

Medical oncology: the long-awaited prize of recognition

A milestone in the history of medical oncology was achieved on 3 March 2011, when the European Commission announced that the discipline of medical oncology is now included among the professional qualifications covered by the European Union (EU) Directive 2005/36/EC. Going beyond the jargon of political documents, this means, in very simple terms, that medical oncology is now mutually recognized as a medical specialty throughout the EU. As the European Society for Medical Oncology (ESMO), we have every reason to celebrate an achievement we have been working toward since the founding of our Society in 1975. Advancing the art, science, recognition, and practice of medical oncology is at the very heart of ESMO's mission and all ESMO Presidents and Executive Committees continually kept the goal of recognition at the top of their agendas. They were fully supported by ESMO Officers and members alike. European cancer societies and their federation, the European CanCer Organization (ECCO), also rallied behind us. The international oncology community backed us as well. As the voice of the medical oncology community, ESMO is deeply grateful to everyone who supported us to achieve the status and respect that our discipline deserves. Our united efforts finally were rewarded. Medical oncology is now stronger in Europe.

As a bit of history, on innumerable occasions, in both public and private meetings, ESMO pointed out that the discipline of medical oncology refers to one of the three modalities by which cancer is treated, and today is increasingly cured. In light of this fact, we could not understand why we were encountering so many obstacles in officially sanctioning such an obvious state of affairs. We continually stressed that multidisciplinary is the key word in cancer treatment, and that the medical oncologist plays a pivotal role in the clinical team treating cancer patients. As the internist in that team, the function of the medical oncologist is reflected in the original name of our society 'Société de Médecine Interne Cancérologique', and our role in patient care goes even beyond one of the modalities of cancer treatment.

Technically speaking, the inclusion of medical oncology among the disciplines covered by the EU Directive grants automatic recognition of professional qualifications of EU medical oncologists in other EU countries. This replaces previous requirements of tests or training periods enabling a medical oncologist from one EU country to work in another under the same conditions. Needless to say, the advantages of recognition represent a big step forward, especially for young medical oncologists wishing to exercise their profession outside their home country.

While lobbying for the recognition of medical oncology by ESMO may have been seen as 'trade union' issue by some, our society actually strived to obtain the larger public good of improving patient outcomes through the delivery of optimal treatment and care by 'recognized' professionals. In addition, the automatic recognition of the professional qualification helps to address a workforce shortage of medical oncologists, by allowing them free movement across EU borders. Furthermore, the mutual recognition should also help attract more medical students to choose our profession. For patients, the mobility of professionals may diminish their need to travel abroad to obtain health care not available in their home country. Recognition thus supports a major goal of ESMO: to decrease inequalities in cancer care. There are many determinants of such inequalities: one example, today, is variable reimbursement models of new therapies across the EU, which is particularly alarming in a time of economic crisis and rising health-care costs. Indeed, the free movement of medical oncologists will contribute to the harmonization of how medical oncology is practiced in the clinical setting, thus spreading best practice and improving the quality of cancer care for the benefit of our patients. So all in all, recognition of our specialty has made professionals, patients, and European health-care system winners in many respects.

Application of the EU Directive is not without its limitations. Benefits will apply to those medical oncologists whose training lasted at least 5 years. This means it will benefit younger colleagues prospectively, not retrospectively. Establishing and agreeing upon a standard training period in Europe proved to be one of the main reasons for the delay in obtaining the recognition. ESMO provided the EU authorities with the *ESMO-ASCO Recommendations for a Global Curriculum in Medical Oncology*, outlining training duration and content. However, in some EU countries, the training period is shorter, which is why these countries were not supportive, although in principle they were strongly in favor of recognizing medical oncology as a distinct medical discipline. In fact, some EU countries shifted to a 5-year training period only recently, while it is expected that most others will make the transformation progressively. While possibly supportive of our efforts, for a variety of reasons, nine EU countries will not immediately endorse the inclusion of medical oncology under the Directive, although we hope they will do so in the near future.

ESMO's mandate has been achieved and a tool for automatic recognition of professional qualifications is now in place at the EU level. Now it is the turn of national oncology societies to

Dear colleagues and friends,

It was my privilege to be ESMO President at the time of this announcement, but every ESMO President, without exception, has brought ESMO one step closer to realising this goal.

Since the founding in France in 1975 by George Mathé and Maurice Schneider, it has been ESMO's ardent goal to achieve the recognition of medical oncology throughout Europe. Silvio Monfardini, Italy (1985–1987), continued Mathé's and Schneider's efforts and actively pursued the establishment of medical oncology as an officially recognised specialty with a well-defined training curriculum. Herbert Pinedo, Netherlands (1988–1989), established ESMO national representatives in each European country to support recognition on a national basis. Hernán Cortés-Funes, Spain (1990–1991), initiated the ESMO examination in medical oncology to measure professional qualifications. In 1990, Franco Cavalli became Founding Editor of *Annals of Oncology* to keep medical oncologists on the cutting edge of new research developments. John Smyth (1992–1993), continued to pursue the recognition of medical oncology as a full specialty within the European Community. Contact with the European Union of Medical Specialists (UEMS) was established, and ESMO was referred to the European Commission's Advisory Committee on Medical Training. Jean-Pierre Armand, France (1994–1995), was invited to serve on the UEMS General Board, and in 1995, medical oncology was accepted as an associate section of general internal medicine. Under his presidency, the ESMO-MORA program for continuing medical education for medical oncologists was born. Heine Hansen, Denmark (1996–1997), laid the foundations for work in Central and Eastern Europe and for publishing the Global Curriculum in Medical Oncology, a document outlining for the European Commission the need for specialised training and official recognition of our specialty. Dieter Hossfeld, Germany (1998–1999), continued discussions with UEMS and worked closely with ACOE as the ESMO representative on this European educational accreditation body. The establishment of ESMO Clinical Practice Guidelines set clinical treatment standards for medical oncologists in need of official recognition within the multidisciplinary oncology team. Maurizio Tonato, Italy (2000–2001), launched the MOSES survey to document the status of medical oncology in Europe and underscore the need for a qualified and well-trained professional workforce. Heinz Ludwig, Austria (2002–2003), pioneered the ESMO Patient Seminars. The seminars enhanced the patient–physician relationship and raised patient awareness of the importance of being treated by recognised professionals. Paris Kosmidis, Greece (2004–2005), sought to guarantee the future of young medical oncologists and intensified ESMO's lobby for recognition at both the national and EU level, meeting on several occasions with high-level representatives from the European institutions. Håkan Mellstedt, Sweden (2006–2007), strengthened the lobby for recognition on a national level and worked closely with EU presidencies, demonstrating the pivotal role of medical oncologists in all aspects of cancer from prevention and research to treatment and aftercare. José Baselga, Spain (2008–2009), worked strategically and relentlessly on ESMO's lobby in key EU Members States and with the European authorities.

In the final stretch before the finish line, special recognition goes to Adamos Adamou (MEP from Cyprus), Emilio Alba (President of the Spanish Society of Medical Oncology), Paolo Casali (Italy), and Hans-Joachim Schmoll (Germany) for their support to overcome significant obstacles at both national and European levels, which could have postponed recognition indefinitely.

Needless to say there are scores of other individuals who helped and supported ESMO in this process and we are deeply indebted and grateful to every single one of them.

Of course, all these people have worked with such commitment for the advancement of medical oncology for one simple reason: As ESMO members, we believe that such advancement will improve patient care and patient outcomes.

The free movement of medical oncologists, now codified by the Directive, will be beneficial in addressing the growing cancer burden, allowing us to cope with potential labour shortages more promptly. Indeed, the global shortage of health-care workers and the need to reduce the inequity in their distribution between developed and developing nations, has been a key theme of a series of major meetings organized by the WHO and the UN. The meetings are leading up to the forthcoming UN General Assembly on the Prevention and Control of Non-communicable Diseases, in which I have been proud to lead ESMO's contribution. New global strategies for combating cancer and other chronic diseases will help us find better ways to educate and motivate the oncology workforce. Moving forward, we need to give more weight to prevention, and not only play to our existing strengths in disease management.

By working together, using science and knowledge to inform our decisions, and considering the needs of all cancer patients, be they in developed or developing countries, we have the possibility to shape all of our futures for the better.

David J. Kerr, ESMO President

convince their own health authorities to comply with the Directive. ESMO will of course be there to lend guidance and support, where needed. However, it would be a mistake to assume that this task will be an easy one. Compliance may not

be just a matter of political or administrative choices. Indeed, there may be a need to harmonize the practice of our profession across Europe. Cultural issues may exist and countries may differ concerning the way multidisciplinary treatment is

organized, which medical professionals are responsible for the three cancer treatment modalities, and what skills and tasks are required of a medical oncologist. There should not necessarily be a single solution that prevails over all others, and flexibility should be left for heterogeneity where appropriate. However, we, as the community of European medical oncologists, should openly discuss and debate these issues not only within our scientific meetings but also through dedicated forums. We should think about our profession and our role as clinicians in today's complex oncology scenario. Indeed, living and working within a union of European countries, we differ from the United States of America, where a single clinical oncology society can represent a large community of professionals. The rich but diverse culture and history of Europe adds another dimension to the complexity of consensus on views and practices. Ready for the next step forward, ESMO is forging closer partnerships with all European national oncology societies, embracing their needs and engaging their support.

So, after all is said and done, let us celebrate together the long-awaited prize of recognition of our specialty, achieved in

principle and in practice. We know there will be uphill roads ahead as we unmask constraints in the implementation of the revised EU Directive. We know it will not be easy to question the way we see our own professional role in the context of clinical oncology, both in Europe and worldwide. However, we do know that, as an ESMO community, we stand united to rise to the occasion and resolve the challenges that lie ahead.

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disclosure

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