INTERACT EUROPE 100

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Policy Recommendations
from the INTERACT-EUROPE 100 Project

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Introduction and Context

Cancer care is an extremely broad and complex area of healthcare, requiring the involvement of a wide range of professions and specialities across the entire cancer pathway. At the same time, advances in cancer diagnosis and treatment are rendering these disciplines increasingly specialised, making effective communication, coordination and collaboration between them ever more important for delivering the best possible care.

Increasing specialisation also risks creating shielded compartments that facilitate working in silos, in which professionals have limited understanding of what happens beyond their own department or speciality.

This lack of interaction and communication can contribute to errors, reduced diagnostic accuracy and suboptimal treatment decision-making, ultimately at the cost of the patient. The current shortages of healthcare workers in oncology (including physicians, nurses and support staff such as technicians and assistants), increased financial pressure on healthcare systems, and the wider healthcare workforce crisis further reinforce this challenge: with healthcare professionals increasingly focused on managing their workload, there is often little time and there are few resources to understand what other departments are doing or to build the interdisciplinary relationships that effective cancer care requires.

Against this background, the INTERACT-EUROPE 100 project and its predecessor, INTERACT-EUROPE, have established the benchmark for inter-speciality cancer training across Europe through the development of an innovative interdisciplinary cancer training model. By bringing together the different professions and disciplines involved in cancer care to learn with, from and about each other, the projects sought not only to strengthen professional knowledge and skills, but also to break down silos and foster a culture of collaboration and mutual support. In this sense, the experience of INTERACT-EUROPE 100 points towards a broader cultural shift in cancer care, described by the experts interviewed as a '**cultural revolution for cancer care**' that is '**planting the seed for a pan-European approach**' to inter-speciality training within healthcare systems.



'INTERACT-EUROPE 100 demonstrated how inter-speciality cancer training can be delivered at scale across Europe. We now have a European model that brings different professions and disciplines together, breaks down silos and lays the foundation for better cancer care.'

Prof. Riccardo Audisio

Co-Chair, INTERACT-EUROPE 100 Steering Committee



'The next step is to turn this European success story into lasting change. EU institutions and national governments should build on INTERACT-EUROPE 100 to make inter-speciality training a standard part of cancer care across Europe, ensuring that every patient benefits, wherever they live.'

Prof. Maja Čemažar

Co-Chair, INTERACT-EUROPE 100 Steering Committee

Project Overview

INTERACT-EUROPE 100 represents the first initiative of its kind to develop and implement a common inter-speciality training framework across medical and non-medical professions and disciplines involved in cancer care. The initiative began in 2022 with its predecessor, INTERACT-EUROPE, under the EU4Health programme as part of Europe's Beating Cancer Plan. INTERACT-EUROPE established the inter-speciality Cancer Training Programme (ISCTP), developed jointly with professional societies, healthcare professionals, patient representatives, cancer centres and universities from across Europe.



115+	1200+	27	9	7
Cancer Centres	Healthcare Professionals	Countries	Train-the-Trainer Events	Languages

In a second phase, INTERACT-EUROPE 100 has taken this model to scale, moving from the development of a common training framework to its implementation across 115 cancer centres in 27 European countries, reaching more than 1,200 healthcare professionals. At the same time, the curriculum was further adapted and expanded to reflect the needs of a broader range of professions and specialities involved in cancer care. While the original INTERACT-EUROPE curriculum was developed around four core oncology professions, INTERACT-EUROPE 100 extended its applicability to medical and non-medical professionals across the cancer care continuum, including surgical, medical and radiation oncology, oncology nursing, pathology, nuclear medicine, oncology pharmacy, nutrition, physiotherapy, psycho-oncology and social care.

In addition, the programme recognises that many areas of cancer care, such as diagnostics, palliative care, pain management, supportive care and survivorship, are inherently interprofessional specialities that transcend traditional professional boundaries. By bringing these diverse perspectives together within a single training framework, the programme promotes collaborative practice, strengthens person-centred care, and helps break down traditional professional silos, ensuring that patients benefit from more coordinated care and better outcomes across the cancer care continuum.

Today, training materials are available in seven languages, while nine Train-the-Trainer events have been organised across eight countries, and regional networking activities connect participating centres. With the Train-the-Trainer course now also available fully online, the programme offers new opportunities to broaden its reach and support the wider uptake of inter-speciality cancer training across Europe.

Together, these elements have established INTERACT-EUROPE 100 as a unique model for inter-speciality cancer training, underpinned by a bottom-up, profession-led approach at scale:

A model of inter-speciality cancer training developed by the cancer community, for the cancer community, designed to establish interdisciplinary care as a standard of cancer care at European, national and regional levels.

In advancing its ambition to establish interdisciplinary cancer care as a standard across Europe through a common framework for inter-speciality cancer training, INTERACT-EUROPE 100 has placed particular emphasis on inclusiveness. The participation of cancer centres from **EU candidate countries** and **underserved regions**, alongside the integration of the needs of **vulnerable populations** into its training framework, has been instrumental in reducing inequalities in accessing this training and laying the foundations for more equitable interdisciplinary cancer care across Europe.

Drawing on a series of in-depth interviews with key experts and stakeholders involved in the development and implementation of the project, the following interim policy recommendations **reflect on the main achievements, challenges and lessons learned from the project.** They identify the wider implications for cancer policy and set out **actions for EU and national decision-makers to embed inter-speciality cancer training as a standard across healthcare systems in Europe.**

Presence of INTERACT-EUROPE 100



1. Achievements

When asked about the main achievements of INTERACT-EUROPE 100, six themes emerged particularly strongly across the stakeholder interviews:

- **Breaking down silos between cancer professions and fostering a culture of mutual understanding, shared responsibility and person-focused care across the cancer continuum**
- **Pioneering a blueprint for inter-speciality cancer training at scale in Europe and beyond**
- **Creating a pathway towards establishing interdisciplinary care as a standard of cancer care**
- **Strengthening cancer workforce resilience through professional development and interdisciplinary collaboration**
- **Addressing inequalities in cancer care by improving access to inter-speciality training for underserved regions and vulnerable populations**
- **Moving beyond traditional continuing professional development and training programmes through establishing a unique model for inter-speciality cancer training**

Through the evaluation work, INTERACT-EUROPE 100 has shown that inter-speciality training can bring professions closer together, create a shared culture around the patient pathway and provide a practical foundation for longer-term change in how cancer care is organised across Europe. The experts interviewed as part of this work captured this wider significance particularly clearly:



'INTERACT-EUROPE 100 is about breaking barriers between professions and creating a culture of dialogue across cancer care.'

Prof. Franco Orsi

Head of Interventional Radiology, European Institute of Oncology (IEO), Milan & Member, INTERACT-EUROPE 100 Advisory Board



'What makes INTERACT-EUROPE 100 unique is not the Train-the-Trainer approach alone, but combining a comprehensive inter-speciality programme with implementation at this scale.'

Dr. Virpi Sulosaari

Executive Lecturer and Research Group Leader, Turku University of Applied Sciences & Co-Lead, INTERACT-EUROPE 100 Programme Design and Development

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1.1 Breaking down silos between cancer professions, building a culture of mutual understanding and person-focused care across the entire cancer continuum

Cancer care is becoming increasingly specialised. As knowledge, technologies, early detection, diagnostics and treatment options advance, professionals are required to develop ever deeper expertise within their own fields. But greater specialisation brings a clear risk that cancer professionals become increasingly focused on their own part of the pathway, while opportunities to understand and engage with other disciplines become more limited.

This challenge came through strongly in the stakeholder interviews. One of the experts interviewed described cancer centres as often still organised in '**shielded compartments**', with '**limited opportunities for specialised departments to exchange experiences with one another**'. Workforce shortages and mounting pressures on doctors, nurses and other allied healthcare professionals can reinforce these divisions further, leaving even less time for interaction across professional boundaries.

INTERACT-EUROPE 100 directly challenged this trend. By bringing different cancer professions and disciplines together to learn and exchange, the programme created space for participants to look beyond their own discipline and better understand the roles, pressures and perspectives of colleagues across the cancer pathway from diagnosis and staging through treatment and follow-up.

In doing so, INTERACT-EUROPE 100 helped foster a greater understanding of how different specialities and professions are interconnected and contribute towards common goals in person-centred cancer care, Participants also reported improvements in patient-centred communication, particularly in empathy, active listening and the ability to better understand patients' values.



'INTERACT-EUROPE 100 helped professionals look beyond their own discipline and better understand not only the work of their colleagues, but also the challenges and pressures they face.'

Francesca Marangoni

Chief Operating Officer, European Oncology Nursing Society (EONS)

Another stakeholder interviewed identified this as one of INTERACT-EUROPE 100's most important achievements. Before participating in the programme, many professionals had primarily interacted with colleagues from their own discipline. Through INTERACT-EUROPE 100, participants developed not only a better understanding of the work and expertise of other professions, but also a greater appreciation of the pressures and challenges they face.

One of the main achievements of INTERACT-EUROPE 100 was therefore not simply to bring different professions together. It helped foster a different way of working: one in which different specialities and professions do not simply coexist but work in **an interconnected way towards the shared goal of delivering person-centred cancer care**. As cancer care becomes more specialised, this ability to connect expertise across disciplines will only become more important.

1.2 Pioneering a blueprint for inter-speciality cancer training at scale in Europe and beyond

One of the distinctive achievements of INTERACT-EUROPE 100 highlighted through the expert interviews was its ability to combine a comprehensive inter-speciality curriculum with a Train-the-Trainer approach and deliver it at significant scale across Europe.

Interviewees repeatedly highlighted the reach of the programme. INTERACT-EUROPE 100 was delivered through nine Train-the-Trainer events, in multiple languages and across 115 cancer centres in 27 countries, demonstrating that inter-speciality training can be implemented across different professional, organisational and national settings.

One of the experts interviewed suggested that the experience of INTERACT could also have relevance beyond cancer. Given the complexity of cancer care and the need to coordinate across multiple professions and comorbidities, the successful implementation of INTERACT-EUROPE 100 could offer useful lessons for other disease areas requiring similarly integrated care.

One of the key lessons learned from INTERACT-EUROPE 100 is therefore that the combination of a comprehensive inter-speciality curriculum, the Train-the-Trainer methodology and large-scale cross-border delivery **provides a practical blueprint for expanding inter-speciality training across Europe, with potential relevance beyond cancer care**.



Presentation of INTERACT-EUROPE 100 during an event to address the special needs of displaced people with cancer and healthcare workforce.

October 2024, Ivano-Frankivsk, Ukraine

1.3 Establishing interdisciplinary care as a standard at European, national and regional level

A recurring theme across the interviews is that INTERACT-EUROPE 100 has created a concrete basis for making interdisciplinary care a standard of cancer care across Europe. By enrolling more than 1,200 healthcare professionals across 115 cancer centres in 27 European countries, the project has demonstrated how a common inter-speciality approach can be implemented across very different national and organisational settings, laying the groundwork for more integrated clinical pathways and closer collaboration between professions in everyday cancer care.

Early experiences also point to changes in organisational practice, with trainers reporting greater interaction between clinical departments, more inclusive interdisciplinary discussions and new opportunities for collaboration beyond existing team structures.

Experts described INTERACT-EUROPE 100 as having planted the seed for **a pan-European approach to interdisciplinary cancer care.** Rather than viewing participation in the project as an end point, interviewees saw it as the beginning of a longer process of embedding multidisciplinary education and collaboration more systematically within cancer care.

This will require building on the model established through INTERACT-EUROPE 100. Experts pointed to the importance of integrating inter-speciality training into national education programmes and national cancer plans, while common European standards and quality frameworks could support greater consistency and recognition across countries and cancer centres.

INTERACT-EUROPE 100 is about breaking barriers and could contribute to **a cultural revolution in cancer care.**

One of the main achievements of INTERACT-EUROPE 100 is therefore that it has established a foundation on which European, national and organisational action can build, creating a pathway towards interdisciplinary care becoming a recognised standard of cancer care across Europe.



Ruse City Mayor addressing INTERACT-EUROPE 100 participants during a regional networking event at the Complex Oncological Centerof Ruse.

March 2026, Ruse, Bulgaria

1.4 Professional development and inter-speciality training strengthen workforce resilience

A recurring message from the expert interviews was that inter-speciality education can contribute to a more resilient cancer workforce, particularly at a time when health systems across Europe are facing growing workforce pressures.

Interviewees highlighted that investing in professional development can help healthcare professionals feel valued and more connected to the wider multidisciplinary team. One expert stressed that when interprofessional practice works well, professionals not only collaborate more effectively but can also feel better within their working environment, with a stronger sense that their contribution is recognised.

Better collaboration can also support more efficient cancer care. Improved communication between professions can strengthen understanding of patient pathways, reduce duplication of work and help teams make better use of limited workforce capacity.



'Investing in education helps retain healthcare professionals by making them feel valued as part of a multidisciplinary team.'

Dr. Kim Benstead

Chair, Accreditation Council of Oncology in Europe (ACOE) & Former Co-Chair, INTERACT-EUROPE Steering Committee

One of the key lessons learned from INTERACT-EUROPE 100 is therefore that inter-speciality training should be seen not only as an educational investment, but as part of a wider workforce resilience strategy, supporting professional development, team cohesion and more efficient interdisciplinary cancer care.

1.5 Addressing inequalities in cancer care by improving access to inter-speciality training for underserved regions and vulnerable populations

INTERACT-EUROPE 100 is an essential part of delivering on Europe's Beating Cancer Plan objective of reducing inequalities in cancer care by ensuring equitable access to high-quality inter-speciality cancer training across Europe. The INTERACT-EUROPE 100 experience provides practical lessons on how inter-speciality training can reach underserved regions and vulnerable populations, making cancer care more inclusive, accessible and responsive across all Member States.

Inclusiveness and balanced geographical representation were built into the project from the outset. As highlighted by the European Health and Digital Executive Agency (HaDEA), INTERACT-EUROPE 100 has used translation and digital platforms to help reach cancer centres in resource-constrained and rural settings.

Bringing together 115 diverse cancer centres across 27 European countries, ranging from centres in rural and underserved areas and EU candidate countries to some of Europe's most advanced specialist institutions, INTERACT-EUROPE 100 has demonstrated the potential of inter-speciality cancer training as a crucial tool for promoting inclusiveness, reducing inequalities and fostering knowledge exchange across diverse healthcare settings and cultural contexts.

The project has also explored how inter-speciality training can be adapted to the needs of vulnerable populations facing additional barriers to cancer care. A particular focus has been placed on displaced people affected by cancer and the healthcare professionals supporting them, especially in the context of Ukraine. Through a dedicated needs assessment and related project activities, INTERACT-EUROPE 100 has examined their healthcare, psychosocial, informational and practical needs, helping to identify how training can better prepare professionals to deliver coordinated cancer care in displacement and crisis settings.

INTERACT-EUROPE 100 therefore provides a model for how future training initiatives can widen access to inter-speciality cancer training and effectively address inequalities in cancer care. Approaches such as balanced geographical recruitment, multilingual delivery, digital learning combined with on-site training, dedicated needs assessments and training adapted to specific groups or settings can help extend the reach of interdisciplinary cancer care across Europe.

1.6 Moving beyond traditional continuing professional development and training programmes by establishing a pioneering model for inter-speciality cancer training

One of the distinctive achievements of the project has been to pioneer a new approach to professional training that addresses a longstanding gap between speciality-specific education and the competencies required for effective interdisciplinary cancer care.

While established continuing professional development programmes primarily focus on strengthening the knowledge and expertise within individual professions, specialities and disciplines, the model established by the project's framework complements and goes beyond these traditional approaches by placing particular emphasis on developing the skills and competencies needed for all those involved in cancer care to integrate their complementary expertise into shared decision-making, coordinated clinical practice and genuinely interdisciplinary cancer care

By combining online learning activities with inter-speciality clinical training within participating cancer centres, the programme goes beyond individual professional development by supporting multidisciplinary teams in applying their newly acquired competencies to clinical practice and identifying opportunities to improve the organisation and coordination of care along local patient pathways.

Initial findings from the project's evaluation reinforce what sets the project's framework apart as a unique and crucial model for strengthening interdisciplinary cancer care, as participants reported improvements in communication skills and greater awareness of multidisciplinary practice, while qualitative findings highlighted the value of clinical training in breaking down departmental silos and identifying opportunities to improve local cancer pathways.

One of the main achievements of INTERACT-EUROPE 100 is therefore that the project has established a pioneering educational model that bridges the gap between individual professional development and effective interdisciplinary practice, demonstrating how a structured inter-speciality learning model can strengthen interdisciplinary collaboration and more integrated clinical practice across cancer centres.



Workshop with patients during the INTERACT-EUROPE 100 regional networking event at the Royal College of Surgeons in Ireland.

January 2026, Dublin, Ireland

2. Lessons Learned

The stakeholder interviews highlighted five main lessons from the implementation of INTERACT-EUROPE 100:

- **Language remains one of the main barriers to the accessibility and implementation of cross-border inter-speciality cancer training**
- **Workforce pressures and lack of protected time can limit healthcare professionals' ability to access and complete inter-speciality training**
- **The rapidly evolving cancer care landscape and increasing specialisation of cancer specialities require regular curriculum review, underpinned by sustainable governance and adequate resources**
- **Wider integration of inter-speciality training into cancer care requires greater awareness and evidence demonstrating the need and added value of interdisciplinary cancer care**
- **The success of inter-speciality cancer training ultimately depends on individual motivation, as well as on organisational and institutional support and a willingness to learn from different professional, organisational and cultural perspectives**

Taken together, these lessons show that successful inter-speciality cancer training depends on more than the quality and volume of the curriculum itself. It also requires feasible conditions that enable professionals to participate, organisations and decision-makers to support implementation, and training models that can adapt to different languages and teaching/learning strategies, healthcare settings and professional cultures. The experts interviewed as part of this work captured these challenges particularly clearly.



'Attitude and willingness to learn from different professional and organisational perspectives is essential to making interdisciplinary care work in practice.'

Dr. Virpi Sulosaari

Executive Lecturer and Research Group Leader, Turku University of Applied Sciences & Co-Lead, INTERACT-EUROPE 100 Programme Design and Development



'The curriculum should be formally reviewed from time to time, potentially every 3 years, to ensure that it remains aligned with advances in cancer care.'

Prof. Niall O'Higgins

Former Co-Chair, INTERACT-EUROPE Steering Committee

2.1 Language: a main barrier to the accessibility and implementation of cross-border inter-speciality cancer training

Stakeholders interviewed as part of the project consistently highlighted language as an important barrier to the accessibility and wider implementation of inter-speciality cancer training across Europe. **Differences in professional terminology have also been identified as potentially creating additional communication barriers and reinforcing the importance of fostering mutual understanding across disciplines**.

Several interviewees pointed to the experience of INTERACT-EUROPE 100 as showing how this barrier can already be reduced in practice. Language was described by one stakeholder as 'one of the main barriers to participation', particularly for centres in Eastern Europe and Ukraine. At the same time, by offering training in seven languages for participants and making use of automatic translation tools, INTERACT-EUROPE 100 demonstrated how multilingual approaches can make inter-speciality training more accessible.

Stakeholders nevertheless highlighted remaining gaps. One interviewee noted that while participant (trainee) materials were translated into the available languages, trainers were generally expected to work in English. Experiences from the first training cohort showed that language barriers could contribute to participant withdrawals, particularly among nursing and administrative staff. These findings reinforce the need to extend multilingual support across the full training programme.



'We have a problem with language because most of our nurses don't speak English fluently. So, we lost about four to six trainees due to language barriers. They couldn't work with Moodle because of language.'

Trainer, Turku, Finland

INTERACT-EUROPE 100 Pioneer Cohort Evaluation, p. 180

Looking ahead, stakeholders stressed the potential of building on the machine-learning-based translation techniques already used within INTERACT-EUROPE 100, alongside emerging AI-supported technologies. These could not only make educational content available in multiple languages and enable broader participation in future models but also help streamline the content production process. However, professional proofreading and review would nevertheless remain essential to ensure the quality and accuracy of clinical and educational content.

One of the key lessons learned from INTERACT-EUROPE 100 is therefore that **multilingual accessibility should be built into inter-speciality training from the outset, helping ensure that language does not become a barrier to participation or wider implementation across Europe**.

2.2 Workforce pressures and lack of protected time can limit healthcare professionals' ability to access and complete inter-speciality training

A key lesson highlighted by stakeholders and experts interviewed as part of the project was that the success of inter-speciality training depends not only on the quality of the curriculum, but also on whether healthcare professionals have sufficient time and flexibility to participate.

Time constraints and heavy clinical workloads have been identified as among the main practical barriers encountered during the implementation of INTERACT-EUROPE 100, which, in some cases, contributed to participant fatigue and withdrawals, particularly among medical oncologists and surgeons.

Interviewees linked this directly to wider workforce pressures across cancer care. Staff shortages and increasing workloads can make it difficult for healthcare professionals to dedicate time to additional training, even where there is a clear interest in participating.



'One of the biggest challenges for participants was lack of time.'

Prof. Maja Čemažar

Head of Research and Education, Institute of Oncology Ljubljana & Co-Chair, INTERACT-EUROPE 100 Steering Committee

One interviewee noted that, due to workforce shortages, some professionals struggled to complete the full course during working hours. This reinforced the need for training formats that are better adapted to the realities of clinical practice. INTERACT-EUROPE 100 sought to address this challenge by **integrating training activities into participants' daily clinical work** and structuring online learning materials into units of no more than 15 minutes, allowing for more flexible learning alongside clinical responsibilities.

Experts therefore highlighted the importance of building on these approaches through flexible learning formats that can be integrated into daily clinical practice, while preserving the interdisciplinary interaction considered central to the value of INTERACT-EUROPE 100.

Alongside these measures, another interviewee highlighted the potential of further integrating AI into healthcare systems to help alleviate wider workforce pressures by optimising and automating selected clinical and administrative tasks, thereby creating more opportunities for healthcare professionals to participate in inter-speciality training programmes such as INTERACT-EUROPE 100.

One of the key lessons learned from INTERACT-EUROPE 100 is therefore that **inter-speciality training should be designed around the capacity of an already stretched healthcare workforce, with sufficient flexibility and protected learning time backed by institutional commitments and adequate staffing arrangements to enable meaningful participation**.

2.3 Periodic curriculum review, underpinned by sustainable governance and adequate resources, is essential

Stakeholders and experts interviewed as part of the project emphasised that the inter-speciality and co-created nature of the INTERACT-EUROPE 100 curriculum should be preserved, while stronger arrangements are needed to ensure that its content remains up to date as cancer care continues to evolve.

The way in which the curriculum was developed emerged from the interviews as one of INTERACT-EUROPE 100's particular strengths. Bringing together different European professional societies and disciplines from the outset helped ensure that perspectives from across the multidisciplinary cancer team were reflected throughout its development. Involving patient representatives more systematically in future curriculum development has been suggested.

At the same time, interviewees stressed that training content cannot remain static. As new treatments, technologies and models of care continue to emerge, curricula need to be reviewed regularly to remain relevant to clinical practice while balancing a common European educational framework with more specialised learning opportunities adapted to different professional backgrounds and levels of experience.

Regular curriculum review should also reflect the emergence and evolution of disciplines that increasingly operate across traditional diagnostic and therapeutic boundaries, including image-guided interventions and interventional oncology, whose role may span tissue acquisition, treatment planning, locoregional therapies and symptom palliation.

The curriculum should be formally reviewed on a regular basis to ensure it remains aligned with advances in cancer care.

The need for clear long-term ownership and adequate resources to support such review has also been highlighted. Organisations including ECO, ESMO, ESTRO, EONS, ESSO and the wider professional societies were identified as potential partners in maintaining the collaborative approach established through INTERACT-EUROPE 100 and supporting periodic curriculum updates. Such reviews should also consider the technical aspects and delivery formats of the training to ensure they remain accessible, practical and fit for purpose.

One of the key lessons learned from INTERACT-EUROPE 100 is therefore that **sustainable inter-speciality cancer training requires both co-creation involving all disciplines and professions involved in the care pathway and a clear mechanism for long-term ownership, resourcing and regular curriculum review**.

2.4 Creating greater awareness and evidence for the added value of interdisciplinary cancer care

Limited awareness of INTERACT-EUROPE 100, both within cancer centres and among decision-makers beyond them, emerged as an important barrier to the wider integration of inter-speciality training.

Some of the experts interviewed stressed the importance of engaging senior leadership within the institutes alongside healthcare professionals themselves. Even where professionals recognise the value of inter-speciality education, implementation depends on organisations providing the time, resources and institutional support needed to translate learning into everyday practice.



'If you want a change in practice, you always need the leadership to support.'

Dr. Virpi Sulosaari

Executive Lecturer and Research Group Leader, Turku University of Applied Sciences & Co-Lead, INTERACT-EUROPE 100 Programme Design and Development

Beyond individual cancer centres, several interviewees also highlighted the importance of engaging policymakers and decision-makers at national and regional level. Building stronger evidence of the impact of inter-speciality training on professional collaboration, organisational practice and the quality of cancer care going beyond the encouraging self-reported improvements identified during INTERACT-EUROPE 100 to demonstrate sustained changes in clinical practice and measurable benefits for patients could provide a stronger basis for making the case to these decision-makers. The role of patient organisations and carers has also been highlighted in reinforcing this message by demonstrating the value of interdisciplinary care from the patient perspective.

One of the key lessons learned from INTERACT-EUROPE 100 is therefore that **embedding inter-speciality training more systematically across European cancer care will require support at several levels: leadership and awareness within cancer centres, engagement from national and regional decision-makers, and clearer evidence of its added value**.

2.5 Success depends on individual motivation, organisational and institutional support and a willingness to learn from different perspectives

Effective inter-speciality cancer training requires more than formal structures and opportunities for collaboration. A recurring point across the stakeholder interviews was that professionals also need the willingness to engage with, understand and learn from colleagues across different disciplines and settings.

Several experts highlighted this as one of the important contributions of INTERACT-EUROPE 100. By bringing professionals from different cancer disciplines together, the programme helped create space for dialogue and encouraged participants to look

beyond their own professional perspectives. At the same time, a recurring message from both the expert interviews and the pioneer cohort evaluation was the importance of 'organisational and institutional commitment' alongside individual motivation.

As one stakeholder stressed, successful inter-speciality training ultimately depends on 'the individual motivation' and 'attitude and willingness to learn' from others. Such commitment will be crucial to ensuring that inter-speciality training translates into lasting changes in clinical practice, particularly where established professional hierarchies, workforce pressures and institutional practices continue to limit opportunities for interdisciplinary collaboration.

Stakeholders also stressed that successful implementation should not mean reproducing the programme identically in every cancer centre. Particularly within the Train-the-Trainer model, participants need to learn from one another and adapt what they have learned to the organisational and cultural realities of their own centre. In this way, participants can become trainers themselves, creating a virtuous circle of learning and knowledge-sharing that extends beyond the initial programme.

Finally, stakeholders and experts interviewed highlighted that willingness to participate needs to be supported by appropriate incentives and recognition. One stakeholder pointed, for example, to the potential of micro-credentials or other forms of professional recognition to give participants a more tangible incentive to invest time in inter-speciality training.

One of the key lessons learned from INTERACT-EUROPE 100 is therefore that strengthening interdisciplinary cancer care requires more than putting structures in place. Future inter-speciality training should **foster openness and dialogue across professional boundaries, allow learning to be adapted to local contexts and provide meaningful recognition for participation, while securing organisational and institutional commitment to providing dedicated training time, adequate resources and long-term support for its implementation**.



Workshop during INTERACT-EUROPE 100 Train-the-Trainers event at the University of Medicine and Pharmacy 'Carol Davila'.

September 2025, Bucharest, Romania

3. Policy Recommendations

Building on the experience of INTERACT-EUROPE and INTERACT-EUROPE 100, and the lessons identified through stakeholder and expert interviews, the following recommendations set out how Europe can build on the foundations created by INTERACT-EUROPE 100 to drive a broader cultural change in cancer care. Their ambition is to embed inter-speciality education and collaboration across European health systems and support interdisciplinary care in becoming a recognised standard of high-quality cancer care across Europe.

3.1 Embed inter-speciality cancer training within European quality and accreditation frameworks

European cancer networks, accreditation bodies and professional organisations should progressively integrate inter-speciality education and training into the standards used to assess high-quality cancer care.

Rather than creating parallel structures, the experience and educational model developed through INTERACT-EUROPE 100 should connect to existing European quality, accreditation and cancer-network frameworks, strengthening the educational dimension of interdisciplinary cancer care and supporting closer integration of different professional expertise in clinical practice.

- **Building on the INTERACT-EUROPE 100 experience**: Stakeholders identified European accreditation and quality frameworks as one of the strongest routes for embedding inter-speciality education beyond the project. OECI and EUnetCCC were specifically highlighted as possible pathways for wider recognition and implementation.
- **Best practice**: OECI already assesses cancer centres across quality domains including interdisciplinarity and education and training in all disciplines, providing an existing European structure within which inter-speciality education could be more systematically recognised.
- **What this could mean for future inter-speciality cancer training**: The curriculum and training approach developed through INTERACT-EUROPE 100 could provide a practical model for strengthening the educational component of European cancer quality standards, helping inter-speciality training become a recognised feature of high-quality cancer care. Such standards should assess not only whether different professions are represented, but also whether their expertise is effectively integrated into clinical practice and decision-making throughout the patient pathway.

This should include recognition of practical inter-speciality learning, including cross-departmental exchanges, alongside core competencies in interprofessional communication, shared decision-making and clinical leadership.

3.2 Translate inter-speciality cancer training into national cancer policy

Member States should integrate inter-speciality cancer training into national cancer plans, workforce strategies and relevant professional education frameworks.

National authorities should work with institutes and professional organisations to identify appropriate structures for supporting implementation nationally, including lead cancer centres, networks or national champions that can connect institutions and facilitate wider uptake.

- **Building on the INTERACT-EUROPE 100 experience**: Stakeholders emphasised that implementation ultimately depends on national healthcare systems. One proposal was for each country to identify a lead cancer centre, supported by national champions and regular collaboration between participating centres. Other interviewees stressed that the next step is securing endorsement from national authorities responsible for cancer policy, education and accreditation.

  The pioneer cohort evaluation further demonstrated that institutional support is a prerequisite for successful implementation, with insufficient resources, protected time and organisational backing among the main barriers encountered by participating cancer centres.
- **Best practice**: Ireland's National Cancer Strategy 2017–2026 provides an example of national cancer policy being used to make interdisciplinary collaboration and care an explicit element of how cancer care should be organised, supported by designated cancer centres.
- **What this could mean for future inter-speciality cancer training**: Member States could similarly recognise inter-speciality education within national cancer policy and identify the structures responsible for translating this commitment into implementation across cancer centres and regions. This should be accompanied by clear commitments from decision-makers to provide the necessary staffing, resources and protected learning time, ensuring that implementation does not depend solely on the motivation of individual healthcare professionals.



Presentation of INTERACT-EUROPE 100 at the European Commission office in Barcelona.

February 2024, Barcelona, Spain

3.3 Recognise inter-speciality training as part of professional development

Member States, professional bodies and healthcare organisations should recognise inter-speciality cancer training within continuing professional development (CPD), continuing medical education (CME) and lifelong learning systems, while ensuring healthcare professionals have protected time to participate. Protected learning time should be recognised as an investment in the quality and resilience of the oncology workforce, rather than an additional responsibility placed on already overstretched healthcare professionals.

Recognition could include CPD and CME credits, micro-credentials or other forms of professional recognition across the different professions involved in cancer care, combined with shorter and more flexible learning formats that reflect the realities of clinical practice.

- **Building on the INTERACT-EUROPE 100 experience**: Lack of time and workload emerged as some of the clearest barriers to participation. Stakeholders identified CPD/CME credits, career recognition and micro-credentials as potential incentives, while stressing the importance of recognition across the full range of cancer professions. The pioneer cohort evaluation further highlighted that educational credits alone may not be sufficient to encourage participation, particularly when the workload required is not matched by appropriate recognition or compensated training time.
- **Best practice**: The EU already has a common policy framework for micro-credentials through the 2022 Council Recommendation on a European approach to micro-credentials for lifelong learning and employability. At cancer-centre level, Leuven Cancer Institute provides an example of continuous professional education combining flexible e-learning, interdisciplinary modular training and Train-the-Trainer approaches.
- **What this could mean for future inter-speciality cancer training**: inter-speciality learning pathways could be linked more systematically to recognised CPD and CME credits, micro-credentials or equivalent forms of professional recognition, helping make participation a valued part of professional development rather than an additional activity undertaken alongside clinical work.



Chair of ACOE Dr. Kim Benstead during an exchange of views at the sporlight session of INTERACT-EUROPE 100 of the European Cancer Summit.

November 2025, Brussels, Belgium

3.4 Reduce inequalities in access to inter-speciality cancer education

Future European and national investment should prioritise countries, regions and healthcare settings where access to inter-speciality cancer training remains limited.

This should include multilingual access to training, greater support for centres with fewer educational resources and progressive expansion beyond leading Comprehensive Cancer Centres to general hospitals and other settings where cancer patients receive care.

- **Building on the INTERACT-EUROPE 100 experience**: Stakeholders highlighted language as an important barrier, particularly in parts of Eastern Europe and Ukraine, and identified AI-supported translation as one possible way of widening access. The interviews also highlighted the importance of reaching beyond centres where working in multidisciplinary teams is already well established.
- **Best practice**: EUnetCCC combines the development of common European standards with capacity-building intended to strengthen skills and infrastructure across cancer centres and explicitly aims to address disparities, including the inclusion of smaller and Eastern European countries.
- **What this could mean for future inter-speciality cancer training**: A common European educational framework could be combined with targeted multilingual, technical and implementation support for countries and centres where access to inter-speciality education is more limited, ensuring that common standards do not widen existing disparities.



Ukrainian health professionals participating in the Train-the-Trainers event at University of Medicine and Pharmacy 'Carol Davila'.

September 2025, Bucharest, Romania

3.5 Secure long-term ownership of an established European inter-speciality curriculum

European professional societies, cancer organisations, universities, cancer centres, general hospitals and patient representatives should establish a sustainable governance mechanism for maintaining and regularly updating the curriculum developed through INTERACT-EUROPE 100.

The curriculum should remain co-created across disciplines and professions, evolving alongside advances in cancer treatment, technologies and models of care. Clear responsibility should be established for curriculum review, quality assurance and future development.

- **Building on the INTERACT-EUROPE 100 experience**: Stakeholders stressed that sustainability means more than continuing to deliver existing modules. It requires clear ownership, dedicated expertise and regular review as clinical guidance, technologies and professional practice evolve. Interviewees also supported preserving multidisciplinary co-creation while strengthening the involvement of patient representatives. The pioneer cohort evaluation additionally highlighted the importance of maintaining a manageable and relevant curriculum, balancing core training requirements with more specialised learning opportunities according to professional needs.
- **Best practice**: OECI periodically reviews its European cancer quality standards through a structured process involving cancer centres, professional societies, European institutions and patient representatives. Its 2025 standards revision brought together 110 participants from 23 countries and included dedicated work on interdisciplinarity and education and training.
- **What this could mean for future inter-speciality cancer training**: A similar European review cycle could maintain and update the curriculum developed through INTERACT-EUROPE 100, with clear responsibility shared between relevant professional and cancer organisations and with continued input from healthcare professionals and patients. Such a mechanism should also secure the long-term sustainability of training materials, digital learning infrastructure and support for local trainers beyond the lifetime of individual EU-funded projects.



Lecture during Train-the-Trainers event at Heidelberg University Hospital.

July 2025, Heidelberg, Germany

3.6 Turn inter-speciality training into measurable change in cancer care

European and national policymakers, cancer networks and healthcare organisations should strengthen the evidence base on how inter-speciality education translates into changes in professional collaboration, organisational practice and the quality of cancer care.

Evaluation should move beyond participation numbers and assess whether training changes how professionals communicate and work together, strengthens understanding across the patient pathway and supports interdisciplinary care in everyday practice. Importantly, this should also include patient-reported experiences and shared decision-making, ensuring that improvements in professional collaboration translate into tangible benefits for patients.

- **Building on the INTERACT-EUROPE 100 experience**: Stakeholders identified stronger evidence of impact as essential for securing support from policymakers, cancer centre leadership and other decision-makers. They also stressed that leadership support is critical if learning is to translate into organisational change.
- **Best practice**: OECI's European benchmarking initiative uses a common set of indicators covering organisational, quality, treatment and research dimensions to enable cancer centres to compare performance and support continuous quality improvement.
- **What this could mean for future inter-speciality cancer training**: Evaluation could complement participation data with a small set of common indicators capturing changes in communication, collaboration, multidisciplinary practice and organisational culture. These should be complemented by patient-reported experience measures and follow-up assessments, developed with patient representatives, to evaluate whether improvements are sustained and reflected in everyday cancer care. This would provide a stronger evidence base for future policy recognition and investment in inter-speciality cancer education.



Participant taking notes during the INTERACT-EUROPE 100 regional networking event at the Royal College of Surgeons in Ireland.

January 2026, Dublin, Ireland

INTERACT EUROPE 100

Publication: November 2026



Co-funded by the European Union

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Health and Digital Executive Agency (HaDEA). Neither the European Union nor the granting authority can be held responsible for them.

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