

PROPOSAL OF TRAINING CURRICULUM FOR PAEDIATRIC HAEMATOLOGY & ONCOLOGY (PHO)

Subspecialty Coordinators (In Alphabetical Orders)

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Contents

List of Drafting Panel Members.....	3
Contact Information	4
Preface	5
Programme Description	6
Mission and Objectives	7-8
Training Curriculum	9-16
Method of Evaluation and Exit Assessment	17-19
Appendix 1: Checklist for Special Procedures with Minimum Number of Procedures Required.....	20

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Preface

With the establishment of the Hong Kong Paediatric Haematology & Oncology Study Group for 27 years and also the commencement of territory-wide Paediatric Oncology Service at the Hong Kong Children's Hospital since July 2019. All these are the results of selfless devotion and collaboration among the local paediatricians, no matter they have special interest in the field of paediatric haematology and oncology or not. It also involves the endless efforts and contributions of at least four generations of colleagues before we can arrive at where we stand today.

Since 1992, our seniors taking care of children with cancers from different hospitals worked together and formed the Hong Kong Paediatric Haematology & Oncology Study Group. The treatment protocols of common childhood cancers were then unified and shared. All the newly diagnosed cases were registered but that was a very laborious process. Subsequently, with the help of Children's Cancer Foundation, full time data managers were employed to manage the database and then we could prospectively capture the treatment outcome and complications of all patients under our care. Since then, we have the first and most comprehensive population based epidemiology data of Chinese children with cancers.

However, the specialty development encountered a bottleneck because of the relatively low number of patients in each individual hospital. Again, with the help of many seniors, Government and Children's Cancer Foundation, the plan of establishing a long awaited Hong Kong Children's Hospital was finally approved. And we witnessed her commencement of operation just over the last few years. Now the patients can have better care under one location and paediatric trainees can maximise their exposure and learning. Moreover, the service of Hong Kong Children's Hospital not only cover highly complex oncology diseases, the service also covers most of the rare or complicated blood diseases, for example in haematological disorders, namely haemophilia and **thalassaemia**, patients will receive routine care in their original regional hospitals but will be seen in a comprehensive clinic at the Children's Hospital around once or twice a year. Then patients from different regional hospitals can have standardized treatment approach and care.

At this unique point of time, it is a good opportunity for us to plan ahead for the professional development in the field of Paediatric Haematology & Oncology. We envisage there is a genuine need in Hong Kong to establish a training **programme** encompassing Paediatric Haematology & Oncology aiming at providing a formal and structured training for paediatric trainees with interest in professional development in this field.

Under the template of subspecialty training **programme**, the Hong Kong Children's Hospital will serve as the major hub for the future Paediatric Haematology & Oncology (PHO) Training Centre.

The draft panel members of the proposal of curriculum are Fellows of the Hong Kong College of Paediatricians who are recognized at institutional level with the appointments of Professors, Associate Professor, Consultants, Associate Consultants in the subspecialty in Universities and Hospital Authority in Hong Kong. All of them are recognized locally, regionally, and internationally as the leading experts in this field.

Prof Chan Chi Fung, Godfrey

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Programme Description

Paediatric Haematology & Oncology (PHO) is a branch of paediatric medicine concerned with the diagnosis and treatment of infants, children, and adolescents with cancers and non-malignant disorders of blood and blood-forming tissues.

A subspecialist in PHO has the necessary medical knowledge and skills to deal with the prevention, diagnosis, and management of a broad range of conditions affecting children with cancers and non-malignant disorders of the blood. In addition to providing clinical care in PHO in children, a PHO subspecialty specialist can make significant contributions to the development of knowledge in the field and educate the next generation of subspecialists.

The PHO subspecialty training programme offers a 36-month training programme in Hong Kong. The major training centre will be in the Hong Kong Children's Hospital (HKCH) or any recognized centre provisionally accredited by subspecialty board.

Candidates must have completed 3 years basic training in general paediatrics and have passed the Joint MRCPCH (UK) / Hong Kong College of Paediatricians Intermediate Examination. At their period of general higher paediatric training, they are eligible for commencing the PHO Subspecialty Training with the approval of the subspecialty board of PHO with incorporation of cumulative of maximum 12 months of training in PHO during the 3 years of higher training in general paediatrics.

The curriculum is designed to train trainees in an environment which prepares them to provide up-to-standard clinical care, to develop the essential skills and the attitude with which to pursue a life-long career in the relevant subspecialty.

The outline of our training curriculum comprises a 36-month training programme in which 27 months is a core clinical rotation in a recognized haematology & oncology tertiary care centre with training in leukaemia / lymphoma / haematology (9 months); solid tumours / neuro-oncology (9 months); haematopoietic stem cell transplantation (6 months) and general haematology (3 months); The above can be take place in HKCH or any recognized tertiary haematology oncology centre as training site with prior approval by PHO subspecialty board. The remaining 9 months is an elective module. This is to suit and facilitate the training preference of PHO subspecialty trainees who would like to have more in-depth exposure in any areas of PHO, in which trainees can choose Laboratory or any areas relate to PHO, or choose to have attachment in overseas recognised haematology & oncology tertiary care centres with a recognised programme subjected to the prior approval by the Programme Director. The duration of overseas training is minimum 3 months to maximum 12 months. Trainees can apply prospective accreditation from subspecialty board to accreditate portions of the overseas training period as part of the core clinical rotation.

Training modalities should be competence-based that integrates clinical care with small group tutorials, clinical case dissertations, postgraduate courses, journal clubs, clinical and/or laboratory meetings, inter-disciplinary conferences, and grand rounds. During the 36 months of PHO subspecialty training, trainees need to pursue at least one basic or clinical research project developed during the PHO subspecialty training period. Supervision is provided by the trainers who have achieved stature as clinicians, educators, and scientists.

Obtaining the qualification of a postgraduate diploma or degree (e.g. MSc, MPhil, PhD or MD) related to PHO may be recognized as completion of training for up to a maximum of 6 months subject to approval by the Programme Director.

Mission and Objectives

Upon completion of training, a subspecialty specialist is expected to be a competent subspecialist in PHO, capable of performing consultant's role in the subspecialty. The subspecialty specialist should acquire sufficient knowledge of the theoretical basis of the subspecialty, including its foundations in related medical sciences and research.

Subspecialty specialist should **demonstrate** the requisite knowledge, skills, and attitude for effective patient-centered care and service to a diverse population. In all aspects of subspecialist practice, the specialist should be able to address relevant ethical issues and issues of gender, age, culture, beliefs, and ethnicity in a professional manner.

The mission of PHO training **programme** is to train up paediatric subspecialists who are

- (1) clinically competent and can commence independent practice in the field of PHO;
- (2) possess habits of life-long learning to build upon their knowledge, skills and professionalism in the field of PHO.

1. **Clinical competence** is defined as:

- a. Acquire core of knowledge of clinical manifestations, pathophysiology, management of diseases and conditions in the subspecialty of PHO. This knowledge base should include an appropriate content of epidemiology, pathophysiology, genetics, biochemistry, pharmacology, statistics, ethics, and human behaviour in relation to the practice of PHO.
- b. Acquire the clinical skill of clinical data collection including history-taking, physical examination and the appropriate request of laboratory and imaging studies.
- c. Acquire adequate skill in the performance and/or interpretation of diagnostic and therapeutic procedures common in the practice of PHO.
- d. Acquire the ability to formulate appropriate differential diagnoses and therapeutic plans based on the ability to critically analyse the clinical data, and integrate this analysis with the basic foundation of medical knowledge.
- e. Acquire the ability in recommending treatment options for patients and get appropriate informed treatment consent from families and patients.
- f. Acquire key knowledge to treat the common and uncommon diseases in the field of PHO.
- g. Demonstrate good understanding of the principles, indications, contraindications, risks, costs and expected outcomes of the various treatments.
- h. Develop sufficient communication skills with patients, peers and paramedical personnel with the aim at providing up-to-standard level of care of patients in the field of PHO.

- i. Demonstrate ability in further development of qualities of professionalism and humanistic skills including integrity, ethics, compassion, willingness to teach and inspire junior trainees, and respect for patients, peers and paramedical personnel.
 - j. Acquire appropriate level of skill and expertise in research. Capable of demonstrating competence in the understanding of the design, implementation and interpretation of research studies; specifically include research methodology, critical interpretation of data, critical interpretation of published research, and the responsible use of informed research consent.
2. Life-long learning is a key component for clinically competent paediatricians and requires for the acquisition, critical analysis, synthesis and assessment of knowledge, skills and professionalism. PHO subspecialty specialist needs to be capable of demonstrating their ability to be life-long learners by their:
- a. Independent study habits in the acquisition of clinical and research knowledge and skills.
 - b. Attendance, presentation and participation in the organization of local scientific conferences.
 - c. Attendance and presentation at regional and international professional scientific conferences.
 - d. Commitment in the design, implementation, analysis and reporting of clinical audits and research projects

Training Curriculum

Training Curriculum Outline

The outline of our training curriculum is a 36-month training programme. The programme comprises 27 months of core rotation-based training rotations in Leukaemia / Lymphoma / Haematology (9 months); Solid Tumours / Neuro-oncology (9 months); Haematopoietic Stem Cell Transplantation (6 months) and General Haematology (3 months) respectively. The above will take place in Hong Kong Children's Hospital or recognized tertiary haematology oncology centre as training site with prior approved by subspecialty board. The remaining 9 months is an elective rotation which include laboratory exposure or any areas related to PHO or in one regional or overseas recognised haematology & oncology tertiary care centre with a recognised programme (or combinations) subjected to the prior approval by the Programme Director and subspecialty board.

Responsibilities of PHO Subspecialty Trainee for patient management:

- a. PHO In-patients, Ambulatory and Outpatients:
 1. The subspecialty trainee is posted to Leukaemia Lymphoma Haematology (LLH); Solid Tumour & Neuro-oncology (ST&NO); Chemotherapy Ambulatory Care Centre and Haematopoietic Stem Cell Transplant Unit;
 2. The subspecialty trainee is responsible to work under supervision with team heads, the multidisciplinary team which includes general paediatric trainees, nurses, pharmacists, allied health professionals and social workers involved in the care of PHO patients to formulate the plan of care and implement associated procedures and treatment options;
 3. The subspecialty trainee is responsible to work with team heads in preparing and giving presentations related to specific patient problems or topics on rounds, at weekly team meetings or at a variety of multidisciplinary conferences.
 4. The subspecialty trainee is responsible to work under supervision with team heads in taking haematology oncology referrals and consultations from regional paediatric units or private practitioners and liaise with them for management plan of these patients.
 5. For radiation oncology exposure, subspecialty trainee is responsible to work under supervision with team heads in preparation of multi-disciplinary team meeting and broaden the exposure in radiation oncology with our radiation oncologists through active participation. Trainee needs to attend the radiation oncology clinics during their ST&NO rotation with involvement in patient counselling, planning of radiotherapy and follow up of patients. This will build their basis to understand the concept of radiation oncology

- b. PHO Specialist Outpatient Clinics:
 1. The subspecialty trainee is responsible to work under supervision with team head in specialist outpatient clinics in Haematology, Oncology and BMT **at least 1 session per week in recognized training site (at least 2 sessions per week in the overlapping year with general paediatric higher training).**
 2. **The subspecialty trainee needs to attend general haematology outpatient clinics in regional paediatric units (at least 2 sessions per week, minimum number of cases 15 per week) with team heads. This can broaden subspecialty trainee's exposure in general haematology aspect.**

Foundational Knowledge of PHO

- a. General principles of anatomical pathology **related** to PHO.
- b. Physiological changes in growth and development related to cancers and non-malignant **haematological** disorders in paediatric patients, including but not limited to normal values and the maturation of **haematopoietic** organs and tissues.
- c. Pathophysiological processes related to cancers and non-malignant haematological disorders.
- d. Cellular and molecular biology, genetics, biochemistry, pharmacology, pathophysiology and immunology related to the understanding of cancers and non-malignant haematological disorders.
- e. Disorders of immune function related to PHO.
- f. Psychological processes in paediatric patients with cancers and non-malignant haematological disorders.
- g. Diagnostic workup for a patient with a potential underlying malignancy.
- h. General principles of diagnostic imaging as they apply to PHO.
- i. Understand potential genetic implications for patients and families with inherited cancer predispositions, and the importance of genetic counselling.
- j. Supportive care related to the management of PHO patients
 - Prevention and treatment of **infectious diseases** in immunocompromised hosts
 - Prevention and treatment of chemotherapy-related organ dysfunctions
 - Management of pain, recognition and assessment of patients in need of pain and symptom management, including use of appropriate pain scales, Recognition of the psychosocial needs of the patient and family in the context of palliative care and complex pain management
 - Management of mucositis
 - Nutritional support
 - Anti-emetic therapy
 - Blood product support and transfusion medicine
 - Care and use of central venous access devices
 - Psychosocial support

- k. Long-term follow-up of PHO patients with for the purposes of
 - i. Disease monitoring
 - ii. Detecting late effects of therapy, recognizing the particular risks and needs of children, including but not limited to early mortality, second malignancy, cardio-pulmonary toxicity, neurocognitive deficits, endocrine dysfunction, and psychosocial challenges
 - iii. Promotion and maintenance of a healthy lifestyle

- l. Palliative Care
 - i. Palliative care **includes** but not limit to appropriate use of medications and other therapies to provide complex symptom relief for children
 - ii. Community and hospital resources that **can support** appropriate palliative care services
 - iii. Recognition of the psychosocial needs of the patient and family in the context of palliative care and complicated pain management

- m. Manage paediatric **oncological** emergencies, include but not limit to
 - i. Fever and neutropenia
 - ii. **Tumour** lysis syndrome
 - iii. Superior mediastinal syndrome
 - iv. Hyperleukocytosis
 - v. Spinal cord compression
 - vi. Splenic sequestration crisis
 - vii. Stroke
 - viii. Life-threatening **haemorrhage**
 - ix. **Haemolytic** crisis
 - x. Pulmonary embolism

Fundamental skills and Required Competency of PHO Trainees

1. A subspecialty trainee can perform a complete and appropriate assessment of patient so as to identify and explore issues in PHO related areas that need to be appropriately addressed.
2. Subspecialty trainee can elicit a history that is relevant, concise, and accurate to context and preferences, for the purposes of diagnosis and/or management of PHO related conditions.
3. Can perform an appropriate and comprehensive assessments, demonstrate sensitivity to the patient's needs and modifications based on the patient's age, gender, sexual orientation, and ethnicity.
4. Select medically appropriate investigative methods in a resource-effective and ethical manner.
5. Demonstrate effective clinical problem solving and judgment skills to address patient problems, including appropriate interpreting available data and information to generate differential diagnoses and management plans.
6. Can plan and coordinate an appropriate diagnostic workup for any new patient with a potential underlying malignancy.
7. Subspecialty trainee can work effectively with other haematology oncology team members, other paediatric subspecialties and other specialties for overall patient management in the field of PHO.
8. Obtain appropriate informed consent for therapies.
9. Subspecialty trainee can competently perform diagnostic bone marrow aspiration, bone marrow trephine biopsy, stem cell harvesting, diagnostic lumbar puncture, administration of intrathecal chemotherapy with appropriate informed consent procedure independently.
10. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic.
11. Able to document and disseminate information related to procedures performed and their outcomes.
12. Procedure list for subspecialty trainee with minimum number of procedures required is listed in Appendix 1.
13. Select chemotherapy and other forms of systemic therapies, and describe the acute and chronic side effects related to the therapies.
14. Can integrate multimodal therapies, including surgery and radiation therapy, for individualized patient care plans.
15. Can manage medical emergencies and complications that may arise as a result of cancer or non-malignant haematological disorders and their treatment.

16. Provide supportive care, including but not limited to the prevention and management of pain, nausea, vomiting, and infections; the applicability/ usefulness of blood components and growth factors; and the use and complications of central venous access devices.
17. Provide comprehensive, multidisciplinary care, including prevention and monitoring of complications, for patients with chronic **haematological conditions**, including but not limit to **thalassaemia**, bleeding and thrombotic disorders.
18. Subspecialty trainee can serve as role model of general paediatric trainees.
19. Subspecialty trainee can give effective presentations and lead patient-focused discussion in relation to specific patient problems or topics on clinical rounds and in multidisciplinary conferences.
20. Can demonstrate insight into their own limits of expertise.

Attitudes of PHO Subspecialty Trainees

1. Subspecialty trainee should adopt a supportive attitude to provide adequate information, appropriate support and counselling to patients and families.
2. Subspecialty trainee should appreciate the patient's perspective and perception of health, concerns and the impact of the disease and transplant procedures on the patient and family.
3. Subspecialty trainee should appreciate the importance of teamwork, effective communication and coordination among health care providers.

Rotation in Leukaemia / Lymphoma / Haematology (9 months)

Key knowledge in haematopathology and laboratory medicine as it relates to Leukaemia Lymphoma and Haematology, including but not limit to knowledge of the appropriate indications for, methods of, and limitations of

- a. Peripheral blood morphology
- b. Bone marrow aspirations +/- biopsies
- c. Cerebral spinal fluid (CSF) assessment
- d. Haemostasis and thrombosis evaluation
- e. Transfusion medicine
- f. Flow cytometry, including but not limit to immunophenotyping
- g. Cytogenetics and molecular diagnostics

Key knowledge in diagnosis and management of paediatric haematological malignancies and complicated haematological conditions, including but not limit to

- a. Acute lymphoblastic leukaemia
- b. Acute myeloid leukaemia
- c. Non-Hodgkin lymphoma
- d. Hodgkin Lymphoma
- e. Chronic Leukaemias,
- f. Myelodysplastic syndromes and Pre-leukaemic disorders.
- g. Bone marrow failure syndromes
- h. Langerhans Cell Histiocytosis
- i. Haemophagocytic Lymphohistiocytosis
- j. Haemophilia with inhibitor
- k. Rare bleeding disorders

Key knowledge in cancer chemotherapy and common protocols as it applies to paediatric haematological malignancies, including but not limit to its role, mechanisms of action, and toxicities related to specific chemotherapy agents.

Key knowledge in managing long-term follow up for patients with haematological malignancies.

Rotation in Solid Tumours / Neuro-oncology (9 months)

Key knowledge in diagnosis and management of paediatric solid tumours and neuro-oncology, including but not limit to

- a. Central nervous system (CNS) tumours
- b. Retinoblastoma
- c. Wilm's tumour
- d. Neuroblastoma
- e. Hepatoblastoma
- f. Ewing sarcoma
- g. Osteosarcoma
- h. Rhabdomyosarcoma
- i. Germ cell tumour
- j. Others miscellaneous solid tumours

Key knowledge in cancer chemotherapy and common protocols as it applies to paediatric oncology patients, including but not limit to its role, mechanisms of action, and toxicities related to specific chemotherapy agents

Key knowledge in the role, indications, and complications of surgery as applied to the management of children with cancers.

Key knowledge in the role, indications, and complications of radiation therapy as applied to the management of children with cancers.

Key knowledge in managing long-term follow up for patients with solid tumours or neuro-oncological malignancies.

Rotation to General Haematology (3 months)

Key knowledge of non-malignant haematological diseases in diagnosis and management of paediatric haematological diseases, including but not limited to

- a. Disorders of haematopoiesis
- b. Red cell aplasia and polycythaemia
- c. Red cell disorders
- d. Haemoglobinopathies
- e. Red cell membrane defects
- f. Red cell enzyme deficiencies
- g. Nutritional anaemias
- h. Iron deficiency
- i. Megaloblastic anaemia
- j. Dyserythropoiesis
- k. Immune haemolytic anaemia

- l. Lymphopenia and lymphocytosis
- m. Leukopenia and leukocytosis
- n. Neutropenia and neutrophilia
- o. Eosinophilia
- p. Neutrophil function defects
- q. Disorders of **haemostasis** and thrombosis
- r. Thrombocytopenia and thrombocytosis
- s. Amegakaryocytic thrombocytopenia and thrombocytosis
- t. Platelet dysfunction
- u. Congenital coagulation disorders
- v. Acquired coagulation disorders
- w. Hypercoagulable states
- x. Disorders of fibrinolysis
- y. Splenomegaly and disorders of splenic function
- z. Lymphadenopathy
- aa. Histiocytic disorders

Rotation to Haematopoietic Stem Cell Transplantation (6 months)

Key knowledge of Haematopoietic Stem Cell Transplantation (HSCT)

1. Basic principles of autologous and allogeneic HSCT;
2. Indications for autologous and allogeneic HSCT;
3. Importance and interpretation of HLA typing;
4. Selection of potential donors (autologous, HLA-matched, mismatched and haploidentical family donors, unrelated donors) and stem cell sources (bone marrow, peripheral blood stem cell, cord blood);
5. Evaluation of donors and recipients;
6. Work effectively with BMT nurse coordinators, HKBMDR and stem cell laboratory for coordination of transplant recipient and donor management;
7. Principles and procedures of stem cell procurement, processing, cryopreservation and thawing, and infusion;
8. Selection and implementation of transplant preparative regimens and graft-versus-host disease (GVHD) prophylaxis;
9. Management of donor-recipient ABO incompatibility;
10. Diagnosis and management of the common complications of HSCT, including graft rejection, graft failure, engraftment syndrome, GVHD, infections and other common short-term and long-term complications;
11. Post-transplant immunization
12. Long-term follow-up for HSCT recipients

Elective Rotation (9 months)

Subspecialty trainees can focus on either clinical laboratory exposure or attachment to 1-2 oncology or haematology related areas (or with combinations of the above) for more in-depth exposure. This can be taken in either local site or overseas. This rotation suits and facilitates the training preference of trainees. Trainees need to seek prior approval from Programme Director and subspecialty board before starting the elective rotation.

For elective clinical laboratory exposure, learning objectives in laboratory elective module are as follow as reference:

- 1 Develops basic skills in reading peripheral blood and bone marrow smears, and becomes familiar with modern ancillary diagnostic techniques such as cytogenetics, flow cytometry, immunohistochemistry and molecular diagnostics.
- 2 Exposure to essential aspects of specimen handling in surgical pathology
- 3 Exposure to microbiology laboratory
- 4 Exposure to general haematology laboratory
- 5 Basic principle in laboratory technique in transfusion medicine
- 6 Understand the basic principle in laboratory technique in genetics and genomics and the use in the field of PHO

Training Interruption

The subspecialty training programme should be continuous and in full time basis. Subspecialty trainee should have more than 50% involvement in the subspecialty during normal working hour throughout their training period. Subspecialty trainees can apply for recognition of interrupted training and should fulfill the following criteria:

1. there must be a justifiable reason for the interruption, either because of medical, maternity or other compassionate reasons (excluding entitled vacation leaves and study leaves);
2. the trainee should show his/her intention for further training;
3. the interruption should not more than 84 calendar days during the whole period of training, if the leave period exceeds 84 calendar days, the subsequent action will be determined by subspecialty board;
4. must follow the regulations laid down by the Academy (including the Grandfather Clause: By-Law 16);
5. final decision is at the discretion of the PHO subspecialty board and College Council.

Method of Evaluation and Exit Assessment in PHO

The application for subspecialty training should normally be submitted to the PHO Subspecialty Board before initiation of subspecialty training. The trainee that is admitted into PHO subspecialty training programme should undergo full-time subspecialty training.

In order for the training programme to achieve its goal and objectives, an evaluation process incorporating regular review by subspecialty trainers and exit assessment of the subspecialty trainees is established.

Regular Review by Subspecialty Trainer

Regular review by subspecialty trainer every 3 months will be required to allow for flexibility and early identification of potential problems or deficiencies. The overall performance of each subspecialty trainee is reviewed in annual assessment by the subspecialty board through assessment of the portfolio and training log and feedback from subspecialty trainer.

Trainee should keep a written record of patients seen by them, number of special procedures conducted and follow-up in a logbook which should be kept up-to-date and endorsed by subspecialty trainer. The logbook should also contain information on educational activities, training received, problems encountered and feedback by trainers.

The trainee should attend and provide evidence of attendance at local, regional and/or international haematology, oncology or HSCT meetings or training courses organized or co-organized by international professional bodies at least once per year. At least 2 presentations (oral or poster presentations) at meetings are required during the 36 months PHO subspecialty training.

Final Exit Assessment

The final exit assessment normally takes place once each year. The trainee has to submit 2 dissertations on topics relevant to PHO for assessment. The 2 dissertations should include at least one as research study, and at least one is accepted for publication in an international or local journal upon completion of subspecialty training. The trainee should be the first author or corresponding author of these 2 dissertations. The dissertations should not overlap with the dissertations submitted for general paediatric exit assessment purpose. The trainee should attend a viva examination conducted by an Assessment Board. The viva examination is in the format of structured viva examination with adequate coverage of materials including the 4 key essential areas: (i) leukaemia / lymphoma; (ii) solid tumours and neuro-oncology; (iii) haematopoietic stem cell transplantation; (iv) haematology. The assessment board comprises at least 3 assessors appointed by PHO Subspecialty Programme Director with an option of appointing an overseas external assessor who is PHO specialist in the field.

Trainees who successfully pass the regular review assessment and final exit assessment will be invited to apply for Fellowship in the subspecialty of Paediatric Haematology & Oncology of the Hong Kong College of Paediatricians.

Appendix 1: Checklist for Special Procedures with Minimum Number of Procedures Required

1. Apheresis (3)
2. Bone Marrow Aspiration +/- Trephine Biopsy (30)
3. Haematopoietic Stem Cell Harvest for Stem Cell Donor (3)
4. Intrathecal Chemotherapy Administration (30)