

**EVALUATION OF**

**CANCER CARE NOVA SCOTIA**

**April 23, 2001**

## TABLE OF CONTENTS

	<b>PAGE</b>
Preamble.....	2
Mandate of CNSS.....	2
Accomplishments to Date.....	3
Assessment.....	4
Governance.....	4
Leadership.....	5
Provincial Cancer Site Teams.....	6
Information Management & Patient Registry .....	7
Prevention.....	9
Screening.....	9
Managed Systemic Therapy.....	10
Standards of Care.....	11
Research .....	11
Patient Navigation .....	12
Evaluation of Performance .....	13
Education .....	14
Human Resources .....	15
Summary and Conclusions.....	15

## **PREAMBLE:**

Cancer Care Nova Scotia [CCNS] was created in 1998 in response to concerns expressed throughout the decade of the nineties about the quality of, and particularly the access to, cancer care in the province. The mandate given the CCNS was to assure integrated, quality cancer care to all persons in Nova Scotia that would be independent of the home community of the afflicted individual. It was decided that CCNS would not be a care provider but rather care would continue to be provided through existing health care structures. CCNS recruited a leader, hired staff and began to institute changes to the existing systems. The current evaluation was requested by CCNS as a mid-course assessment of the plan of implementation.

The evaluators included Dr. David McCutcheon, President and CEO of Sunnybrook and Women's Health Science Center in Toronto, Mr. Brian Schmidt, COO of the BC Cancer Agency and Dr. Eldon R. Smith, Professor and Former Dean at the University of Calgary [Chair]. Following discussion between the administration of CCNS and the Chair, an extensive range of written materials were provided to the team members who subsequently met by conference call in late November 2000. At that time, certain other materials were requested and received. Dr. Smith subsequently spent one day in Halifax in mid December meeting with the Cancer Commissioner Dr. Andrew Padmos and with Theresa Marie Underhill as well as other key individuals at Dalhousie University, the Department of Health and at the Queen Elizabeth II Health Sciences Center. The results of that visit were summarized and provided to the other evaluators. Subsequent conference calls were held with Dr. Padmos and Ms Underhill and later with Mr. Robert Smith, CEO of the Capital Health District [QEII Health Sciences Center] who was not available to meet with the evaluators during the site visit which took place on February 12-15, 2001. During the site visit, the team met with a cross section of stakeholders as reflected in the agenda attached as Appendix I.

The evaluators wish to acknowledge the outstanding co-operation of Dr. Padmos and Ms Underhill in the arrangements for the evaluation. We also wish to acknowledge the efforts of Belva Mills in coordinating all aspects of the conference calls and the visit which were accomplished with efficiency and convenience. The evaluators also wish to express their appreciation to all those interviewed who contributed to our understanding of the issues in a frank and open manner.

## **THE MANDATE OF CANCER CARE NOVA SCOTIA**

In 1993 the Metropolitan Hospital Advisory Committee [Halifax] tabled a report to the Nova Scotia Department of Health identifying a number of serious issues with the provision of cancer services in NS. In 1996, a government appointed committee under the chairmanship of Dr. Rick LeMoine reported to Deputy Minister of Health and

recommended the establishment of an independent organization referred to as Cancer Care Nova Scotia that would be charged with ensuring the provision of comprehensive, integrated and accountable cancer services to the people of NS. The recommendations included that there be a government appointed Board of Directors who would report to the Minister of Health on all matters related to the quality and availability of cancer care services. The report specifically recommended that the organization not be involved with service delivery but rather that the emphasis be on assessment of quality, registry function and workforce needs. It was further recommended that the Board of CCNS recruit a CEO responsible to the Board.

Government responded to this report and accepted most of the recommendations and in 1998, CCNS was established. Government did not accept that there be an independent governing board but rather appointed a board that was designated as advisory to the Minister of Health. Initially, the Board was intended to be composed of approximately 15-18 members but this expanded through government appointment to a number in excess of 35, with representation from all the major stakeholders. Government also decided to invest authority for auditing the quality of cancer care services in a Cancer Commissioner who would report directly to the Deputy Minister of Health rather than to CCNS.

In order to attract a worthy candidate, a position was created that included Cancer Commissioner, Head, Cancer Care Program at the QEII Health Sciences Center [HSC] and Associate Dean for Oncology at the Faculty of Medicine at Dalhousie University. In 1998, Dr. Andrew Padmos was recruited to these positions and CCNS was established with an annual budget that has increased to approximately \$4 million per year. Ms Theresa Marie Underhill, who had extensive experience in health administration with both the provincial and federal governments, was recruited as the chief operating officer for CCNS

## **ACCOMPLISHMENTS TO DATE**

Very impressive progress has been made by CCNS in the provision of cancer services in NS. Under the leadership of Dr. Padmos, a successful recruitment campaign for medical and radiation oncologists was undertaken such that NS now has in place a reasonable complement of these specialist. Major integration of services has been achieved at the QEII site, and there has been significant impetus given to the organization of cancer research. A series of outreach clinics have been established and a pilot project is underway to allow patients to receive systemic anti-cancer therapy in their home communities. This is part of a progressive proposal for District-based cancer care that has recently been developed and will soon be implemented. Cancer Site Teams have been established although at this time these remain primarily focused in Halifax. These groups have been charged with the responsibility to develop practice standards and guidelines for care for the province for each tumour type. CCNS has also investigated the epidemiology of various cancers in Cape Breton County and sponsored the development of documents on the costs of tobacco and of obesity in NS. Thus, considerable progress has been made toward the development of a broad, integrated program of cancer control encompassing

elements of prevention, early detection, diagnosis, treatment, supportive and palliative care, research and education.

Overall, the input received by the evaluation team was very positive concerning the impact of CCNS in just over 2 years. Much of the credit for this is given to Dr. Padmos and his staff. Dr. Padmos is widely seen as a passionate champion for cancer care, an effective communicator and team builder. All agree that much has been accomplished but that there is still much to achieve.

## ASSESSMENT

In order to provide comment on the many roles of CCNS, we have elected to structure the report such that we will comment on the strengths, followed by concerns, followed by recommendations for each function of jurisdictional cancer control programs operational in other regions of Canada.

To begin, it is appropriate to comment on the need for CCNS. Most other Provinces of Canada do have provincial programs that are responsible for the provision of integrated cancer care. This is considered to be essential if the patients are to receive appropriate evidence-based diagnostic and treatment services in a timely fashion from the many specialities, professional groups and organizations/institutions involved in cancer care. Based on our reading of the materials provided to us, the input received during the site visit and our knowledge of other systems, we strongly believe that Nova Scotia needs a provincial cancer control program. CCNS was established because serious deficiencies had developed; progress has been made and the mandate should be continued and strengthened.

### GOVERNANCE:

**Strengths**—The initial board appointees have served CCNS well in supporting the implementation of the CCNS mandate. Particularly noteworthy has been the leadership and dedication of Ms Peggy Davison as the inaugural Board Chairperson.

**Concerns**---The Board of Directors of CCNS was appointed in an advisory role to the Minister of Health. The Cancer Commissioner, charged with the responsibility to implement the CCNS mandate does not formally report to the Board but rather to the Deputy Minister of Health. The Board has expanded from the originally intended 15-18 to more than 30 members making this a rather unwieldy structure. Initially the Board members were appointed for a period of 14 months but this has been indefinitely extended. Many Board members believe that they have now completed their terms despite the fact that no renewal process has been developed. We understand that certain Board members have resigned because of frustration with the structure of CCNS.

### Recommendations:

- 1.1 CCNS should have a governing board constituted under appropriate provincial legislation accountable to the Minister of Health for a provincial program of cancer control services. The Board should be responsible for developing and monitoring appropriate strategic initiatives to meet the mandate of CCNS.**
- 1.2 The Board size should be capped at 12-15 members who should be representative of the geography and diversity of Nova Scotia. Representatives of the many organizations involved in cancer care may appropriately serve the cause by membership on committees advisory to the Board.**
- 1.3 CCNS should appoint a CEO to implement the strategies developed by the Board; the CEO should report, and be accountable, to the Board.**
- 1.4 CCNS in concert with the Minister of Health should seek opportunities to integrate CCNS into a broader mandate for the Maritime or Atlantic Provinces. Given the limited population base in these provinces, there are significant efficiencies of scale to be achieved not only in registry functions but also in the development and implementation of standards in the provision of specialized care.**

## **LEADERSHIP:**

**Strengths---**CCNS has been most fortunate that Dr. Padmos was recruited as the individual to lead the implementation of the mandate. His enthusiasm, communication skills and energy have had a significant impact on the perceptions of cancer care in the province. He has had a major impact on the organization and delivery of cancer services within the QEII Health Sciences Center and is seen as supportive and effective by individuals involved in cancer care delivery throughout the province. His appointment as Cancer Commissioner has given him authority to influence systems and people in a significant manner. His appointment as Associate Dean for Oncology Programs has also given a heightened profile for cancer education and research within the Faculty of Medicine.

Ms. Theresa Marie Underhill is seen as a very efficient administrator whose broad experience in government has made her effective in implementing management systems.

**Concerns---**Although the multiple positions held by Dr. Padmos has probably been critical to the early successes of CCNS, there are also some concerns. It was reported to be difficult for individuals to know which of the three 'hats' Dr. Padmos was wearing in relation to any given issue. Indeed, he is sometimes viewed to be in conflict of interest particularly as related to his role as Cancer Commissioner for the Province while being

responsible for the oncology program at the QEII. Moreover, it is difficult to distinguish between his role as Head of the Cancer Program at QEII and his provincial mandate with CCNS. It seems to the evaluators that despite the value of the multiple roles in the implementation of CCNS, this is more likely to be a liability for the successful development of a provincial program in the future. Moreover, Dr. Padmos [or his successor] will not be able to maintain this pace of work indefinitely.

CCNS has made an excellent beginning to resolving identified problems with cancer care in the Province. The recent Communications report commissioned as part of the evaluation of CCNS is an important step. It is clear that CCNS has not as yet become relevant at the level of patients or the general public. This will require vigorous attention. There are also perceptions of quality of care issues that need to be addressed; some of these reside within the QEII and if not dealt with expeditiously could have negative impact throughout the province. Because of competing demands on time, Dr. Padmos has not committed as much energy to issues of education and research as he desired or the system requires.

#### **Recommendations:**

- 2.1 A process to devolve the role of Head, Cancer Care Program at QEII HSC from the provincial roles currently held by Dr. Padmos should be initiated.**
- 2.2 The role of Cancer Commissioner is essential to the success of CCNS and should be maintained. However, this should be separate from the position as CEO of CCNS. The Commissioner function should be limited to that of auditing the quality of cancer care in the province to ascertain that caregivers and their institutions are meeting the standards developed by CCNS. For this function, the Cancer Commissioner should continue to report to the Deputy Minister of Health. All other functions should be those of the CEO of CCNS who should report through the Chair to the Board of CCNS.**
- 2.3 The process should be initiated to recruit to the position of Head, Cancer Care Program at QEII. Given the importance of the cancer programs at QEII to provincial cancer care, this individual should be jointly recruited by, and be accountable to, the QEII HSC and CCNS. Similarly, CCNS should play a meaningful role in the selection of any senior leader whose mandate includes the provision of cancer care in the province. This would include those responsible for the District Cancer Programs.**
- 2.4 The position as Associate Dean, Oncology Programs at Dalhousie University should be held by the CEO of CCNS. Although perhaps not a long term solution, currently it is the most effective way to provide appropriate emphasis on the importance of education and research to the provincial program.**

## **PROVINCIAL CANCER SITE TEAMS:**

**Strengths---** Cancer site teams have been formed and charged with creating standards and guidelines for the care of each cancer type. The plan is that the guidelines be evidence-based but created with consideration of the human and technical resources of the secondary care sites around the province. This is an essential step if there is to be equality throughout the province with care delivered as close to the home community as possible.

**Concerns----**Some of the cancer site teams have not yet met and progress is slower than is desirable. Some individuals we met indicated that it has been difficult to find times when fee-for-service physicians are prepared to meet to work on these documents. Importantly, the tumour site groups [at this time] consist only of the QEII personnel but need to involve other providers throughout the province.

### **Recommendations:**

- 3.1 A greater sense of urgency is required for this task. Means, economic if necessary, should be sought to facilitate the participation of fee-for-service physicians. More time needs to be designated for oncologists to participate in this process.**
- 3.2 Provincial cancer site teams should be organized as a function of CCNS, with medical, radiation and surgical oncology, as well as other cancer care providers. In particular, the continued development and integration of surgical oncology into the cancer site teams as well as the planning and delivery of cancer services overall is strongly encouraged.**
- 3.3 CCNS should take advantage of the significant work that has already been done in other jurisdictions in the development of guidelines.**

## **INFORMATION MANAGEMENT AND PATIENT REGISTRY:**

**Strengths---** There is a Nova Scotia Cancer Registry that functions within the QEII entity. CCNS has identified new resources to enhance and upgrade this system. Discussions have been held with representatives of other Maritime Provinces regarding the development of a Maritime or Atlantic Registry. Given the population, this would represent better utilization of resources and enhance the usefulness of the epidemiologic database.

The cancer systems at the QEII and in Cape Breton utilize the OPIS information system which, in turn, serves as a patient care information system as well as provide data for the provincial registry. This has proved expensive to maintain and recently CCNS, in discussion with the other Atlantic Provinces, joined with Ontario to explore other solutions to cancer care information.

**Concerns---**As noted above, the small population of Nova Scotia makes it difficult to generate meaningful epidemiologic data. It makes imminent sense to explore the possibility of developing a Cancer Registry for Atlantic Canada or at least the Maritime Provinces. Similarly, in order for CCNS to meet its mandate in relation to cancer care provision throughout the Province, a better information system is required to identify and track patients through their diagnosis, treatment and follow-up. There also needs to be linkage between the CCNS information system and those systems supporting the breast and cervical cancer screening programs.

We also heard consistent complaints from physicians outside Halifax about the sub-optimal communication systems currently in place between the QEII and community physicians who wait many weeks to receive a discharge summary and several months to receive an operative report. This must be addressed if cancer care is to be of a standard quality and delivered in a timely manner throughout the province.

#### **Recommendations:**

- 4.1 Every effort should be made to develop a collaborative plan for a Maritime or Atlantic Canada Cancer Registry. The adoption of such a plan would enhance opportunities for collaborative programs in diagnosis and care, as well as epidemiological research and cancer control planning, with the potential for considerable enhancement of resource utilization. The operation of the Cancer Registry should be the responsibility of and be integrated into the function of CCNS.**
- 4.2 The initiative to develop an improved information system is commended. The information system should support all aspects of cancer control services and include the dissemination of guidelines and standards. Again, there are economies to be realized from engaging in a regional planning exercise.**
- 4.3 CCNS should work with QEII, the Cape Breton Cancer Centre and all other Health Districts to develop an appropriate electronic communication system to ensure that patient information is rapidly and efficiently transmitted between and to the next caregivers.**

## **PREVENTION:**

**Strengths**---CCNS has demonstrated considerable leadership by developing the position paper on the costs of tobacco to Nova Scotians. CCNS partnered with the Department of Health to create a similar focus on the costs of obesity.

**Concerns**---Nova Scotia has among the highest rates of cancer in Canada. This is associated with high rates of smoking and obesity. Although CCNS has helped focus attention on these issues, there is a major requirement for broader action at the community and individual level to impact on these statistics.

### **Recommendations:**

**5.1 CCNS should become a strong voice for cancer prevention with actions directed at the community and individual levels. This may also require political activity to influence appropriate public policy. An effective partnership has already been forged with the Canadian Cancer Society.**

## **CANCER SCREENING:**

**Strengths**--- Early detection of cancer is an accepted and important function of established cancer control programs throughout Canada. There are currently two screening programs in operation in Nova Scotia, one for Gynecologic [cervical] cancer and a breast screening program. Both of these programs predate the establishment of CCNS. The gynecological screening program has made a recent decision to integrate its function into CCNS, a process that is now underway.

The breast screening program, which provides 25,000 screening mamograms per year in the province appears of high quality. In particular, this program has been successful in integrating the screening function with that of diagnosis. By all reports, this works well and seems to be the direct result of the passion and enthusiasm of the Medical Director, Dr. Judith Caines. There is a data base that tracks patients once diagnosis is made and patients do receive information early as to treatment options.

**Concerns**---Both the breast and Gynecologic screening programs are reaching only a minority of the eligible women in the Province. There is no program of colorectal screening although one is being planned. An efficient cancer control strategy would have all screening programs integrated into the overall provincial program.

### **Recommendations:**

**6.1 All cancer screening programs should be integrated into the function of CCNS. Care must be taken to ensure that the two existing programs**

**maintain their women's centred approach. Moreover, emphasis should be given to maintaining the link between screening and diagnosis developed in the Breast Screening Program and this principle should be extended to other screening programs. The Evaluators urge that the considerable passion of Dr. Caines be maintained in the program.**

#### **MANAGED SYSTEMIC THERAPY PROGRAM:**

**Strengths**---CCNS has developed a provincial plan for a managed systemic therapy program. This program includes development of guidelines and protocols for systemic therapy, capacity to centrally acquire and finance chemotherapy agents based on evidence, and to improve equitable access to systemic treatment and supportive care in the communities. Some of these needs are being met through the development of the District Cancer Program Model that is being piloted at the Aberdeen Hospital with considerable success. Overall, facilities providing chemotherapy in the province need to have adequate support including guidelines that are evidence-based with comprehensive protocols for drug administration.

**Concerns**---Guidelines for therapy have not been developed for most cancers as yet. Criteria need to be developed and agreed to for the determination of facilities that will provide systemic therapy. This must include consideration of patient numbers, availability of emergency room resources, adequately trained staff and appropriate technology. These centres must also indicate their willingness to participate in clinical trials. A concerted effort is also required to rationalize the acquisition and delivery of cancer drugs in Nova Scotia; a centralized mechanism is required to ensure timely approval of new cancer drugs.

Finally, the evaluation team heard concerns expressed from many individuals about the cost of certain cancer drugs that can be delivered on an outpatient basis. The fact that individuals with incomes greater than \$15,700 per annum do not qualify either for government support or the supplement available through the Cancer Society results in considerable hardship. There is speculation that some patients don't receive indicated ancillary medication. Some individuals suggested that practice patterns are altered because of this issue and that this may be, in fact, more expensive to the health care system.

#### **Recommendations:**

- 7.1 The process of developing evidence-based treatment guidelines by Cancer Site Teams needs to be accelerated and the results propagated along with the development of appropriate guidelines for the selection of treatment sites. As with other programs, CCNS needs to adequately pilot systemic therapy programs and develop methods for the regular evaluation of performance.**

**7.2 A provincially managed cancer drug program is required to enable the timely approval and funding of cancer drugs. This should be a function of CCNS**

**7.3 CCNS should institute and oversee a process to thoroughly evaluate this issue and make cost effective recommendations if it is determined that there are negative effects on quality care.**

## **STANDARDS OF CARE:**

**Strengths---**As planned, CCNS will take responsibility for the development of standards of care that can be applied throughout the province. In turn, the Cancer Commissioner should be responsible for ensuring that these standards are met in any facility providing cancer services. CCNS had made the development of these standards the responsibility of the provincial cancer site teams.

**Concerns---**As noted above, the cancer site teams are progressing at very different rates and do not, at this time point, have appropriate representation with care providers from throughout the province. This is a matter of considerable urgency since the development of standards is fundamental to many of the initiatives of CCNS.

### **Recommendations:**

**8.1 CCNS should develop a greater sense of urgency for the development of standards of care as well as protocols for care delivery that will facilitate quality care throughout the province.**

## **RESEARCH:**

**Strengths---**CaRE is an organization of cancer researchers at Dalhousie University that has been supported by a regional development grant from NCIC. CCNS has linked with CaRE through a Research Advisory Committee of the Board of CCNS. CCNS is seen by the research community as being very supportive of research and has provided funding from the operating budget to support the research training program. CCNS has also created a peer-review process to help assess applications for funding. At present there are only approximately 10 principal investigators in cancer research [mostly cancer biology] and a small cadre of translational researchers. At this time there is no research into the psycho-social aspects of cancer.

The Research Advisory Committee of CCNS has initiated a strategic planning exercise for cancer research in Nova Scotia. A scan of current activity has been completed.

In addition to the support provided by CCNS, the Dalhousie Research Foundation has also provided funds for cancer research; there may be a significant donation to the Foundation that will be designated to cancer research and which will greatly facilitate the further development of this enterprise.

**Concerns---**Although there has been considerable progress in the past few years, cancer research is not well developed at Dalhousie and will require considerable attention and effort to make it competitive with the rest of the country. CCNS is viewed as being very supportive of the research effort but there is a need for initiatives that are more strategic. Strong programs of research are needed if cancer care in Nova Scotia is to be of the highest possible quality and capable of attracting and retaining professional staff.

**Recommendations:**

**9.1 In view of new funding opportunities both locally and nationally, CCNS in partnership with the University should promote focused [strategic] growth in cancer research.**

**9.2 It is recommended that consideration be given in particular to the development of cancer outcomes research.**

**9.3 As the NCIC grant terminates, consideration should be given to further integrating the functions of CaRE and CCNS.**

**PATIENT NAVIGATION:**

**Strengths---**In response to public concerns, CCNS has championed the development of a patient navigation system. CCNS has also effected improvements in integration of care between QEII and the regional hospitals but much remains to be accomplished. CCNS is to be commended for advocating the care of cancer patients as close to their homes as possible. However, this makes efficient and rapid communication between diagnostic, oncologic consultation and treatment activities essential.

**Concerns---**There continues to be considerable concern expressed concerning poor integration of the care programs and ineffective communication between patients and physicians, between specialty physicians and family physicians and between different provider groups. The evaluators were told of long delays in written reports from the QEII reaching the regional centers and primary care physicians. It is interesting to note that this is not universal but there are segments in which the delays are inconsistent with good quality cancer care. Although a stated goal of CCNS is to have family physicians play a primary role in cancer care, this is not yet a reality. Family physicians both within and outside the Halifax area do not feel part of the system as yet. It is also apparent that patients from outside the two major metropolitan areas experience significant challenges, particularly related to travel.

**Recommendations:**

- 10.1 CCNS must focus attention on issues of communication if patient navigation through cancer care programs is to meet acceptable standards. The evaluators were led to believe that the equipment and systems are available to make communication concerning cancer diagnosis and care entirely electronic. This should be pursued with vigor.**
  
- 10.2 The patient navigation system as proposed by CCNS should be supported and implemented throughout the province.**
  
- 10.3 Barriers to care related to travel should be examined in the overall context of patient navigation**

**EVALUATION OF PERFORMANCE AND PLANNING OF RESOURCE NEEDS:**

**Strengths**---CCNS has put in motion the development of standards for cancer care and the production of guidelines; both will be provincial in scope. The Evaluation Team believes this is fundamental to the success of the program. The Evaluation Team were advised that presently, there is an excellent base of equipment within the province. There is also a plan to initiate a survey of these resources with the view to the development of a plan to ensure timely upgrades and/or replacements.

**Concerns**---Fundamental to the development of standards and guidelines for care is the creation of a regular system of evaluation. As the care for cancer patients becomes decentralized throughout the province there will need to be processes to accredit and then provide regular ongoing evaluation of quality and consistency of care. The development and monitoring of measurable indicators of quality and service should be an important component of the evaluation process. The Cancer Commissioner has the authority to review budgets and records of care to ensure that quality is both at a high level and consistent throughout the district cancer programs.

**Recommendations:**

- 11.1 CCNS should develop a comprehensive quality management program that includes a regular report card on quality and utilization for all institutions providing aspects of cancer care.**
  
- 11.2 The Cancer Commissioner should develop a plan for the development of indicators of quality and performance, and procedures for ongoing reporting and action planning resulting from the identification of**

**significant variations in care or other identified opportunities for improvement.**

**11.3 A long range planning process should be developed to ensure the integrated planning of requirements for human, capital and physical resources to meet future needs.**

## **EDUCATION:**

**Strengths**---Quality educational programs for providers, patients and the public are all extremely important to the successful prevention, detection and management of cancer. A unique system has been developed in Nova Scotia whereby the Cancer Commissioner is also the Associate Dean for Oncology Programs. This provides the opportunity for CCNS to identify educational needs and to effect the development and delivery of quality programs through Dalhousie University. The strong liaison with the Nova Scotia Chapter of the Canadian Cancer Society provides excellent mechanisms for the facilitation of public and patient education. The Evaluation Team was advised that CCNS has greatly improved the availability of continuing education programs dealing with aspects of cancer care for physicians as well as other health care providers. This function is important for the implementation of the District Cancer Program

Although Dr. Padmos has had many demands on his time during the past few years, a review of the undergraduate medical education curriculum has now been initiated that will specifically assess the content and comprehensiveness of material and time related to oncology. Planning is also advanced for the development of graduate clinical training programs in both Medical Oncology and Palliative Care. These initiatives are all highly commendable. In the area of professional development, the support for the Cape Breton Cancer Symposium is also important. The provision of educational rounds through video conferences is also a commendable and important initiative that needs to be supported.

**Concerns**---Nova Scotia has traditionally had difficulty in recruiting individuals with specialized skills from other parts of the world. Since the advent of CCNS, there has been considerable success in recruiting medical and radiation oncologists to the province. There is an ongoing concern about the ability to recruit sufficient numbers of radiation therapists to meet the need even with an expanded intake of Nova Scotia students into the Michener Institute.

## **Recommendations:**

**12.1 Consideration should be given to the development of a Maritime training program for Radiation Therapists.**

## **HUMAN RESOURCES:**

**Strengths---**Before the development of CCNS, Nova Scotia had a critical shortage of cancer specialists. Through a very successful recruitment process, CCNS has not only recruited to the available positions but has managed to influence the development of increased positions. There are now 9 medical and 12 radiation oncologist positions and until recently when 2 radiation oncologists left Cape Breton, all positions were filled. An alternative payment system is in place for both disciplines and the professionals seem quite satisfied with the remuneration package. The evaluation team was also very impressed with the development of Palliative Oncology which is better resourced here than most other Canadian Centres. There is continued shortage of radiation therapists [see recommendation 21] making it necessary for Nova Scotia to provide an income supplement to remain competitive. The development of training programs in medical oncology and palliative oncology should help with future workforce availability.

**Concerns---**Although Nova Scotia is currently reasonably well staffed with cancer specialists, continued vigilance is necessary to assure retention. The recent departure of two radiation oncologists from Sydney accentuates this point. Concerns were expressed about the imminent retirement of a pediatric oncologist and there is a national shortage of medical physicists. Although incomes will continue to be an important consideration for potential recruits, the work environment is also critical. CCNS can work to influence this in a positive manner.

## **SUMMARY AND CONCLUSIONS:**

The evaluation team strongly supports the need for CCNS. Although in existence for less than 3 years, it has made substantial progress toward the goal of ensuring high quality, integrated cancer care for all patients in Nova Scotia. However, the success to date has been due to the excellent people attracted to CCNS rather than the structure. We have considerable concern the gains achieved in the integration of cancer care both in the Capital Health District and provincially would not be sustained if the current leadership should leave. Thus, it is urgent that CCNS be given the governance structure and resources necessary to meet it's mandate. Despite the many accomplishments, most initiatives are works in progress rather than established programs. We believe that the major thrusts of developing work force, cancer site teams, standards and practice guidelines, implementing a District cancer care model and increasing the emphasis on research and education are highly appropriate. The most urgent issues are those relating to the development of standards and the implementation of a quality program with clear accountability structures and procedures to deal with variations in care.

Overall, the Evaluation Team believes that the Department of Health, Dalhousie University and the Capital District Health Board are to be complimented for developing this unique approach to cancer care. An excellent beginning has been achieved; it is time now to make changes necessary to assure the future of Cancer Care Nova Scotia.

Respectfully submitted

David McCutcheon

Brian Schmidt

Eldon Smith [Chair]

Cancer Care Nova Scotia Report,  
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