

GYNAECOLOGIC ONCOLOGY

Royal College of Physicians and Surgeons of Canada Speciality Training Committee*

BACKGROUND

In 1988, through the initiative of Dr. Gary Krepart, the Royal College Speciality Committee on Gynaecologic Oncology conducted a human resources survey to assist universities and cancer centres in assessing and planning for the future. This was particularly helpful in a discipline that was rapidly evolving with a cadre of senior leaders and a larger complement of junior colleagues. The mandate of this Speciality Training Committee is to recommend guidelines and requirements to the Accreditation Committee of the Royal College and to provide input to the Director of Training and Evaluation. Over the past year the speciality requirements for training have been reviewed and revised. This process has highlighted the need for continuous assessment of human resources within the discipline and planning within training programmes.

It is noted that at present there are five training programmes in gynaecologic oncology accredited by the Royal College.

PROCESS

In July of 1996, 44 survey questionnaires were sent out to the heads of 16 university departments of obstetrics and gynaecology as well as to 16 leaders of gynaecologic

oncology units within tertiary cancer centres and the directors of 12 regional cancer centres. The survey requested answers to the following questions:

1. How many individuals within your centre are currently practising as gynaecologic oncologists (as defined by appropriate training or nature of practice)?
2. How many (if any) resignations, retirements etc. do you anticipate within the next five years (2001)?
3. How many more trained gynaecologic oncologists do you anticipate needing in your centre within the next five years (2001)?
4. For how many of these individuals (identified in question #3) has a funded position already been identified?
5. Do you envision a need for individuals who have completed a full two-year Royal College accredited programme in Gynaecologic oncology to be practising outside a regional cancer centre or university department?

The name of the individual completing the survey was requested in addition to identification of the centre from which the response came.

Results were summarized based upon responses received up to April 1997.

* The Gynaecologic Oncologists of Canada (GOC) has provided a forum for clinical and scientific presentations to advance the care of women with gynaecologic cancer. In addition to this, the Society has a responsibility to ensure that issues of training and human resources are considered in the provision of quality care. The Society has reviewed the following Survey and recommends that this be considered in the preparation of human resource plans within individual departments, programmes and regions.
Dr. Pierre Drouin,
President,
Gynaecologic Oncologists of Canada.

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[†]88% of patients preferred Diflucan-150 over creams and vaginal inserts in an open study of 1017 women.

Reference: 1. Phillips RJM et al. An open multicenter study of the efficacy and safety of a single dose of fluconazole 150 mg in the treatment of vaginal candidiasis in general practice. *Br J Clin Pract* 1990;44:219-222.

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RESULTS

Out of the 44 surveys circulated, there were 32 formal responses and another 10 that indicated that the response was being provided already through another individual, for an overall response rate in excess of 95 percent.

In order to avoid duplication of responses, the surveys were collated to represent a total of 23 Centres (16 university centres and seven non-university centres).

1. How many individuals within your centre are currently practising as gynaecologic oncologists (as defined by appropriate training or nature of practice)? The survey identified a total of 45 practising gynaecologic oncologists including 42 in university centres and three in non-university centres. Two centres currently have six practising oncologists within their existing complement and one institution reported four oncologists.
2. How many (if any) resignations, retirements etc. do you anticipate within the next five years (2001)? Only seven people were identified as likely to leave the complement of oncologists before the year 2001. This included six in the university centres and one in the non-university centres.
3. How many more trained gynaecologic oncologists do you anticipate needing in your centre within the next five years (2001)? In total, 20 positions were identified as being necessary through to the year 2001. This included 15.5 positions within university centres and 4.5 within non-university centres. One centre identified the need for three people within this time period.
4. For how many of these individuals (identified in question #3) has a funded position already been identified? Although 15.5 positions have been identified as required until the year 2001, funding has only been identified for four positions.
5. Do you envision a need for individuals who have completed a full two-year Royal College accredited programme in gynaecologic oncology to be practising outside a regional cancer centre or university department?
Overall, 17 of the 23 responses (74%) indicated "no" and three (13%) "yes." Three responses were undecided. All three of the positive responses were from non-university centres.

SUMMARY

In total, 45 people are currently engaged as practising gynaecologic oncologists within the 23 responding centres. All centres identified within Canada have responded to the survey. This number of 45 is expected to decrease by seven by a process of attrition through to the year 2001. In all, 20 oncologists are stated as being needed to add to the total complement in Canada by 2001, although funding for only four of these positions has been identified. Despite the perceived needs, funding realities may well have an effect on the process of recruitment and potentially the pattern of practice.

The stated target of having two to three individuals per year in Canada complete their subspecialty training in gynaecologic oncology remains valid in view of current projections to 2001.

This report is provided for information to all those identified in the initial survey distribution in addition to the Society of Gynaecologic Oncologists of Canada, the Society of Obstetricians and Gynaecologists of Canada and the Association of Professors of Obstetrics and Gynaecology.

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