Governance & Organisation of Cancer Centres

Guidance Note on Requirements for Governance Structures of Cancer Centres which will comply with OECI Standards

Written by the Accreditation & Designation Board of OECI

Introduction

Cancer centres are designed to bring together leading clinical expertise across all major cancer types with translational cancer research and education, thus accelerating adoption of novel therapies and enrolment in clinical trials.

Most fundamental is the centre's multidisciplinary character, and its governance as an identifiable entity, often within a larger structure. Standalone cancer centres – founded to treat cancer patients and perform cancer-focused research - generally have a more simple corporate structure.

Increasingly, cancer centres and comprehensive cancer centres are being developed within University Hospitals treating all health conditions, and with their partner Universities pursuing all forms of health research.

It is in particular to help define effective governance structures in University Hospitals that this Guidance Note is written, in order to fulfil OECI Standards.

MORE AT:
OECI.EU/ACCREDITATION

Guidance

The Guidance which follows is intended to assist you in the development of your cancer centre.

It will be your decision how to adopt this guidance. Some of these actions may have already been started or partially developed within your centre.

Requirements in order to fulfil the Standards

1 ***To have established a clear description of the role, mandate and accountabilities of a (Comprehensive) Cancer Centre Board, which encompasses all aspects of the cancer care pathway and all forms of cancer research. It should define how the University Hospital(s) and the University(ties) work together in cancer.***

The (Comprehensive) Cancer Centre Board should own the cancer strategy in the location of the cancer centre, and supervise the overall performance and quality of the cancer centre.

In most cases it is the existence and functioning of this Board which demonstrates that the Cancer Centre is an identifiable entity – not necessarily a legal entity – an organisation whose members and member institutions work together through agreements, shared resources, and a unified strategy which binds together cancer care, research and education.

Governance models are generally more simple in the case of specialist Cancer Hospitals, but in the context of University Hospitals treating all diseases, the situation is naturally more complex.

We provide in an appendix three possible models of a Cancer Centre Board in the context of a University Hospital(s) and a partner University (or Universities) and/or research institutes, which would fulfil OECI Standards.

For success, all models suggest that on the hospital side, there is a Board which brings together all the main modalities of diagnosis, treatment and care: radiology, pathology, radiotherapy, systemic therapies, surgery, supportive and palliative care.

In addition, the Board should have representation with senior responsibility for clinical quality assurance.

All models also suggest on the research side a Board which brings together all aspects of cancer research, including all cancer relevant basic and translational science pursued at the university and other institutes.

Clinical research is generally a shared responsibility between the hospital and research institute(s).

The balance of clinical and scientific representation on the main (Comprehensive) Cancer Centre Board will differ according to context. But the key to the whole is the integration of clinical and research leadership in cancer in a single cancer-specific Board.

> **We hope these suggestions will be helpful to develop the governance and MDT structure within the organisational changes of your Cancer Centre.**

Model 1

The leadership of the (Comprehensive) Cancer Centre Board predominantly lies with senior Clinical leadership, but it is vital that key leaders of the cancer research community are also represented.

Model 2

(less common)

The leadership of the (Comprehensive) Cancer Centre Board predominantly lies with the research leadership, and it is equally vital that key leaders of the clinical cancer disciplines are also represented.

2 *To have developed and published a Cancer Strategy for the whole Cancer Centre which encompasses all aspects of diagnosis, care, cancer research and clinical trials. It should encompass care, survivorship, education, human resource management, research (basictranslational-clinical), innovation, collaboration and networking.*

The integration of research and clinical care is a key requirement strategically and in practice. Furthermore, there should be an implementation plan including resources, posts, projects, and the financial plan for cancer care and cancer research. SMART goals and timelines are expected as part of the strategy and implementation plan.

3 *To have developed a process to collect Key Quality Indicators (KQIs) across both cancer care and research. These should include patient outcomes, waiting times, basic clinical activity metrics; details of serious adverse events, quality improvement measures; academic outputs, and clinical trials metrics.*

4 *To have produced a Report (preferably Annually, but at least every 3 years) encompassing care, education and research, bringing together a report on progress on the Strategy in 2 above, and the Key Indicators in 3 above.*

5 *To have ensured that there are MDTs for every type of cancer treated in the centre, which operate according to written protocols, have a quality and strategic role as well as managing individual patient cases, and define clear patient pathways for their patients.*

For reference:
Oberst, S. Bridging Research and Clinical Care – the comprehensive cancer centre. Molecular Oncology, March 2019, Vol 13:3. https://doi.org/10.1002/1878-0261.12442

Evidence needed

As part of fulfilling the standards pertaining to Governance and Organisation, the following are needed by OECI:

- **Written Terms of Reference** for the Cancer Centre Board setting out its accountability, remit, and membership.
- **Minutes** from board meetings (to see that the Board is established and working and to see what decisions are made, and in which domains).
- The chosen **KQIs** mentioned in 4 above.
- **The Cancer Strategy Document.**
- The latest (Multi-) **Annual Report** on activities in the Cancer Centre.
- **Details of MDTs** and the protocols to which they work.

Desirable Features

It can be an advantage to the authority and speed of action of the Cancer Centre Board to have a core budget delegated to it by either the hospital, or the university, or from grant funds. This is not a requirement, but it generally helps the provision of core posts for the Cancer Centre, and infrastructure posts in, for instance, clinical trials or biobanking.

- A good Cancer Strategy is not simply written by the clinical or research leadership. It is co-created by stakeholders across the cancer professional communities in care and research and by patients and other stakeholders.
- The Cancer Centre Board should regularly review the Key Quality Indicators (which should be cancer-specific), focus on quality improvement measures, internal audit and accreditation processes, and publish key results.
- The Cancer Centre Board should review gaps in implementation of the strategy and formulate plans for recruitment to key roles and other infrastructure investment requirements.
- The structure of the (Comprehensive) Cancer Centre can also include a programme structure under the Cancer Centre Board, which brings together clinicians and researchers in organ-based or theme-based groups to bridge translational research gaps.