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II

(Acts whose publication is not obligatory)

COMMISSION

COMMISSION RECOMMENDATION

of 8 November 1989

concerning the training of health personnel in the matter of cancer

(89/601/EEC)

I. Cancer is a disease on which there has been a great deal of action, both public and private, for many years. This action has covered many aspects, including research, prevention, screening, treatment, and the counselling of patients and their families. Our knowledge about the disease and its management has advanced considerably, but cancer remains one of the biggest causes of death in modern society.

The initiative taken at the European Councils of June 1985 in Milan and December 1985 in Luxembourg was innovative in that it was the first time that a specific disease had been singled out for a broad attack at European Community level. The results already obtained in pursuit of the 'Europe against cancer' programme have confirmed that the initiative was justified, in particular in the field of the training of health personnel.

II. In order to facilitate the mutual recognition of diplomas, certificates and other qualifications between Member States, as provided for in Article 57 of the EEC Treaty, the Council, by successive Decisions, set up the Advisory Committee on Medical Training⁽¹⁾, the Advisory Committee on Training in Nursing⁽²⁾ and the Advisory Committee on the Training of Dental Practitioners⁽³⁾. The Advisory Committees are the authoritative sources of advice on professional training of health personnel to the Commission and to the Member States at Community level.

At the request of the Commission and on the basis of the recommendations of the committee of cancer experts, their contribution to the 'Europe against cancer' programme has been to review how the subject of cancer

is taught to members of their professions, at all levels in their training, and to make recommendations for improving such training. The Advisory Committees carried out their reviews during 1987/88, and have now adopted the enclosed recommendations which constitute the practical application of the first action programme (1987 to 1989) on the training of health personnel (measures 51 and 52)⁽⁴⁾.

III. The Commission attaches considerable importance to the recommendations of the three Advisory Committees, which have underlined the value of looking at training collectively at Community level, and of generating ideas for bringing about improvements while respecting national competences and academic freedom.

All the specific recommendations by these advisory committees should be the subject of wide-ranging debate among those responsible at national and regional level in each Member State.

For its part, within the framework of its responsibilities and the available funds, the Commission intends to propose as part of the second 'Europe against cancer' programme (1990 to 1994) measures which can contribute at Community level to improving training in cancer of those belonging to the health professions.

In particular, measures should be undertaken to encourage the mobility between the Member States of such persons, the exchange of experience in the area of prevention, treatment and terminal care, the collection and exchange of teaching materials of interest at Community level and the establishment of pilot European networks of medical, nursing and dentistry schools.

⁽¹⁾ Decision 75/364/EEC (OJ No L 167, 30. 6. 1975, p. 17).

⁽²⁾ Decision 77/454/EEC (OJ No L 176, 15. 7. 1977, p. 11).

⁽³⁾ Decision 78/688/EEC (OJ No L 233, 24. 8. 1978, p. 15).

⁽⁴⁾ OJ No C 50, 26. 2. 1987, p. 1.

IV. The Commission intends to work together with the responsible authorities and training establishments in the Member States in the future development of ideas and recommendations relating to the training of health personnel in matters concerning cancer. In this context, the Commission will encourage from 1990 an examination of progress recorded in the Member States as regards the practical implementation of the recommendations.

The Commission, believing that the attached recommendations on training in cancer adopted by the Advisory Committee on Medical Training, the Advisory Committee on Training in Nursing, and the Advisory Committee on the Training of Dental Practitioners, constitute a good basis for the widest possible discussion in the Member States, makes the following recommendation pursuant to the EEC Treaty, and in particular the second indent of Article 155 thereof:

The Commission recommends that the Member States, their competent authorities and their establishments responsible for professional training make every effort to ensure, in accordance with their respective competence, that these recommendations are widely distributed, discussed and implemented.

This recommendation is addressed to the Member States.

Done at Brussels, 8 November 1989.

For the Commission

Vasso PAPANDREOU

Member of the Commission

*ANNEX I***RECOMMENDATIONS****of the Advisory Committee on Medical Training**

1. The training of doctors in cancer should be vigorously advanced by both teaching and research in the subject.
 2. Each medical school should have an undergraduate teaching programme in cancer. Coordination of this programme is of critical importance, and should be implemented.
 3. The vital role of the general practitioner both in the prevention and early diagnosis of cancer should be recognized and developed in all possible ways.
 4. General practitioners should receive specific training in those aspects of the care of cancer patients particularly relevant to general practice, such as screening methods, counselling, appropriate methods of treatment, rehabilitation and terminal care.
 5. Trainees in all relevant disciplines should receive appropriate teaching in the biology of neoplastic disease and in the scientific and clinical basis of treatment.
 6. In those countries where oncologists are recognized, agreement should be reached on minimal objectives and requirements for the training of such specialists.
 7. The principles of epidemiology should be taught at all levels of training.
 8. All postgraduate trainees should have opportunities for gaining experience in both basic and clinical research.
 9. The importance of inter-disciplinary cooperation in the care of patients with cancer should be recognized and encouraged in all relevant disciplines.
 10. Efforts should be made to coordinate the activities of cancer institutes, specialist and scientific societies, universities and all types of hospital both in regard to clinical training and cancer research.
 11. Modern teaching techniques should be used whenever appropriate at all levels of training.
 12. More advantage should be taken of existing opportunities for promoting the interchange within the European Community of teachers, undergraduate students, postgraduate students and research workers.
 13. All those responsible for planning programmes of continuing medical education should ensure that the subject of oncology receives appropriate emphasis. Particular attention should be given to the needs of doctors who, by nature of their isolated practice, do not have easy access to institutions providing continuing education programmes.
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*ANNEX II***RECOMMENDATIONS****of the Advisory Committee on Training in Nursing****I. BASIC TRAINING**

1. Basic training of nurses should include in a systematic and global way the prevention of cancer, participation in detection and diagnosis, identification of the problems of cancer patients and responding to their specific needs, the administration of anti-cancer therapy programmes, participation in rehabilitation as well as the care of patients in the terminal stage of their illness, and the care of the family of cancer patients.
2. The training of nurses in the care of cancer patients should be based upon a nursing model adapted to the situation of such patients. It should serve as a framework for organising the actual training in accordance with clearly established teaching objectives. The objectives of nursing care are identifying and interpreting the needs of the individual, and responding to them in an appropriate and personalized manner. Nurse training should react to these objectives and should prepare the nurse to practice his or her profession in a responsible manner. Nurses should therefore have the capacity to take decisions, resolve problems, assess their actions and to adapt themselves to the particular situations of patients and to the evolution of knowledge.
3. Together with the other professionals concerned, nurses should participate actively in action programmes against cancer, collaborate in informing and educating the general public about the positive benefits of prevention, screening and detection, and the early treatment of cancerous conditions. To fulfill this task nurses through their own training must acquire a positive attitude towards this very real social problem and should equip themselves, with a sound base of knowledge which they can use in their clinical training.
4. Given the speed of developments and discoveries, as much in the level of understanding of physiological processes and mechanisms as in diagnostic and therapeutic techniques, basic training must provide nurses with the substantial tools to enable them to make use of their knowledge and practical skills, and to reinforce their ability. It is a question of a dynamic process, in a constant state of evolution.
5. The teaching materials that cover the prevention, screening and treatment of cancer, the fruit of work carried out in teaching establishments and cancer research and treatment centres, must be developed and a European Community network set up for the exchange of information so as to make the best possible use of human, material and financial resources.
6. The basic training must prepare nurses for interdisciplinary tasks, for team work is essential in patient care and even more so in the case of cancer patients.

II. POST BASIC TRAINING**A. Continuing education**

1. Continuing training courses that deal with cancer care should be made available to as many nurses as possible by setting up organizational procedures that can adjust to personal and professional constraints. The organization of these activities should be encouraged and the resources necessary for their realization should be found.
2. Continuing education in the field of cancer care must not be developed as a way of making up for gaps in basic training; it must be an extension of basic training, taking account of prerequisites and exploiting acquired experience. The courses must comply with adult education principles.
3. In the context of cancer care the objectives of the continuing training programmes are to update acquired knowledge, reinforce it on specific aspects and stimulate and promote reflection on nurses' actual professional experience with cancer patients. The course content must not therefore be limited to passing on theoretical information on pathology and diagnostic and therapeutic methods, but must also cover relationships and personal and ethical questions which nurses have to face in their daily work with cancer patients.

4. Both the conditions of access to continuing training courses and the structures used must be very flexible. Distance learning should be promoted, and the Committee recommend that the exchange of knowledge, experience and teaching materials be encouraged at Community level. It is in fact complementary to group sessions and leads to a more effective use of the knowledge acquired.
5. The requirements and expectations of the nurses concerned must be carefully analysed before any continuing education programme is set up. Common training courses drawn up by nurses having special experience of caring for cancer patients and fighting cancer in cooperation with other professionals could be developed and distributed in the various Member States. Such programmes would not constitute sets of rules, but serve as scientific references for the national authorities wishing to introduce such training. Such training courses should make the maximum use of modern teaching technology.

B. Advanced training

1. Improving the quality of the care provided for cancer patients is a priority. It is therefore essential that nurses who have completed high level training in cancer care should take part in the research carried out in this field, fulfilling an advisory role in the departments concerned and providing special training for nursing staff.
 2. This advanced training in cancer care should be at the highest appropriate level. The general and specific objectives of such a training programme and its contents should be drawn up by a group of expert nurses in cooperation with other professionals and form a common core for the Member States. Specialized centres should be associated in the implementation of these high level programmes.
 3. The content of the training should not concentrate only on the acquiring of theoretical medical knowledge ; it must also incorporate human relations and the acquiring of skills in managing teams of nurses responsible for cancer patients. The theoretical teaching must be supplemented by suitable clinical teaching, preferably in hospital departments or other centres specialized in cancer care.
 4. In the course of the advanced training the student should take part in research work in the field of cancer nursing. Publication of work in this area should be promoted and stimulated.
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*ANNEX III***RECOMMENDATIONS****of the Advisory Committee on the Training of Dental Practitioners**

1. Objectives and guidelines should be drawn up at European Community level on the content of a core curriculum upon oral precancer and cancer for undergraduate dental students⁽¹⁾.
2. Consideration should be given to the use (in whole or part) of these objectives and guidelines for the teaching of these same subjects to undergraduate medical students.
3. The basic dental curriculum must equip the general dental practitioner to play a major role in prevention, and in the early detection and diagnosis of oral malignancies so that treatment may be initiated at as early a stage as possible.
4. Emphasis should be placed upon clinical experience during basic training. To this end, where necessary, dental faculties should collaborate closely with medical services to ensure that dental students obtain access to a wide range of patients with malignant disease. At all major centres for the treatment of cancer there should be a dentally qualified specialist with particular knowledge of oral oncology.
5. There should be developed urgently at European Community level continuing dental education courses on oral precancer and cancer.
6. Similarly, consideration should be given to developing at Community level common teaching material in oral precancer and cancer, possibly in association with the medical profession.
7. The three action programmes set out in the Appendix should be implemented as early as possible in all Member States.

⁽¹⁾ The Advisory Committee has made explicit proposals for such objectives and guidelines (Doc. III/D/886/3/88).

*Appendix***Action Programme No 1**

National dental associations in all Member States should give consideration to the desirability and feasibility that on one day or more in 1989 citizens in accepted risk groups for oral precancer and oral cancer should be offered a free examination of the oral cavity and associated regions by general dental practitioners.

Action Programme No 2

The national bodies in the individual Member States responsible for continuing dental education should in 1989/90 arrange a national meeting upon oral precancer and oral cancer with emphasis on early diagnosis and prevention as the main theme of the meeting. The meeting should be open to all dental practitioners.

National dental journals should be fully involved in propulgate to the profession current knowledge on oral precancer and cancer.

Action Programme No 3

The national dental associations of the different Member States in cooperation with national cancer organizations and dental schools should prepare informative material for the general public with emphasis on early signs of oral precancer and oral cancer and prevention of oral precancer and oral cancer.
