

## Towards a joint definition of European hematology

Gert Ossenkopppele,<sup>1</sup> Gareth Evans-Jones,<sup>2</sup> Ulrich Jaeger,<sup>3</sup> and Eva Hellström-Lindberg<sup>4</sup> on behalf of the Curriculum Update Working Group\*

<sup>1</sup>Department of Haematology, VU University Medical Center, Amsterdam, The Netherlands; <sup>2</sup>EHA Executive Office, The Hague, The Netherlands; <sup>3</sup>Division of Hematology and Hemostaseology, Medical University of Vienna, Austria; <sup>4</sup>Division of Hematology, Karolinska University Hospital, Stockholm, Sweden

E-mail: g.ossenkopppele@vumc.nl doi:10.3324/haematol.2012.067942

**Enclosed in this issue of *Haematologica* you will find the second version of the European Curriculum Passport. This perspective offers some background information.**

### European hematologists: a historical perspective

In 2003, the EHA and the European School of Hematology, (ESH), were awarded a European Commission Grant to promote Continuing Medical Education, harmonization of curriculum and professional mobility in hematology. In this project, the European Committee for Accreditation in Hematology or ECAH, made up of the EHA and 27 national societies, decided to develop a curriculum for European hematologists. The first important step that was agreed upon was to regard hematology as a mono-speciality, including both clinical and diagnostic aspects. Next, with the challenge that it should be regarded neither as too restrictive nor too broad to be attractive to most countries, the curriculum was divided into five areas of competence: clinical hematology, diagnosis, coagulation, transfusion, and general skills. Each area was further divided into several sections and within each section there were a number of specific items. An example of sequential "hierarchy" in the 2006 first version is Clinical hematology (area) - Hematological malignancies (section) - Myeloma (item). In addition, the curriculum defined the degree of competence in internal medicine that is required for hematologists, but did not focus on the details of this speciality.

The individual using the passport to score his or her level of competence could rate each item on a three-step scale from awareness through knowledge to competence. This allowed comparison with the recommended European level, as agreed upon by the Curriculum Committee, but also facilitated national recommendations based, for example, on differences in disease spectra and health care organization. Hence, the curriculum was aimed at creating a vision for European hematologists rather than creating a uniformly obligatory system for hematologic training.

The words "Curriculum Passport" or CV Passport were used to demonstrate that its intention was to promote both harmonization of the speciality and professional mobility within the European community. The long-term goal was that the passport would improve the quality of patient care by describing the skills and competences of a junior specialist in hematology and, over time, improve educational activities within the respective countries. The first version of the European Curriculum for Hematology was created through a European "bottom-up" process and first published in May 2006. All national societies reviewed the 2006 version of the CV and contributed to its content.

### Hematology Curriculum revisited: the H-Net project

After 2006, the curriculum was used in different ways in a

number of European countries. It was translated into national versions in several of them and used in its original form in others. It is probable that its main effect was to influence national training programs without being adopted in its entirety. Importantly, the CV Passport served as the basis for a subsequent EU funded project: H-Net 2008-2011. The goal of H-Net is a truly harmonized curriculum for European hematologists, thus raising the competence levels of hematologists as a group and ultimately improving patient care and public health. One of the building blocks of the H-Net project was a survey among 240 hematologists who had recently completed their training. These young hematologists from 25 countries were asked to self-assess their competence levels by filling out the CV Passport on line. The survey was anonymous and data were summarized at national and European levels. The analysis focused on the differences between the self-assessed competence levels and the recommended competence levels as expressed in the EHA Passport; the so-called "competence gaps". The gaps differed significantly between European countries and regions and were subsequently used to develop a strategy for targeted education. Both the survey and the strategy will be reported on in subsequent articles. The survey itself functioned as a means of testing the validity of different items in the CV Passport (respondents were encouraged to leave comments on every subsection of the survey) and therefore proved to be instrumental in identifying weaknesses in the 2006 version. Some of the items in the CV Passport had become outdated and some competences that had recently been introduced into the field of hematology were missing. As a result of the survey, the European Hematology Curriculum was revised and updated.

### European Curriculum Passport version 2.0-2011

According to plan, and supported by the findings of the H-Net survey, 14 European hematologists and 2 educationalists, appointed by the EHA Curriculum Committee and EHA Board, took on the task of modifying, correcting and modernizing the first version of the curriculum. The first task was to modify the definitions of the competence levels and align these with European definitions. The previous levels of awareness - knowledge - competence were changed to competence levels 1, 2 and 3, with a detailed description of what each level should define. Next, new pieces of knowledge were added while other items were removed. Thirdly, because of unwanted differences in the level of detail (granularity) between the original sections, the group realized that the section on Clinical Hematology was too superficial in its

| 1C NON MALIGNANT WHITE BLOOD CELL DISORDERS         |         |         |         |
|---|---------|---------|---------|
| The trainee has received training in:               | level 1 | level 2 | level 3 |
| a) Granulocyte dysfunction disorders                | ■       | ■       | ■       |
| b) Granulocytopenia/agranulocytosis                 | ■       | ■       | ■       |
| c) Lymphopenia and lymphocyte dysfunction syndromes | ■       | ■       | ■       |
| d) Inherited immune deficiency syndromes            | ■       | ■       | ■       |
| e) Hemophagocytic lymphohistiocytosis               | ■       | ■       | ■       |
| f) Secondary leukocytosis                           | ■       | ■       | ■       |

EUROPEAN HEMATOLOGY CURRICULUM 19

Figure 1. Example for items in section 1 Clinical Hematology: Benign Hematology.

| V Definitions of the level descriptors  |   |
|---|---|
| Level 1 descriptors: The trainee can:   |   |
| <b>Patient management</b>               | <ul style="list-style-type: none"> <li>identify the correct categorisation of the condition and recognise a patient who may fall into this categorisation [note: may not have seen a patient with condition]</li> </ul> |
| <b>Laboratory skills and diagnosis</b>  | <ul style="list-style-type: none"> <li>describe the general range of tests available and relevant to specific hematological conditions</li> </ul>   |
| <b>Transfusion medicine</b>             | <ul style="list-style-type: none"> <li>identify the clinical indications for a transfusion, of whichever blood component</li> </ul>   |
| <b>Knowledge of professional issues</b> | <ul style="list-style-type: none"> <li>describe what is meant by a specific issue and explain why this issue is important for the hematologist</li> </ul>   |
| <b>General professional skills</b>      | <ul style="list-style-type: none"> <li>describe what is meant by a specific item and explain why these skills are important for the hematologist</li> </ul>   |

EUROPEAN HEMATOLOGY CURRICULUM 11

Figure 2. Level 1 descriptor of competence.

description of competence items. Hence, this important part of hematology was divided into Benign Hematology, Myeloid Malignancies, Lymphoid Malignancies, and Stem Cell Transplantation and Special Therapies. Together with Diagnosis, Thrombosis and Hemostasis, Transfusion Medicine and General Skills, there now are eight sections with similar levels of detail in the new CV Passport. A major difference between versions 1.0 and 2.0 of the CV Passport are the clearer descriptions of competence levels in the new version. Each item in the passport can be assessed at three levels of competence: 1-3 (Figure 1). The descriptions are somewhat different for the different categories: Patient Management, Laboratory Skills and Diagnosis, Transfusion Medicine, Knowledge of Professional Issues and General Skills. As an example see figure 2 for level 1 descriptors of competence. Competence level 3 for the clinical items requires that the specialist be able to independently diagnose and manage the patient, and at least provide first-line treatment. Finally, the curriculum recommends that the minimum length of training for hematology should be at least five years in total, or at least three years when previous training encompassed a minimum of two years of internal medicine. The recommended time for training is based on the reported length of training observed in the European survey and on the relation between the defined required competences and the approximate time to reach this level of competence.

National societies (NS) of hematology in Europe had the possibility to comment on the CV Passport, ultimately resulting in approval and endorsement by 27 NS. A substantial number of the NS have already adopted all or parts of the curriculum, as laid out in the CV Passport, or are planning to do so in their new training programs. Ten NS have either translated or plan to translate the CV Passport into their national languages: French, German, Polish, Bulgarian, Czech, Italian, Norwegian, Romanian, Greek and Turkish.

This 2<sup>nd</sup> version of the CV Passport can be downloaded from the EHA website (<http://www.ehaweb.org/assets/>

documents/CV-PASSPORT-2012.pdf) and a bound hard copy can be ordered or delivered to educational events organized by all project partners and EHA-approved organizations. Very soon a web-based online version will become available for trainees to keep a record of their competences for personal use or discussions with their mentors.

### Future perspectives

The web-based online CV Passport will offer the possibility of a continuous survey of competence at individual, national and European levels. It can then be used as an educational tool to define gaps in competence that should be targeted with specific educational events. The tools of education that have been developed in the H-Net project will be instrumental in achieving this goal. The next update of the CV Passport is planned for 2015. The willingness to support the CV Passport augurs well for the future introduction of an assessment or exam, which will once again need cooperation and input from the national societies.

*Gert Ossenkoppele is Professor of Hematology at the VU University Medical Center, Amsterdam, The Netherlands. He is a member of the EHA Curriculum Committee. Gareth Evans-Jones is the EHA Project Manager for Medical Education, EU Projects and CME. Ulrich Jaeger is the President of the EHA. Eva Hellström-Lindberg is Chairperson of the EHA Curriculum Committee.*

*\*Curriculum Update Working Group: Eva Hellström-Lindberg, Gert Ossenkoppele, Ulrich Jäger, Tomas Navarro, Alvaro Urbano, Hamdi Akan, Margarita Guenova, Birgitta Sander, Margareta Holmström, Cheng-Hock Toh, Paolo Rebulla, Charis Matsouka, Wolf-Dieter Ludwig, Dominique Bron, Janet Strivens, Ambjörn Naeve, Thom Duyvené de Wit, Gareth Evans-Jones, Victoria Chuvakova, Nina Straathof and Carin Smand.*

*Financial and other disclosures provided by the author using the ICMJE ([www.icmje.org](http://www.icmje.org)) Uniform Format for Disclosure of Competing Interests are available with the full text of this paper at [www.haematologica.org](http://www.haematologica.org).*