdo.eu/education/esdo-trainee-fellowships/)
<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response:</p> <ul style="list-style-type: none"> -We strongly agree with described views of the INTERACT-EUROPE Steering Committee on how any rotation requirements might be conducted as a part of the programme. -Possible concerns: high workload on our regular tasks, high costs of exchanging/rotation mechanism for the institution (the decision on the scope of rotation should be made after assessing the situation within the collective). -As a Centre of Excellence in Europe in our institution we have hosted trainees from other centers within ESO (European School of Oncology) Clinical Training Centers Fellowship Programme, which showcased a great benefit for our institutions and participants themselves. In our experience rotation on the national level was a very successful way to maintain the process of sharing knowledge during special circumstances (COVID-19 pandemic)

<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response:</p> <ul style="list-style-type: none"> - We need to highlight the sense that the role of tutors and mentors should be of high importance. ‘Train-the-trainer’ methodology should be a heart of this programme, also paying respect to a level of seniority, and years of experience of such mentors/tutors for maintaining an accessible programme for cancer centers to participate within, in order to foster stronger understanding between professions. - Key needs for mentor/tutors are: years of experience, knowledge level, demonstrated readiness and ability to share knowledge, language skills, pedagogical approach, understanding the cultural diversity and mentality of the participants.
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response:</p> <ul style="list-style-type: none"> - Above-reflections on the benefits to be derived to cancer centers from participation in the ISCTP appear more than reasonable. - Additional benefits for cancer centers: transferring know-how, including sharing of previously conducted studies related to programme and particular case studies (included patient experiences and comprehensive patient-centered care); advances in science with increased research output and publications; building professional network. <p>The common goal is to gain more knowledge in their own specialties and experience in a multidisciplinary clinical setting. Also, hosting short visits, scholarships and clinical visits are great opportunities for centers to share & gain precious knowledge on particular matters.</p>
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response:</p> <ul style="list-style-type: none"> - Oncology Fellowships provided by the European Society of Medical Oncology (ESMO) is great example of successful training programme. Since oncology is very diverse discipline, ESMO offers different kind of fellowships (Clinical Unit Visits, Translational Unit Visits, Fellowships for Clinical Scientists, Palliative Care Unit Visits etc.). This training programme is also divided based on the length of stay (short-term, long-term) which we find important aspect of rotation. (https://www.esmo.org/career-development/oncology-fellowships) - We have strong faith in this joint training programme with the aim to properly address existing challenges by creating a unique network of professionals and bonds within this programme and existing programs. Knowledge translation and synergy of professionals (and their centers) with different disciplinary backgrounds who work together to

	provide medical treatments and supportive patient-centered care should be the core of this and all future joint collaboration programmes.
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Comprehensive Cancer Center Ulm	
QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME	<p>Response:</p> <ul style="list-style-type: none"> - Yes. Any further specification might create a hindrance in the access to the training. - Mostly yes. It is instrumental to be as inclusive as possible. Some focus on scientific track record could be helpful as well. - Yes. The Clinical Training Centre programme by the European School of Oncology (ESO) is an initiative to recruit to centres that are interested to host educational endeavours.
QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP	<p>Response:</p> <ul style="list-style-type: none"> - Yes. Rotation is an essential part of any oncology education across professional boundaries, for all professional disciplines involved. - Next to its other endeavours for students, physicians and scientists, the Comprehensive Cancer Center Ulm and Ulm University are currently running a nursing specialty programme in oncology nursing. I would consider this programme the paradigm for the education circuit, for the physicians, the nurses, the dieticians and the physical therapists.
QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS	<p>Response:</p> <ul style="list-style-type: none"> - Even though a certain level of seniority and experience is desirable, all educational activities should be based in the clinical day to day operations. As such, attending physicians are well versed as are senior oncology nurses. The same is needed for dieticians and physical therapists, i.e. an expertise in the care of cancer patients. - Ulm University runs a physician scientist programme together with a graduate school in molecular biology. Both have proven to generate a good target-oriented approach to (scientific) problem-solving. In addition, the Master Online Advanced Oncology study program has proven to yield a high adherence to educational goals together with a specific in-person training for students of this degree-awarding postgraduate program. Students excel at their workplaces and develop their resilience further while constantly improving the quality of cancer care in their home settings. - Key needs for mentors /tutors are a (working) seniority, ideally complemented by experience of working in a

	<p>different setting, too. Strong interpersonal skills, empathy and a vision of the project are essential for an excellent turnout.</p> <ul style="list-style-type: none"> - A very plain limitation for tutor/mentor - participant relation is the daily language used in patient care, i.e. German in case of Ulm University. Therefore, access to programs in particular countries may be limited by language skills of potential participants.
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response:</p> <ul style="list-style-type: none"> - Yes. - Germany's current system of nursing education is two-fold: there are nurses who are learning the profession as part of a vocational training whereas others have studied nursing in a so-called dual university degree, i.e. both as a study and as a vocational training. As of now, it seems that both systems will persevere meaning that a joint interprofessional training will level the knowledge and action competencies hopefully leading to a better patient-centered care and in the end better outcomes for patients and their families. - the training program for oncology nurses is of extremely high value for both the nurses as well as the center. In addition, ESO's Clinical Training Centre programme, the Advanced Oncology study program and the Certificates of Competence for physicians and scientists boost both faculty and participants in their quest to become better professionals, not only knowledge-wise.
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: Yes. The ESMO/ASCO recommendations for a global curriculum in oncology set the framework of action for oncologists. Programmes based on these recommendations are of highest values with regards to patient-centred quality care.</p>

Faculty of Medicine, University of Ljubljana, Slovenia	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER</p>	<p>Response: We would suggest as a criterion for the training centre not only commitment to develop multidisciplinary cancer care but rather already established multidisciplinary cancer care, including all major specialities in oncology with regular site-specific MTB (multidisciplinary tumour board) meetings. In addition, a requirement for established multi-professional cancer care, including oncology nursing, psycho-oncology, nutrition specialists, etc. should be included. Providing care for all at least frequent cancers, might be a valuable selection point as well.</p> <p>Institutional requirements for training in medical oncology as defined by ESMO/ASCO global curriculum in Medical Oncology (www.esmo.org/career-development/global-curriculum-in-medical-</p>

<p>TRAINING PROGRAMME</p>	<p>oncology) and in Radiation Oncology as defined by IAEA (https://www-pub.iaea.org/MTCD/Publications/PDF/TCS-36_web.pdf) and ESTRO (https://www.estro.org/ESTRO/media/ESTRO/Education/ESTRO-CC-clin-4th-edition-April-2019.pdf; https://www.estro.org/ESTRO/media/ESTRO/Congresses/ICHNO/2021/Radiotherapy-CC-Cor2.pdf; https://www.estro.org/ESTRO/media/ESTRO/Education/recommended_core_curriculum-radiationtherapists-3rd-edition-2011.pdf), might serve as an examples</p>
<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response: As for the national level, we agree with the Steering committee proposal. We only suggest restricting rotation at the national level to the recognized national training centres and not just centres as such. As for the cross-border rotation we agree to keep it optional, but highly recommended! In addition, some international in person or even on-line education courses, could be a good substitute for in person rotations. Some educational courses, such as ESO courses are free for selected participants. Yet another possibility is to organise virtual multidisciplinary tumour boards with multinational participation of mentors and participants from various ISCTP canterers.</p>
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: To run high level educational programme the leader/programme director at each training centre or least at the nation level could be of major support. The director should be a senior oncologist with at least 10 years of practice in one of the oncology disciplines, working at comprehensive cancer center. For other mentors/tutors we believe that a speciality in particular discipline/profession with a minimum of 5 years of practice and current employment at the training centre would be sufficient.</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: We agree with the benefits as listed in the Discussion document. However, due to more or less uniform shortage of oncologists and other professionals all over the Europe, it would be necessary to provide payment or other form of “reward” for mentoring hours in the participating centres. We doubt that most canterers could provide mentoring as part of the regular work obligations of their professional staff. At our canter high value training in radiotherapy in accordance with ESTRO curriculum and training in medical oncology in accordance with ESMO/ASCO global curriculum, is carried on.</p>
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: ESMO masterclasses and fellowship programmes. IAEA courses, international and national, focused on individual areas of expertise/topics (the national course is usually organized according to the request of the Agency's national partners).</p>

Fundação Champalimaud	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME</p>	<p>Response: We agree with the above statements. A relevant question, however, is how centres will demonstrate the criteria proposed and what criteria INTERACT will set. Particularly, if there are too many applicants, or too many applicants from a particular region that may cause an imbalance in a pilot program, how will INTERACT evaluate these eligibility criteria? The presence of multiple relevant specialties at the centre? The methods of certification of learning? The experience that staffs heading the training program has had with training, namely in organising previous training programs, and their ranking at national level? These may be questions to be revisited, and we should be prepared to think of them.</p> <p>A second question, discussed in our previous zoom meeting, lies not only with eligibility per se, but with the range of centres INTERACT might wish to include and making sure that widely recognized centres in medical training are present, as well as a broad regional span of European participants, in particular from less central regions in the west and south of Europe, Eastern Europe and Scandinavia.</p>
<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response: Fortunately, in Portugal rotations within the trainee's hospital or other hospitals in the country are already part of the curriculum of both Radiotherapy and Medical Oncology, and therefore compulsory. As far as rotation in other countries is concerned, most Portuguese trainees already do it of their own initiative. Language problems usually do not arise, as everybody speaks English and, in many cases, French, Spanish (Castilian) and Italian. We believe that having a programme that facilitates cross-border training will be most productive both within and outside the specific specialty of training.</p>
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: Some seniority is required. In Portugal you can only be a tutor if you yourself have been a specialist in the field for at least 2 years. We think this is correct. Ideally the tutor should be a motivated specialist. The Portuguese medical association ("Ordem dos Médicos") runs a course for tutors every year.</p> <p>In our opinion the tutor should have a clear understanding of his/her role, and of the objectives of training, not only strictly technical skills, but also the general approach to cancer patients (management of patient's and relatives' expectations, for example). It is of course important, that tutors themselves are very aware of the importance of multi-disciplinary and international training. If INTERACT</p>

	<p>can provide ways to also train and keep tutors up-to-date this would be excellent. Not only in terms of organizing physical meetings and exchanges but providing resources. We should additionally take in account that, should INTERACT provide a relatively complex new set of synchronous or asynchronous learning tools, using Video and Information Technology, very clear training should be provided as an introduction for tutors. This with the understanding that often tutors and staff in charge of medical education have difficult schedules with clinical commitments and limited time available.</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: We agree with your first statement. Participation in INTERACT-EUROPE means that networking with other centers is easier, and that one's trainees can go to other centers, part of the network, more easily.</p> <p>A potential additional benefit that could be aligned with training programs are both the clinical and research interests and needs of different centres. That way training can be aligned with both building capacity across the continent and fostering better collaboration and research results – helping those that need to strengthen particular aspects of their training or clinical programs, and being a potential force for greater collaboration and stringer international research in the field, keeping Europe competitive and taking advantage of its diversity in both cancer care and research.</p>
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: The Portuguese training programmes in Radiotherapy and medical Oncology appear quite similar to the Italian one.</p> <p>Interact-Europe can provide excellent networking for trainees to travel to other countries.</p> <p>Having a session discussing the programmes you mention, and perhaps more distant programmes that may exist in the US, Canada, Australia, Japan and China and their advantages and disadvantages, and knowing about their experience could be interesting and may bring up features to include (or avoid) in our work ahead.</p>

Institut Curie	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY</p>	<p>Response: - We agree with the suggested eligibility criteria for cancer centres, namely demonstrate commitment to:</p> <ol style="list-style-type: none"> 1) Develop multidisciplinary cancer care 2) Provide appropriate mentor/trainee participation & certification (will be discussed in response to question 3)

CANCER TRAINING PROGRAMME	<p>3) Provide trainees with the time and support required to complete the programme</p> <ul style="list-style-type: none"> - We might suggest to add: provide a progress report / assessment of the programme
QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP	<p>Response:</p> <ul style="list-style-type: none"> - Yes, the 3 levels of rotation are very interesting, however level II and level III will require a higher degree of involvement and organization both for trainees and centers (organizing a visit/rotation to another center that might not be in the program and might thus be less willing to spare staff time, in addition to the potential language barrier / cost of short term relocation etc..) - Concerns: 1) might be difficult to set up level II and level III -> Rotations might be easier to set up as shadowing in the same hospital, however this restricts the outcome of the programme. 2) there will be a difference in the program if level II /III are covered, how will it appear on the certification -> will there be different certifications? - Experience: Institut Curie organizes university diplomas for physicians where clinical cases are discussed by medical staff of various specialties in a round table, although it is online it can be adapted to get closer to a virtual rotation. - We organize as well every year 4 international biological-medical courses focusing on cancer (such as Pediatric, Breast, Immunology, drug delivery in oncology, urothelial, radiotherapy), which cover up-to-date scientific and medical scope. Each course is organized over 2 to 5 days. The courses include a seminar from a patient or patient representative organization. This setting, which include already an intra-specialty scope in its medical focus, might be adapted to the program needs. - Suggestions: it might be interesting to set up a cross-border portfolio of clinical cases, and organize a comparative interactive study of healthcare management in various European countries. This might be adapted to cover topics such as health care benefits, ethics, inter-specialty teamwork, clinical research, supportive health care.
QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS	<p>Response: Considering the staff shortage in healthcare and the consequently overbooked agendas, it might be useful to consider alternatives to a program led according to a senior tutors/mentors scheme. Moreover, since the programme focuses on inter-specialty, it might be difficult to decide the discipline of the mentor.</p>

	<p>Learning by mergence in a team (team shadowing) might be more feasible; with a management of the training programme by the center training service/office.</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: The benefits listed for cancer centres appear reasonable.</p> <ul style="list-style-type: none"> - The addition of an institutional label / accreditation would be an asset. - Institut Curie leads / participates in several COFUND international PhD programme -> high value because <ol style="list-style-type: none"> 1) it enhanced by ten times the number of applicants for the PhD positions at Institut Curie, 2) it gave Institut Curie an international visibility that had not been reached earlier, 3) It allowed the development of a solid soft skills program paired with a coaching and career development program tailored for each PhD fellow. 4) It doubled the number of PhD fellowship available every year at Institut Curie (cofunded) 5) It contributed to Institut Curie being granted the Human Resources Strategy for Researchers (HRS4R) award. - Institut Curie is an ESGO Accredited Centre for Training in Gynaecological Oncology, this illustrates a European recognition of the high standard of training at Institut Curie, helping to have more visibility and attract excellent fellows. - Institut Curie organizes every year 12 to 14 international courses in oncology / cancer research (free of charge) that attract an average of 40 national or international participants. The courses are adapted to cover the most up-to-date topics, and are delivered by internationally recognized researchers and physicians, with the participation of patients representatives in medico-scientific courses. This contributes to Institut Curie's attractiveness and reputation of excellence, and is listed amongst our strong points when we apply for grants.
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: Compared to the listed programmes, the hallmark of INTERACT is being inter-specialty, developed for physicians as well as nurses and supportive care staff. It has thus probably to dig into transversal training resources, and tailor its program taking into consideration its diverse audience.</p> <p>The common feature of the staff that will most certainly benefit from INTERACT is that they will probably not have the possibility to allocate a lot of time to the program, considering the actual healthcare situation and shortage in Europe. It thus has to be efficient and straight to the point,</p>

	well thought of so as to be sustainable, and valuable to all participants helping them to be better equipped to interactively orchestrate their specialties and practice.
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Istituto Nazionale dei Tumori	
QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME	Response: Yes I agree. I would add to consider also a center as a place to generate also knowledge and skills on how to perform clinical research.
QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP	Response: yes I agree. In my center in the context of a department we have rotation programmes of residents and the platform is very efficient
QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS	Response: This is not a matter of age, but mentor/tutor should demonstrate they trained and mentored other people. I would like to see names
QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?	Response: The major benefit is the opportunity to have young people that will regenerate the center
QUESTION 5: LEARNING FROM OTHER PROGRAMMES	Response: Of course, I can suggest ESMO programmes

Doctor Kim Benstead	
QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME	Response: I very much support the concept of demonstrating commitment rather than having everything in place already as that will widen participation. I think it would be helpful to have a criteria about there being a team in the centre that are willing to deliver the training. This should consist of at least one surgeon, one cancer nurse, one radiation/clinical oncologist/medical oncologist (if the country has a clinical oncology set up then one clinical oncologist if they have separate radiation and medical oncologists then one of each) as a minimum and preferably a radiologist and nutritionist/dietician.

<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response: I agree that a variety of rotations should be possible as outlined. I think much of the course can be delivered online. It is important that we are clear about what competences in the curriculum cannot be acquired in this way and that rotations are designed to deliver this and are not just random experiences. In the UK trainees in some specialties have to undertake a workplace based assessment chairing an MDT. The curricula have been altered so medical and clinical oncologists do a joint first year of training undertaking posts in both specialties.</p>
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: I think tutors and mentors should be qualified specialists/cancer nurses. I think it would be preferable to ask for at least two years' experience as a specialist or as a cancer nurse. In the UK all trainees are allocated educational supervisors. Supervisors must have undertaken a specified training scheme and must attend annual updates. It is clear who they should ask for advice if they are unsure. I think it would be helpful to give the mentor/tutor access to the online learning that the trainees are undergoing so they are aware of what is in the course. They should have an induction course; written information regarding educational activities that can be undertaken to supplement the online learning and clear information about the competencies that should be addressed by a rotation to different departments. They should have access to a source of advice via email if they are unsure. They should be provided with annual updates/meetings. A national online meeting/discussion forum would be helpful.</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: The reflections on the benefits to cancer centres appear reasonable. I think induction courses and annual update courses for trainers/mentors should be accredited by ACOE supporting them to gain CME points. The annual update courses should include presentations by some teams of trainers from a variety of countries that have different economic environments on the good practice they have developed in their courses. There should be encouragement and support for trainers/mentors to undertake research projects on inter-specialty training if they wish.</p>
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: I think it is may be more practical for trainees to spend short periods e.g. 2 weeks, in another department and having an organised series of activities addressing competencies that cannot be acquired completely on line, e.g., a surgical trainee attending a radiation oncology department would attend new patient clinics, planning</p>

	<p>radiotherapy clinics, watch patients on treatment, attend on treatment review clinics , follow up clinics and an MDT with a specialist radiation oncologist. Thus for example in a year a radiation oncology trainee may spend 3 x 2 week periods with a medical oncologist, a surgeon and a cancer nurse. One might organise for the trainee to be hosted by a trainee in that specialty on the INTERACT-EUROPE course as well as by a specialist.</p>
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SJD Paediatric Cancer Centre Barcelona	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME</p>	<p>Response: -YES -Centers need to have a minimum caseload requirement and demonstrate they are leaders on the field -YES</p>
<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response: -YES - From my perspective, rotations are more beneficial and trainees take better advantage of them when they have a minimal training background from their Country of origin. In the case of Surgery and Pediatric Surgery in particular, rotations should take place once formal residency training programs are finished. - We started a specific 1y training Fellowship program in Pediatric Surgical Oncology 3y ago</p>
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: - Tutors should be Consultants experts on the field with no less than 5-10y of work experience. They will provide expertise in complex cases and can delegate in young consultants who work in the Tutor's team (less than 5y of experience) for the standard cases. - Tutors are usually Senior and expert Consultants with a lot of Clinical and administrative work. Sometimes they don't have time for good mentoring and this is a problem. It is very important that a team of Senior-young Staff performs mentoring.</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: -YES -Funding, visibility, recognition, influence on EU policy makers -ESO-SIOP Fellowship</p>

QUESTION 5: LEARNING FROM OTHER PROGRAMMES	Response: Major Scientific Societies should endorse these training programmes and at some point be recognized by UEMS and create a Board for examination/recognition.
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The Cancer Centre of Tartu University Hospital	
QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME	Response: We agree with the suggestions of eligibility criteria described in the discussion document. It is really appreciated to point out the need to provide trainees with the time and support required to complete the programme. Supposedly, it is worth adding some requirements for mentors, e.g., required accreditation/appraisal.
QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP	Response: We find it is reasonable to carry out rotation in three different ways. While cross-border level rotation is cost consuming, it would be most beneficial to learn from more advanced and experienced centres with long-term traditions and operating systems. National level rotation should be also strongly recommended.
QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS	Response: Mentor/tutor should be highly qualified and experienced in planning and co-ordinating trainee's education activities, which should be in accordance with the mutual understanding and goals. We expect mentor/tutor to create supportive open atmosphere with encouragement for learning. Mentor/tutor should be skilled in identifying the learning needs of the trainees and in guiding the trainees to achieve their educational goals. The number of the trainees per mentor/tutor should be limited to allow close personal supervision of the trainees. The training process assumes investment of time from both sides.
QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?	Response: We agree with all benefits mentioned in the document, especially bringing out the importance of the opportunity for a cancer centre to network and learn from counterpart cancer centres also taking part in the programme, both within country, and in other countries. There are different training programs for our medical personnel at institutional, national and international level. High value programme should include the following conditions as good learning environment, clear learning methods, structured programmes, and ideally be the combination of personal, experiential and practical training.
QUESTION 5: LEARNING FROM OTHER PROGRAMMES	Response: After familiarizing ourselves with the plans and goals of INTERACT-EUROPE we are more than sure that the

	initiative can create new education possibilities and connect links between existing training programmes.
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The European Oncology Nursing Society (EONS)	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME</p>	<p>Response:</p> <ul style="list-style-type: none"> • The three areas to commit are fine, one practical question we have is related to “certificate”. Could it be clearer if we say “a document to prove the completion of the training or certificate on completion of the training”. Certificate might be a bit confusing here. • We are wondering if there should be more specific requirements: number of trainer’s and mentors they could bring in the pilot, size of organisation (specialties), existing multidisciplinary teams, existing in-house training programme/system / fellowships/rotation opportunities and criteria, access to multidisciplinary training environments either existing or under development → cancer centres could be asked to provide information on the existing state, their facilities, resources and the aims of that particular centre and what they could provide for the IST • We are not sure if these are useful, but maybe worth to look at: https://services.anu.edu.au/files/guidance/examples-of-selection-criteria.pdf and https://www.cancer.gov/resources-for/hp/education
<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response:</p> <ul style="list-style-type: none"> • For cancer nurses we are not aware of any existing clinical rotation models/programmes. Often nurses are more encouraged to visit in other specialties/departments, but this means only days/week, not months. In some centres, they provide to individual nurses’ opportunities to change the workplace for some time, but these are not systematic rotation programmes. • For nurses, in-house, national rotation would most likely be more practical. ESO in collaboration with EONS have some fellowships opportunities, but only for 1 or 2 nurses/year (not enough for INTERACT). Time is an issue for nurses, as we have a severe lack of

	<p>nurses, only short visits (week or few weeks rotation) may be applicable.</p> <ul style="list-style-type: none"> • Across border rotation would be challenging as we do not have existing grants for so many, only few opportunities. Those who are students in a university might have access to Erasmus exchange (exchange between two countries, but it is still exchange between universities not between centres)
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response:</p> <ul style="list-style-type: none"> • Mentor/tutor needs and programme: clear written instruction and expectations (including agreement to commit on being a mentor), support, guided/supervised process, time needed, feedback (dialogue, two-way communication). Criteria to be created (degree, experience (senior, for example 5 years), CV, current position, English language proficiency etc.). We should also provide certificate for the mentor's to acknowledge their participation /input. (what is the weight of each criteria that is decisive for being a mentor?) • We need to be specific here as mentor / tutor can be two different roles. The Mentor will support the personal and professional development whereas the tutor will be responsible for the learning teaching and assessment. If we are thinking about tutors supporting the education and training in practice this needs to be spelt out. The Tutors/educationalist will be responsible for developing and supporting HCPs in practice but ensuring there is education to support the practice is key here closing the theory to practice gap. A skill/competency cannot be achieved without having the knowledge base. • This could be useful: https://moffitt.org/media/7239/clinical-mentor-roles-and-guidelines.pdf
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response:</p> <ul style="list-style-type: none"> • Maybe also in developing multidisciplinary care and collaboration (if not really existing when the training takes place). One benefit is also new contacts and network for the future (with NGOs, professional bodies/authorities etc).

	<ul style="list-style-type: none"> • Value will also be holistic approach to care that is evidence based • A new way of working that will ensure effective communications between HCPs in the future • In the end the main impact would be better care for people affected by cancer and how the care is delivered through interprofessional practice.
QUESTION 5: LEARNING FROM OTHER PROGRAMMES	<p>Response:</p> <ul style="list-style-type: none"> • No further comments at the moment, just to note that the project cannot coordinate other programmes (need to be an entity) • The pilot will build collaborate workings for other cancer centres to become involved.

The European School of Oncology (ESO)	
QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME	<p>Response: Agreed with the criteria suggested. Some additions to be considered</p> <ul style="list-style-type: none"> -demonstrate implementation at the institution level of multi-disciplinary care (long-term established multidisciplinary tumor boards, consultations) -demonstrate availability of all interconnected specialities involved, on top of classic surgery, radiation therapy and medical oncology (example: specialised nursing, psychological support, oncological pharmacists, early integration of supportive and palliative care, social services etc) -demonstrate commitment for continuous medical education after the end of training -demonstrate commitment to support research
QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP	<p>Response: Agreed with the principles described.</p> <p>Short intra institutional rotation of different professionals could be used to assess opportunities and threats of the model</p> <p>National rotation within centres should be encouraged.</p> <p>National rotation across centres should also be encouraged for a period of at least 6 months, as it entails less burden, but provide valuable experience.</p> <p>Cross- border level (across centres in Europe) should be highly recommended, for at least 3 to 6 months, for the added benefit of providing a different view of another system (financial support for the trainees, as well as support from the local institution, will be key to accomplish this type of rotation).</p>

<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: The profile of the mentor/tutor should include the following key needs</p> <ul style="list-style-type: none"> -good professionalism demonstrated by clinical achievements (position within his institution, recognition by peers...) -good understanding of the field with proved contributions (publications, books, presentations...) -good educational skills and experience in teaching/mentoring -good communication skills -proof of availability and to commit time for mentoring <p>The program should be based on a clear definition of the targets (what should the mentee achieve during the period?) and time period for the mentorship (6-12 months)</p> <p>Matching of mentors with mentees should be based on aligning the mentees interests with the mentors speciality and special interests.</p> <p>After matching, it might be good to require completing an initial questionnaire during their first meeting in which the mentor and mentee establish the aims and modalities of the partnership.</p> <p>Virtual meetings can and should be used, with at least a certain number of sessions that should be mandatory for both the mentor (to commit time) and the mentee</p> <p>Examples:</p> <p>ESCO (College of the European School of Oncology) Career advice via Mentorship programme https://www.esco.org/en/benefits/mentorship-programme/1-4926-1-</p> <p>ASCO (American Society for Clinical Oncology) Mentorship program https://www.asco.org/career-development/mentorship</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: Yes, the reflections are reasonable.</p> <p>Additional benefits:</p> <ul style="list-style-type: none"> -opportunities to develop partnership research outside the institution - learning from best practices applied outside the centre -strengthening the multidisciplinary team spirit -direct benefit from contribution of the trainees to the cancer centre activities (clinical, research, etc)
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: Besides the European School of Oncology (ESO) Clinical Training Centres Fellowship program already</p>

	<p>described, we can describe the more specialised Postgraduate program https://www.eso.net/en/what-we-do/postgraduate-programmes/1-5037-1-</p> <p>This is an ESO programme held in collaboration with certain Universities across Europe (University of Ulm, University of Zurich, Università della Svizzera italiana). We currently have Postgraduate programmes in the following: Breast cancer, Lung cancer, Lymphoma, GastroIntestinal cancer, Gynaecological cancer, Prostate cancer.</p> <p>Each programme is roughly 14 months long and contain some modules online and some seminars in person. At the end of the course there is an examination and on completion the participant is awarded a certificate from the university with ECTS credits. The interesting thing about these programmes is that they are open to different oncology professionals so it is already inter-speciality to some degree (nurses are not included but we plan to open a Postgraduate programme for cancer nursing in the future). At the moment you can find medical oncologist, surgical oncologists, radiation oncology, radiology, nuclear medicine or pathologists, etc in each cohort.</p> <p>The Breast Certificate is now on the 5th cohort, Lyphoma 6th cohort, Lung cancer 3rd Cohort whilst the others are in their 1st year. There is no clinical rotation in this programme but they are small groups of 25 participants from all over the world who study together for 14 months so they learn a lot from each other each other's discipline. Collaboration with the existing programs will be key to ensure good use of resources, avoiding duplication of efforts and unnecessary competition among programs.</p>
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The National Cancer Institute of Lithuania (NCI)	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME</p>	<p>Response: We agree with the proposed eligibility criteria and suggest adding the willingness of the Centre to serve a national node for inter-speciality cancer training organization and dissemination;</p> <p>NCI is a part of EAU EBU training program in urology. The eligibility criteria were related to professionalism in clinical level (diagnostic and therapeutic portfolio) and research level of main mentors (ISI WoS publications, grants, clinical trials).</p>
<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response: Institutional and national rotation to improve professional skills are ongoing in our country, but it was not done for the interdisciplinary training as far as I know. The</p>

	<p>main problem of small countries is the lack of large multidisciplinary cancer centres open for mentorship. In Lithuania, only one national cancer institute and two university clinics mainly provide all-spectrum cancer care. International training programs are popular among clinicians, but nursing staff rarely use this possibility due to the language issues.</p> <p>National Cancer Institute of Lithuania provides practical training for radiologists from all over the country, has some oncology training for nurses, but usually it is not an inter specialty training.</p>
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: Mentor/tutor for sure needs to be an expert in the field with some experience in educational activities. In ARQUS universities network we had a monthly mentors' club which helped a lot to resolve some basic problems and provided with the educational material on presentation preparation, novel teaching techniques, psychological aspects of tutoring and so on.</p> <p>From my point of view, ISCTP needs to prepare the general standards for the training courses - main topics, number of teaching hours, basic learning material. This will assist in ensuring more or less equal quality of the courses across the countries.</p> <p>Inter specialty training also means possible involvement of mentors from other professions, including geneticists, psychologists, physicists and others. Probably, some introductory lectures for the mentors will be needed for better understanding of the trainees needs.</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: Yes, participation in the ISCTP has a potential to rise the skills of clinicians, enhance productivity of multi-disciplinary teams and improve the quality of cancer care. Contacts between clinics will be established and European network of inter specialty training will be developed. It has a potential to improve the quality of medical studies in general, establish stronger contacts between different specialties.</p> <p>EAU-EBU training courses are organized each year in NCI. All specialties engaged in prostate cancer diagnostics and care prepare lectures, update they knowledge, communicate with colleagues from other hospitals and from other countries. It serves a multi-specialty forum on prostate cancer care.</p> <p>Besides, NCI recently joined BBMRI-ERIC network, the education through the visits to other hospitals and</p>

	biobanks also seems very valuable. We have a regular Molecular tumor board meeting organized online which allows the participation of experts from abroad and created inter specialty training platform on personalized medicine. Thus, from my point of view, online learning from the experts in field combined with the practical training and short visits to other centres makes the training courses attractive and valuable.
QUESTION 5: LEARNING FROM OTHER PROGRAMMES	Response: Yes, we agree that coordination of inter speciality training in oncology might be very valuable for improving quality an ensuring regularity of such training.

The Organisation European Cancer Institute (OECI)	
QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME	<p>Response: Suggestions of eligibility criteria considered to be the right ones: commitment of the centres is more important than a good infrastructure and procedures in place. We would suggest making the criteria smarter. What does “Demonstrate their commitment to developing multidisciplinary cancer care” mean? (Do they need to demonstrate that they already have Multidisciplinary team meetings, with the appropriate professionals participating)? Can this be formalised in that a centre should at least have MDTs for all tumour types? (In this day and age, this is really a minimum). What is “appropriate mentor/trainee participation”? Can this be formalised to xx% of xx and number/percentage of certificates along specialists working with cancer patients?</p> <p>At first it is probably better not to define too many criteria. Purpose is to include many centres throughout Europe. Too many criteria could limit centres.</p> <p>No knowledge of eligibility criteria for cancer centre participation in training programmes</p>
QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP	<p>Response: We would say that these different rotation requirements should all be used. In this way the curriculum benefits form all the advantages of different rotation methods. However, as stated, the rotation within the centre should be mandatory and the other two could be as stated, if possible. The cost burden for some centres for the cross-border rotation can be reduced by combining with for example congresses of ESMO, ESTRO, ESSO. And trainees have the possibility to learn in an expert centre. Therefore this part of the curriculum only should be given in a centre of excellence. Can be the first part of the curriculum.</p>

	<p>The National level (across centres) can be used to learn new perspectives from other centres. To keep learning.</p> <p>The National level (within the centre) is a part of the curriculum which is more frequent; this part of the curriculum emphasises preserving knowledge.</p> <p>No knowledge of good examples of clinical rotation programmes.</p>
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: What is important in our opinion: tutors/mentors should have a level of seniority, and years of experience, and the ability to guide others with these experiences. However, it is important, that they need to be provided with enough time and tools to educate their “students/trainees”. Not only centres, also tutors/mentors need to have commitment to their job of tutors/mentors.</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: Reflections mentioned seem very reasonable. Nothing to add.</p> <p>One thing that can be emphasised more is individual development of the knowledge and skills of multidisciplinary working of the trainees.</p>
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: There should not be a question around whether INTERACT EUROPE can create synergies, this should be a commitment. If there is no synergy or co-ordination with other programmes, or if there is overlap with existing training programmes, we think INTERACT would not be a success.</p>

University College Dublin (UCD)	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME</p>	<p>Response: Eligibility criteria for specialist medical training have been established and have been in place for many years for the training of medical oncologists, radiotherapists and surgeon in Ireland and are sufficiently rigorous at present.</p> <p>Agreement is required among the separate institutions, authorised to supervise such training, to participate in an inter-specialty component to the existing training programmes. As the momentum and support for the concept of inter-specialty training increases and as the INTERACRT-EUROPE project consists of a consortium of 33 organisations and partners across 16 EU member states and Switzerland, the implementation phase, proposed for INTERACT-EUROPE 2, will extend the eligibility criteria to</p>

	<p>the wider EU cancer institutions, a process that can be accelerated by accreditation by the Organisation of European Cancer Institutes.</p>
<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response: It is suggested that rotation requirements of interdisciplinary training involve a minimum of one month, in a single bloc, be spent in physical rotation to each of the other two specialties for all trainees in Medical Oncology, Radiotherapy and Cancer Surgery during their time as Specialist Registrars.</p> <p>Rotations should occur preferably during the mid-phase of the training programme rather than during the first or final years of training.</p> <p>It is important that trainees, when on rotation, are given appropriate clinical responsibility and involvement in the clinical programmes of the host department and are not treated as observers.</p> <p>The head of the host department should sign off on the proficiency of the rotating trainee.</p>
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: Each trainee should be assigned a mentor who would assess the progress of the trainee and ensure that their rotations outwith their primary specialty provides appropriate responsibility and training opportunities.</p> <p>Mentors should have access to regular <i>Train-the-Trainer</i> workshops such as those that will be provided on-line in the INTERACT-EUROPE programme and the appropriate training authorities (the Royal College of Physicians of Ireland for Medical Oncology, the Royal College of Surgeons in Ireland for surgeons who will treat cancer and the Faculty of Radiology of the Royal College of Surgeons in Ireland for Radiotherapy). Mentoring arrangements could be virtual.</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: Acknowledging the importance of further developments in cancer care, UCD strongly supports the policy announced in the European Commission's Beating Cancer Plan of 2021, indicating the importance of interdisciplinary training in the medical and also in the nursing professions to advance cancer care.</p> <p>UCD is pleased to note that cancer is one of the 5 EU Missions in Horizon Europe and identified as one of the greatest challenges faced by societies in the EU</p> <p>The value of inter-specialty training is that mutual understanding of each specialty will enhance the quality of multidisciplinary meetings, thereby improving decision-making at critical points in treatment and thereby enhance the care of patients.</p>

	<p>Additional benefits include better dialogue and communication among specialists and with patients and also promotes the potential for international exchange of trainees and specialists across the EU.</p> <p>The development of a curriculum with the 130 specified competence devised by INTERACT-EUROPE and based on the CanMeds framework, will be of value to all involved in programme development in the training of cancer specialists and will facilitate consistency of standards among training institutions throughout the EU.</p>
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: It is important to acknowledge the merits and quality of existing training programmes.</p> <p>INTERACT-EUROPE does not seek to replace or supplant the programmes already in place. Rather it aims at refining and enhancing programmes by improving understanding and appreciation of the value and limitations of each modality of treatment and their respective advantages and disadvantages in the sequencing in the treatment of patients with cancer.</p> <p>International dialogue and communication can be developed enormously by the INTERACT-EUROPE programme. The proposed structure is consistent with the ideals of a university in promoting scholarship, collaboration and innovation and exchange of expertise across all Member States in the European Union.</p>

University of Cyprus	
<p>QUESTION 1: ELIGIBILITY CRITERIA FOR CANCER CENTRES TO PARTICIPATE IN THE INTER-SPECIALTY CANCER TRAINING PROGRAMME</p>	<p>Response: We agree that an EU inter-specialty cancer training programme is the way forward. With regards to the Eligibility Criteria see revisions of phrasing:</p> <p>Centres</p> <ul style="list-style-type: none"> - Demonstrate their commitment to developing multidisciplinary cancer care within the centre, and their associated network if relevant including with the professions in focus of the inter-specialty cancer training programme (cancer centres, hospitals of general medical focus, universities) - Demonstrate their commitment to the provision of appropriate mentor/trainee participation, including certification of learning by the trainee - Demonstrate their commitment to providing trainees with the time and support (including financial i.e., fees for courses) required to complete the programme

<p>QUESTION 2: ROTATION REQUIREMENTS ASSOCIATED TO THE ISCTP</p>	<p>Response: No further comments or concerns re Rotation level i) ii) and iii).</p>
<p>QUESTION 3: UNDERSTANDING THE NEEDS FOR TUTORS AND MENTORS</p>	<p>Response: In addition to what is described already in the profile of tutors/mentors, an important parameter is to ensure that they have the time to devote to the endeavour! The higher the seniority the more difficult it will be to devote a significant amount of time. One idea might be to involve both senior and more junior tutors so there is a balance and sufficient coverage of the needs of the trainees.</p>
<p>QUESTION 4: WHAT BENEFITS CAN BE UNDERSTOOD FOR CANCER CENTRES FROM PARTICIPATION?</p>	<p>Response: Reasonable benefits. For small countries like Cyprus interaction with bigger cancer centres and exchange of experiences/ practices is important so networking and learning from counterpart cancer centres is the key aspect in the programme.</p>
<p>QUESTION 5: LEARNING FROM OTHER PROGRAMMES</p>	<p>Response: Agreed</p>