Surgical Oncology Network
BC Cancer Agency

Strategic Planning for Surgical Oncology and Evaluation of the Surgical Oncology Network*

March 2009

*connectedthinking

PRICEWATERHOUSECOOPERS

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Introduction

This report collates the outputs of a working session that took place at the Surgical Oncology Network Annual Council Meeting held in Vancouver February 2009. It does this within the context of surgical cancer services in British Columbia and progress in the Surgical Oncology Network, since the earlier reviews of surgical oncology in 2000 and 2004. It also includes further feedback submitted in the period following the session and emerging recommendations.

Background

The Surgical Oncology Program in BC was formally defined and adopted within the BC Cancer Agency's organizational structure in 1998. In 2000 the Cancer Agency invested in the development of a strategic planning process for surgical oncology services in BC. This was overseen by a BCCA steering committee and undertaken by the Hay Consulting Group (commonly referred to as “the Hay Report”).

A key recommendation of the Hay Report was that BCCA should establish the BC Provincial Surgical Oncology Council and Network. The recommendation was accepted, and in January 2001, the BC Surgical Oncology Network (SON) was created.

Three years after the inception of the SON, an updated review of surgical oncology was conducted in 2004 by Drs. Bell and Nason. This, the BC Cancer Agency External Review of Surgical Oncology, confirmed the success of SON, and went on to recommend improvements to other aspects of the Surgical Oncology Program.

In 2008 it was proposed to undertake an updated review of Surgical Oncology. It was subsequently decided not to commence the review until the appointment of a permanent SON Chair and Program Leader for the Surgical Oncology Program. In the interim it was decided to use the opportunity of the SON Annual Council meeting to gather feedback on the two previous reports; gather a present state evaluation of the SON and of surgical oncology services in the province; and develop a list of future opportunities.

About the BC Surgical Oncology Network (SON)

Membership	All providers of surgical oncology services from surgeons in remote areas to sub-specialists.
Purpose	To provide strong linkages with surgeons and hospitals across the province, including the BC Cancer Agency’s five cancer centres and 17 clinics.
Goal	To establish a structure and a system to enable the integration of quality surgical oncology services into the formal cancer care system.
Vision	To provide equitable, accessible and integrated cancer surgery for British Columbians.
Mission	By providing surgeons with continuing medical education, communications, practice guidelines and research and outcomes evaluation, the Network will enable the best possible surgical oncology care for all people in British Columbia.

Functions / mandate	Developing communications tools to enhance surgical decision making provincially. Participating in the identification and/or development of peer-reviewed, evidence-based guidelines based on 'best practice' principles. Developing a high quality continuing education program that meets standards of the Royal College of Physicians and Surgeons. Conducting regionally based research and outcome analyses to provide vital information for Network initiatives.

Context

The operational structure of health services in British Columbia is such that there are five geographically defined Regional Health Authorities. In addition, there is a Provincial Health Services Authority (PHSA) that leads and coordinates specialist services and functions that have been deemed to be best managed on a provincial level. The BCCA is part of PHSA and in turn the SON operates as part of BCCA. The Network Chair is linked to the Surgical Oncology Program Leader (this is a combined role), and both the Network and the Program are linked to the Vice President of Cancer Care. It is of note that the current configuration of health services has been introduced since the Hay Report and the 2000 surgical oncology strategic planning process.

At present there is an ongoing recruitment initiative for a permanent Leader for the Surgical Oncology Program whom will also Chair the Surgical Oncology Network. The Presidency of the BCCA is also in transition.

The strategic planning for surgical oncology is further complicated by the fact that while the responsibility for population based planning for cancer services sits with BCCA, the majority of resources involved in delivering surgical services are under the direct control of the health regions.

The PricewaterhouseCoopers Engagement

It was decided that part of the SON Annual Council Meeting would be devoted to gathering members' views on the previous surgical oncology review reports and on the performance of the Network. The Network commissioned PricewaterhouseCoopers (PwC) to facilitate a two hour session and collate feedback. In initial discussions the possibility of also producing a resource plan was considered. It was agreed that this was impractical within the two hour time slot and was outside the scope of this engagement and this report.

Scope

Thus, PwC were engaged for the delivery of a structured workshop to:

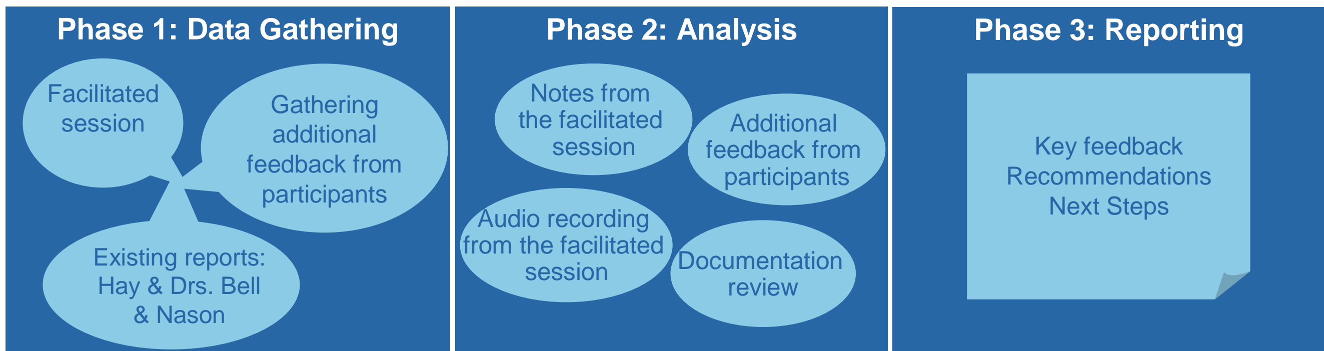
- Gather feedback on previous reports and the morning’s presentations.
- Collate the group’s views on the strengths and weaknesses of the current surgical oncology service in BC and how the group would like it to be in the future.
- Ascertain the current understanding of the SON mandate and any desirable future changes in mandate.
- Obtain feedback, enabling an evaluation of the SON.
- Identify future opportunities for the Network.

- Produce a report collating the output of the session, reflecting the above and highlighting key messages and recurrent themes.

The scope did not include any additional review and analysis of surgical oncology and the network outside of the SON Annual Council Meeting and additional feedback from participants.

Approach

Recognizing the need to understand the complex matrix structure of cancer networks and cancer care service delivery organizations along with the number and diversity of stakeholders, PwC adopted a streamlined three-phased approach to the engagement.



To best utilize the available time, attendees were given the opportunity to prepare for the facilitated session by the SON prior-circulating copies of the Hay Report and Bell & Nason Report with the Meeting Agenda. A list of pertinent questions was also circulated to prompt consideration prior to the meeting.

This Report

The following section of this report focuses on the information gathered from the workshop and the submitted feedback questionnaires. The structure aligns with the facilitated session. It covers the following three areas:

- Feedback on previous reports along with debate prompted by presentations on the day
- Views on surgical oncology in BC and forward planning
- Comments on the SON.

The concluding section summarizes the key themes emerging from the feedback and recommends next steps to further develop a strategic plan for surgical oncology.

Workshop Outputs and Feedback

General Comments and Overview

There was little specific discussion of the Hay Report or Bell and Nason Report. The feedback on information received by the attendees at the time of the session (i.e. previous reports and presentations of the morning) were focused on taking the discussions further, focusing on the current and future models for surgical oncology in BC. There was no dissent from the observations and recommendations in the previous reports.

It is of considerable note that a challenge of the day was separating discussion of the Surgical Oncology Network and the Surgical Oncology Program. This is unsurprising as it is the Network members that are the key stakeholders in delivery of the Surgical Oncology Program but does highlight the need for role distinction or integration.

Surgical Oncology in British Columbia

The group was more vociferous in critiquing the configuration and delivery of surgical oncology services.

To support building the foundations for a surgical oncology strategy, the facilitated session identified the following strengths and weaknesses of surgical oncology in BC.

Strengths	Weaknesses
• Stakeholders are committed to vision of high quality care, regardless of where a patient lives • Committed and aware physicians and community surgeons • Support from the SON is encouraging collegial collaboration to address key issues • Provincial wide reach of BCCA and the Program • Excellent MSK, gynecology, urology programs in BC • Success in the rectal cancer quality improvement project • Regional administrative support has commenced	• Insufficient resourcing and funding, including insufficient secretarial support • Governance, which is regional for surgery and provincial for other components, does not promote multidisciplinary care • Poor understanding of the roles and responsibilities of the Surgical Oncology Leader • Surgical Oncology Leader not a member of the BC Cancer Agency Executive Team • Insufficient provincial support for imposing the Program • Accountability is not currently linked to payments for surgical oncologists • Lack of data, particularly outcomes based data • Variation in engagement in the Program, including poor buy-in by the non-General Surgery specialties • Lack of programmatic attention to Surgical Oncology at the University level • No control over the management of surgical wait lists or a budget to provide resources to decrease wait lists

Opportunities and Threats

Having considered the Status Quo: what does that mean going forward? This section of the session was used to consider the factors that would impact on surgical oncology going forward and the consequent opportunities and threats presented.

Opportunities	Threats

• New leadership of BCCA
• Renaming surgical oncology to oncological surgery would help position the role as a surgical sub-specialty
• Develop vision and business case that can be used to market surgical oncology and raise funds
• Existing communication channels can be used to share this vision with key stakeholders across province
• Create more funded fellowships and a Department of Oncology Engagement of all surgical subspecialties
• The 2010 refresh of the HR contract within the medical services plan is timely
• Improve engagement of other surgical disciplines
• SON in a position to raise the profile on oncological surgery, including with the public
• Improved data collection and management systems are now available to :
  • Develop reporting and data sets
  • Upgrading systems so that information only needs to be entered once
  • Using data to support quality improvement initiatives
• Protected surgical oncology OR time and beds – strategic resource utilization
• Implement wait list management, similar to Ontario model
• Implement quality improvement initiatives for all specialties
• Technology availability to enable use of telehealth for subspecialties
	• Insufficient funding to implement the desired initiatives
	• Historically poor data and image management
	• Complacency by key stakeholders with the current Program
	• A focus on regional service development opposed to provincial integration
	• The world economy- impact on investment resources and increased health service demand.
	• Demographics and increased cancer incidence
	• System cost pressures
	• Recruitment –and workforce

Vision for Surgical Oncology

The parameters of a vision statement for Surgical Oncology Services were defined and an ideal future for the Surgical Oncology Program was described as:

- Patients receiving the best diagnosis, staging and treatment care which is:
    - timely
    - evidence based
    - delivered by multi-disciplinary teams in an integrated and coordinated fashion
    - patient centric
- Providing consistent care, regardless of geography
- Allowing patients to have their support system close by
- Providing choice to patients
- Delivering patients a “one-stop-shop” option
- Surgeons being supported and having access to resources on a timely basis
- Good data management providing detailed information to surgeons and SON
- BC innovating around delivery of care and provision of funding for clinical trails and research
- Allowing for appropriate tissue acquisition for treatment planning and research
- Surgical oncology having a strong, well funded leadership position
- Community surgeons being supported to easily refer a patient into other parts of the cancer system
- Having funded regional oncology hubs across the province which are linked to BCCA and provide multi-faceted care with surgical subspecialties
- Implementation of systems and controls to ensure surgeons have the appropriate experience and training before providing surgical oncology services
- All surgical oncology patients being captured in BCCA system
- Disease specific targets in place from diagnosis to surgery. Data being collected and analyzed. With exception reporting and appropriate follow up

Surgical Oncology: Discussion Points

Strategic direction

A recurrent message from the facilitated session was the lack of clarity around the vision and model for surgical oncology in BC. This extends to the structure of the Program and Network, and the difference between the “Program” and the “Network”. It also includes deeper philosophical debates about whether surgical oncology care should be delivered in a centralized or regionalized model and how to build truly multi-disciplinary teams.

Key stakeholders agree that the level of care provided in BC is good, but that there are opportunities to provide more consistent, evidence-based and client centered care.

Clarity around the vision, approach and strategic direction of the Program and SON will need to be agreed and documented in a business case to secure additional funding for the Program and SON.

Governance

Stakeholders expressed the following concerns with the current governance of Surgical Oncology Program:

- No resources or administrative structure to support the Program
- Lack of clarity around key roles and responsibilities for existing positions
- Under-representation of surgical oncology at BCCA - the BCCA Executive Team does not have a surgical oncology representative.

Clarity on roles and responsibilities is an outstanding recommendation of the Hay Report.

Information management

At present, information is not collected and maintained in a way that supports outcomes based research to facilitate evidence based care for surgical oncology.

Information management has been inhibited by the following key challenges:

- Insufficient resources for data collection, data management and data analysis
- The BCCA system only collects basic information and captures only the patients referred to BCCA and not all cancer patients in the province
- Privacy legislation and guidelines make it difficult for the Program to collect information

Education

BC does not have a University program specific to surgical oncology, and the oncology nodes. General surgical training does not result in specific surgical oncology skills across the range of cancer types. As a result:

- Patients receive different care at different hospitals
- There are less than 10 surgeons in BC with university credentials in surgical oncology
- There are no fellowships to support more surgical oncologists in BC.

There are ongoing debates about the minimum level of education and experience that should be required of surgeons performing oncology surgeries.

Multidisciplinary successes

There have been several advancements in MSK and gynecology surgical oncology in BC.

Critical enablers of these successes have been:

- Paid academic space
- Secretarial support
- Funding for other support roles
- Protected Operating Room time

There is an opportunity to share these successes with other subspecialties.

The Surgical Oncology Network Mandate

In seeking an evaluation of the Surgical Oncology Network and a rating of performance against its mandate, it was thought prudent to gauge consensus on its current mandate.

Current understanding of SON's mandate

The consensus from the room was broad understanding and agreement on the current mandate.

SON's mandate is:

1. Developing communications tools to enhance surgical decision making provincially
2. Participating in the identification and/or development of peer-reviewed, evidence-based guidelines based on 'best practice' principles
3. Developing a high quality continuing education program that meets standards of the Royal College of Physicians and Surgeons
4. Conducting regionally based research and outcome analyses to provide vital information for Network initiatives.

Evaluation of SON

General feedback on the Network was sought as were ratings for each of the four objectives outlined above.

The general feedback identified that as a whole, stakeholders are very satisfied with SON and the services that they receive. There was recognition that SON had a significant impact on surgical oncology in BC and much commendation was made on the achievements of the Network, especially relative to their modest budget.

Mandate I: From the collated feedback Communications had the highest rating, with over 80% as marked on a linear chart on feedback forms. Stakeholders identified that SON was strongest in delivering on this both in formal communication and in informal support on a case by case basis.

***Mandate 2*:** There was mixed feedback on the mandate to produce guidelines and the average position was that this was not fully met, but there was huge variation range on the ratings. From the associated comments, it is likely that this is tumour site specific.

Mandate 3: CME was almost as high as Communications, with much praise for SON's efforts, but there was disappointment with UBC's lack of a sub-specialty surgical oncology program.

There was recognition that both SON's ***Mandate 2***, to develop guidelines, and ***Mandate 4***, to conduct regionally based research, had not progressed as much as expected due to insufficient resources. It should be noted that research and guidelines into rectal oncology surgeries had been very successful. SON will now be challenged to maintain the currency of this research given restricted funding.

Expanding SON's mandate

Since SON was created, there have been several changes to the operating context in which surgical oncology and the Network operate. Based on these changes and the evaluation of SON, there are opportunities to expand and evolve SON's mandate.

The suggested opportunities are:

- SON to become the custodian of surgical oncology data in BC and use this data for the following purposes:
  - To conduct more regionally based research and outcomes analyses,
  - To develop more evidence based guidelines,
  - To identify other quality improvement initiatives, and
  - To report to surgeons on outcomes of their patients.
- SON to take on an advocacy role on behalf of surgical oncology patients and surgeons undertaking oncology surgeries. SON would be responsible for identifying initiatives to improve surgical oncology and advocating for these initiatives to the BCCA, PHSA, BC Government and other relevant funders and stakeholders.
- SON to expand the communications role to include facility practitioners (to recognize the important role that they play in diagnosis and referral of cancer patients). This could include projects such as the development and communication of referral protocols.

A summary position analysis of the network was gathered through a SWOT discussion.

Strengths, Weaknesses, Opportunities and Threats

Strengths	**Weaknesses**
• Capable staff and strong administrative structure • Communication and engagement of surgeons across BC, e.g., CME events • Continuing education for surgeons • Awareness of challenges for surgical oncology • Capability to address research questions (if provided sufficient resourcing and data) • Deeply committed volunteers	• Insufficient funding • Reliance on one individual in administration and the working core on committees • No ongoing capacity to follow up on pilots and research • Lack of data collection
Opportunities	**Threats**
• Engage more in surgical oncology program • Stewardship of surgical oncology data • Conduct additional research projects • Improve accessibility of SON Directory e.g. for referrals • Improve accessibility of BCCA records e.g. have patients charts remotely accessible • Take on an advocacy role for surgical oncology to influence politics, public opinion, etc. • Publish success stories • Enhance website by publishing standards and guidelines	• Inability to source additional funding • Economic downturn

Key Issues and Recommendations

In considering the feedback, revisiting the Bell & Nason and Hay reports along with PwC experience of working with other cancer services communities, the level of recurrence of issues and validity of recommendations was striking.

Hay Report and Drs. Bell and Nason Report

For ease of reference the key points from these reports are listed as an Appendix to this document.

There was little specific feedback on the previous review reports during the workshop. This is believed to be due to the broad acceptance of the findings and recommendations.

However, as part of this project, PwC did review the December 2000 Hay Report and the external review report conducted by Drs. Bell and Nason in 2004. It was concluded that the key findings in both these reports remain valid in early 2009 irrespective of the subsequent changes in the healthcare environment in British Columbia.

While regionalization was well established in 2000, many of the frameworks for enabling the benefits of regionalized healthcare had not yet been institutionalized. In 2009, the province is further along the continuum of regionalization and the structure of healthcare delivery has been significantly altered. Province-wide services and administration of healthcare has become far more localized through the health authorities and while these changes have been largely on the administrative and financial side, they have impacted the delivery models across many communities as well as within the various clinical disciplines.

In the nine years since the Hay Report, the demographic makeup of the province has continued to shift resulting in increases in demand in some areas and decreases in others. These demographic shifts have not only affected the demand side of healthcare, but also the supply side in terms of the availability of service providers. On a local level, the leadership at both the BCCA and SON have undergone, or are undergoing, changes.

On a national level, there has been much work on the development of a National Cancer Strategy as well as a number of collaborative initiatives undertaken. There is also work underway on a British Columbia Cancer Strategy.

On an international level, there is much wider availability of protocols, best practice information as well general guidance than in December of 2000. Hub and spoke models for care delivery have been widely adopted throughout the world and cancer epidemiology and surgical oncology have progressed considerably.

Perhaps the most significant change is in the area of information and communication technologies. All areas of health care have, and continue to be, impacted by the rapid changes in technological capabilities. The health authorities and the province are engaged in large and small scale e-health projects that will result in profound changes to the care delivery models in every discipline and every corner of the province. Efficient delivery of remote care is now possible through effective technologies.

However, while the reports' recommendations remain valid they are in some case only partially implemented so should continue to be incorporated into any forward planning process.

Summary Recommendations

Key issues and recommendations have been collated from previous experience, session feedback and documents supplied by the Network.

Culture and Stakeholders

The Surgical Oncology Network is held in high regard by its membership. There is a common culture and commitment to the provision of high quality cancer care. The atmosphere and comments from within the workshop attendees reflected enthusiasm to be proactive in the development of the Surgical Oncology Program. It is unsurprising that the majority of attendees blurred the boundaries of distinction between discussion of the Network and the Program. It is the Network's members who are most closely engaged in cancer care. Any potential changes or improvement would impact most on the members and their direct patient groups, and they are most aware of the current service delivery models, resources, facilities and constraints. It is therefore a logical and well opinioned recommendation that the Network takes on a stronger advocacy and advisory role in the development of the Surgical Oncology Program.

Strategic Direction

In addition to defining formal linkages between the Network and the Program, it is recommended that the Surgical Oncology Program be more explicitly defined and this be communicated to membership of the Network. All are obviously aware of the general shape and scope of the program but the need to formally define structure, roles and responsibilities as described in the Hay report remains.

The further steps should include:

- Document the vision and strategic plan for surgical oncology. This should inform a business case for funding requirements.
- Conduct a needs assessment based on the gaps between the baseline resource profile and determine the requirement to deliver the vision.
- A gap analysis of current service models and the vision should be conducted. The assessment should consider how to enable multi-disciplinary teams, use incentives and performance frameworks to shift care models and manage shifting case loads.

Governance

It is an anomaly that surgical oncology is a regionally managed service, while other components of a multidisciplinary pathway are provincially managed. To ensure high quality governance, consistent care and seamless service an integrated model should be developed.

Thus next step suggestions:

- Design and fund an administrative structure to support the Program.
- Define the roles and responsibilities of the Program and SON, and of the Provincial Leader of Surgical Oncology.
- Consider appointing the Provincial Leader of Surgical Oncology to the BCCA Executive Team.

Information and communication technology and management

Improvements in cancer care have been largely developed from evidence based research and proliferation of best practice. Both are heavily reliant on data, information and communication.

These are both areas of rapid technological advancement since the inception of the Surgical Oncology Program in 1998. The Network continues to further develop its information solutions but it should also be looking to communication technology for innovation in delivery of multi-locality, multi-disciplinary care plans.

Suggested next steps:

- Parallel development of the information management and communication strategy for the Program and SON. The strategy should give consideration to:
  - Data collection mechanisms
  - Privacy requirement
  - Resources and infrastructure needs.

Education

Drs. Bell and Nason and SON meeting participants were impressed by the educational initiatives promoted by the Network. However, the lack of specific UBC program remained outstanding.

Next steps

- Lobby for a Surgical Oncology Subspecialty Program at UBC.
- Enhance the surgical oncology elements of the general surgeon training at UBC.
- Develop guidelines on qualifications and experience required for the various surgical oncology procedures.

Proliferation of Cancer Tumour sub group learnings

It is always a complex issue on how best to structure cancer networks. The normal debate is as to what should prevail within a complex matrix of disease site-specific groups and delivery functions.

It is suggested that

- Review the MSK and gynecology model to capture lessons learned and develops recommendations that can be rolled out to other cancer types.
- Feed the findings of the review into the strategic plan for other tumour sites.
- Review network models for other tertiary type services
- Look at other Canadian based cancer network models
- Compare and contrast with international models

Developing a Resource Plan

The Surgical Oncology Network with its high level of engagement with its members is ideally placed to support BCCA in developing a resource plan. This would then support the formulation of a robust and pragmatic strategy for the Surgical Oncology Program.

Suggested First Steps would be:

Baseline: Current assets – facilities and equipment, capacity and condition along with fitness for purpose assessment. Gather utilization, availability and demand.

Workforce: Head counts across disciplines, qualifications, deployment pattern, training and development needs and opportunities. Canvas motivation and accountability.

Finance: Accountability and tracking for earmarked funding eg. sessional funding. Develop Investment and Disinvestment programs for strategic service development

Appendices

Appendix A
Participants at SON Annual Council Meeting

Name	Role
Dr. Abdul Aleem	Community Surgeon, Cranbrook Council Executive
Dr. Don Anderson	Chair, Head and Neck Surgical Tumour Group
Dr. Chris Baliski	Interior Health Authority Rep, Council Executive Chair, Skin Surgical Tumour Group
Dr. Carl Brown	Chair, Research & Outcomes Evaluation Committee
Dr. Sam Bugis	Chair, Endocrine Surgical Tumour Group
Dr. Sonia Butterworth	Chair, Pediatric Surgical Tumour Group
Dr. Nadine Caron	Northern Health Authority Rep, Council Executive Clinical Practice and ROE Committees
Dr. John Carr	Clinical Practice Committee
Dr. Rona Cheifetz	Chair, CPD-KT Committee
Dr. Noelle Davis	Chair, Clinical Practice Committee
Dr. Richard Finley	Professor/Head Division of Thoracic Surgery
Mr. David Gavin	Director, Data Integration, BC Cancer Agency
Dr. Elaine McKevitt	General Surgeon, Mt. St. Joseph & St. Paul's Hospitals CPD-KT Committee
Dr. Dianne Miller	Acting Chair, SON Acting Provincial Leader, Surgical Oncology Program
Dr. Susan O'Reilly	Vice-President, Cancer Care, BC Cancer Agency
Dr. Manoj Raval	Chair, Colorectal Surgical Tumour Group
Mr. Brian Schmidt	Acting President, BCCA Senior Vice President, Provincial Services, Public & Population Health, PHSA

Dr. Laurence Turner	Chair, Breast Surgical Tumour Group
Dr. Garth Warnock	Professor & Head, Dept. of Surgery, UBC & VGH
Dr. Sam Wiseman	VCH Authority Rep Council Executive ROE Committee
Mr. Erdem Yazganoglu	Manager, Surgical Patient Registry, PHSA
Dr. John Yee	Chair, Esophageal/Lung Surgical Tumour Group Council Executive
Ms. Fatima Cengic	Program Assistant, Surgical Oncology Network
Ms. Carrol Crowe	Managing Director Health Advisory, PricewaterhouseCoopers
Ms. Jade Kuiters	Manager Performance Improvement, PricewaterhouseCoopers
Mr. Paul Mak	Outcomes Surveillance Analyst Surgical Oncology Network
Ms. Colleen McGahan	Biostatistical Analyst, Surgical Oncology Network
Ms. Yasmin Miller	Operational Leader, Surgical Oncology Network
Dr. Chrystal Palaty	Special Projects Coordinator, Surgical Oncology Network
Mr. Chuck Russell	Photographer, BC Cancer Agency
Mr. Catalin Taraboanta	Manager, Clinical Practice Initiatives

Appendix B

Overview of SON

Council Executive - Sets priorities for the Network.

Council - Assists with the planning, implementation and promotion of activities for the Network.

Surgical Tumour Groups - Advise on the issues and challenges in the surgical management of patients within each tumour grouping to improve the surgical management of oncology patients.

Committees:

- Executive Finance Committee - Sets the financial plan for the Network's annual activity plan in accordance with the annual operating budget.
- Clinical Practice Committee - Develops and promotes surgical quality improvement endeavours, practice guidelines and standards in surgical oncology for the province.
- Continuing Professional Development & Knowledge Transfer Committee - Develops and implements professional development opportunities that will lead to improved surgical oncology practice and increased knowledge in the field of surgical oncology, as well as improve communication between the Council and the surgeons of BC.
- Research & Outcomes Evaluation Committee - Supports research and evaluation activities of the Surgical Oncology Network by providing guidance and assistance to Network surgeons with research projects, feasibility studies and measurement of practice improvement. The Committee oversees data collection and database development initiatives of the SON. It also works closely with the Clinical Practice Committee on developing outcomes reporting mechanisms and models.

* Note that the original structure of the Network did not have an Executive Finance Committee, and the Continuing Professional Development Knowledge Transfer Committee was previously the Communications and Continuing Medical Education Committees.

Changes to SON

- During its eight years of operation, SON has not undertaken extensive changes.
- The following changes have taken place:
    - In 2007, SON moved from a Co-Chair, to a model with one Chair, and three Vice-Chairs (who are the Chairs of the three SON committees).
    - An Executive Finance Committee was also established. This is a sub-committee of the Council Executive and is comprised of the Network Chair and the three Vice-Chairs. The planning of activities within the operating budget is under the direction of the Executive Finance Committee.
- The Communications and Continuing Medical Education Committees were merged into one Continuing Professional Development and Knowledge Transfer (CPD-KT) Committee.
- In September 2007, administrative oversight of the Network at the BCCA was moved from the Population Oncology portfolio under Dr. Andy Coldman (where it had been moved in 2004 and de-linked from the Surgical Oncology Program) back to Cancer Care under Dr. Susan O'Reilly. It was once again linked with the Surgical Oncology Program at the Agency.
- At the end of 2007, Dr. Davis completed her term as Chair of the Network and Provincial Program Leader. Dr. Dianne Miller was appointed Acting Provincial Leader for the Surgical Oncology Program and Acting Chair of the Surgical Oncology Network, effective January 1, 2008.

Appendix C

Key Points from Previous Reports

- BC has essentially a great system, and everyone is proud of it.
- The 2000 system provided fragmented surgical oncology care due to lack of coordination between stakeholders.
- The system could be improved through the development of a network.
- The key elements of the network would be:
  - Distributed service delivery
  - Evidence-based care
  - Defined roles and accountabilities
  - Formal linkages
  - Academic foundation
- The key enablers would be:
  - Effective network leadership structure
  - Adequate resources
  - Commitment from key players
  - Clarity of roles and expectations
  - Timing of implementations
- General observations on surgical oncology:
  - Clear recognition that surgical oncology needs to be 'brought into' the formal cancer system
  - Services distributed throughout the province in accordance with 'best practices'
  - Development of, and sitting of, services based on principles of multidisciplinary assessment, critical mass, technology and infrastructure: low volume cancers-dedicated oncology units, and high volume cancers-multi-site.
- Clearly defined roles for participating hospitals and surgical oncologists affiliated with the former cancer system.
- Establish Division of Surgical Oncology within the Faculty of Medicine and training program for surgical oncologists.