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SHORT REPORT

The European Donor Health Care Project: fulfilling needs and challenges for the future

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Abstract

The Donor Health Care project is a EU granted project to develop a learning programme for professionals working in the field of Donor Health Care. The innovation of this curriculum is the focus on all donors, irrespective of whether they donate blood, cells, tissues or organs. This article describes the background of the project and the current possibilities and limitations of European accreditation, distance learning and Master degrees.

Keywords: donor, donation, education, training, blood, cells, tissues, organs

Introduction

Donor Health Care is a new medical field that focuses on donors providing Substances of Human Origin (SOHO) for health care purposes. The innovative aspect is the focus on all donors, irrespective of whether they donate blood, cells or tissues of organs and whether the donor is living or deceased (post-mortem donation). In 2013, the DoHeCa (Donor Health Care) project was initiated by an international consortium comprising several European organisations recognising and supporting the need for an innovative collaboration in the areas of blood, cells, tissues and organs. The DoHeCa project receives co-funding from the European Union in the framework of the Life Long Learning Programme (EU Erasmus project number: 538986-LLP-1-2013-NL-ERASMUS-EQR). and will develop a broadly accessible distance learning curriculum for all professionals working in the fields of blood, cells, tissue and organ donation.

Needs for Donor Health Care

Transfusion and transplantation developed in the twentieth century and focused mainly on patient care. Compatibility, safety and efficacy were the main issues. However, after the discovery and epidemiology of hepatitis B, it became clear that donor assessment should include risks of infectious disease. Nevertheless, although donor assessment developed in its own right, the focus was still on the patient.

Since the end of the twentieth century it has become clear that donors need more medical attention. The administration of G-CSF (granulocyte colony-stimulating factor) to healthy unrelated volunteers is a good example of the importance of recognising the care of donors. Other examples such as reduction in ferritin, immunoglobulins or risks of osteopenia in frequent aphaeresis also justify independent and professional donor care.

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Donor Health Care education

Donor Health Care takes place in many different institutions: blood transfusion establishments, numerous cell and tissue banks and organisations involved in post-mortem tissue and organ donation. Education in Donor Health Care is fragmented in all these different institutions; small organisations particularly have problems fulfilling educational needs. A more detailed examination of Donor Health Care education shows that all these institutions have much in common. An overarching, widely available curriculum for Donor Health Care would both enhance the quality and the performance of education.

The position of Donor Health Care

Administration of SOHO is an essential part of our health care system. SOHO not only contributes to patient health care, transfusion and transplantation but also to public health; for example, immunoglobulins in disease prevention (Rhesus immunisation, hepatitis, tetanus). The relationship of Donor Health Care to patient health care is depicted in Figure 1.

Donors are, of course, not required to provide SOHO. They have no symptoms of disease and voluntarily donate their SOHO to others. They are mostly healthy citizens and protecting them from the risks of donation is of the utmost importance. Therefore, Donor Health Care typically takes place in the context of Public Health Medicine. The performance of the Donor Health Care professional depends on the donor's circumstances. In the area of blood donation (left in the figure), Donor Health Care mainly takes place in blood transfusion institutions. Donor Health Care professionals play a role in donor selection, the donation procedure and treatment of complications. In rare events, such as special types of donation or serious adverse events, appropriate alternative physicians may be consulted. The other end of the SOHO spectrum is post-mortem donation (right in the figure), where the deceased donor may have been ill in hospital. Indication, selection and organ extirpation take place in a patient health care setting. Here, the role of Donor Health Care professionals consists of adhering to guidelines and consulting with the relevant medical attendants. Midway along the SOHO spectrum are cells and tissue donation where Donor Health Care professionals cooperate with the patient's health care professionals. The care of donors and patients must be undertaken independently of each other. Donors deserve this!

The Donor Health Care curriculum

The goal of the DoHeCa project is to build a curriculum for all professionals involved in the donation of SOHO. The innovation is to encompass all SOHO in one broadly based professional curriculum. The curriculum will be a distance-learning programme, enabling a large target international group to participate. In 2016, the curriculum will be available for all Donor Health Care professionals from Europe and beyond. Sanquin Blood Supply in the Netherlands is the project leader and a large number of different European institutions, branch organisations and universities are involved. Because this curriculum will not be confined to Europe, other international organisations such as the WHO are also involved.

From accreditation to accepted Master's programmes?

Although accreditation for educational events is recognised in most European countries, the combination of educational programmes with diploma accreditation is not widely accepted. The challenge for the DoHeCa project is to establish a Master's programme at university level in collaboration with several European partners. Constructing an educational programme and disseminating this programme as a joint programme with a joint degree presents a lot of work, but is realisable. However, positioning such a joint programme with a joint Master's degree for different countries will be hard to achieve. Two obstacles arise in making such an interchangeable Master's programme. First, although distance learning is becoming widely accepted and is likely to gain in importance in the near future, a Master's degree still requires participants to be physically present at a university for a certain part of the programme (e.g. 25%). This implies large investments of time and money for students. Secondly, in contrast to accreditation, international acceptance of Master's degrees is not widely practised yet. International programmes can be organised

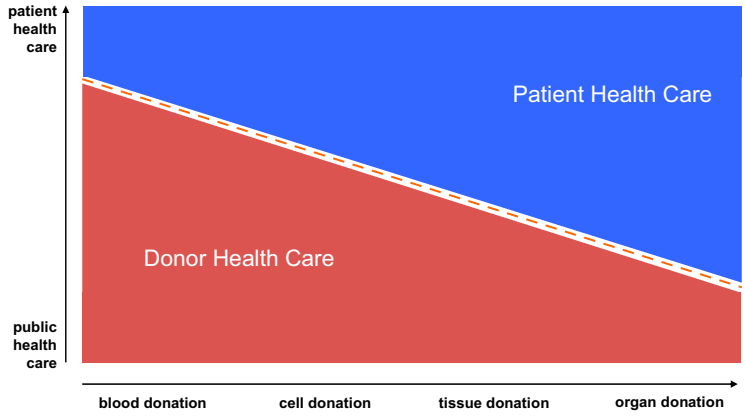

Figure 1. Donor Health Care in relation to Patient Health Care.

for joint Master's degrees, but, this, as a rule, still requires recognition by each university/country based on its own guidelines and quality regulations.

Conclusion

The field of Donor Health Care is becoming increasingly recognised and will be further developed by the professional curriculum generated by the DoHeCa project in the next two years, with support from the Life Long Learning grant. This will not only result in better trained professionals in Donor Health Care, but also in improved donor care. Although distance learning in various forms is booming, developing a joint programme that is recognised throughout the entire European Union remains challenging and much work is still ahead of us.