



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Hospice and Palliative Medicine
(Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology,
Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry,
Radiation Oncology, Radiology, Surgery)**

Initial approval:

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Radiation Oncology, Radiology, Surgery)

1
2 **Int. Introduction**
3

4 *Background and Intent: Programs must achieve and maintain Foundational Accreditation*
5 *according to the ACGME-I Foundational Requirements prior to receiving Advanced*
6 *Specialty Accreditation. The Advanced Specialty Requirements noted below*
7 *complement the ACGME-I Foundational Requirements. For each section, the Advanced*
8 *Specialty Requirements should be considered together with the Foundational*
9 *Requirements.*

10
11 **Int. I. Definition and Scope of the Specialty**
12

13 The subspecialty of hospice and palliative medicine represents the medical
14 component of the broad therapeutic model known as palliative care. These
15 subspecialists seek to reduce the burden of serious illness by supporting the best
16 quality of life throughout the course of a disease, and by managing factors that
17 contribute to the suffering of the patient and the patient's family. Hospice and
18 palliative medicine is distinguished from other disciplines by a high level of
19 expertise in addressing the many needs of patients with serious illnesses,
20 including skills in symptom-control interventions; a high level of expertise in both
21 clinical and non-clinical issues related to serious illness, the dying process, and
22 bereavement; a commitment to an interprofessional team approach; and a focus
23 on the patient and patient's family as the unit of care.
24

25 **Int. II. Duration of Education**
26

27 Int. II.A. The educational program in hospice and palliative medicine must be 12 or
28 24 months in length.
29

30 **I. Institution**
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32 **I.A. Sponsoring Institution**
33

34 I.A.1. A fellowship in hospice and palliative medicine must function as an
35 integral part of an ACGME-I-accredited residency in at least one of the
36 following specialties: anesthesiology; emergency medicine; family
37 medicine; internal medicine; neurology; obstetrics and gynecology;
38 pediatrics; physical medicine and rehabilitation; psychiatry; radiation
39 oncology; radiology; or surgery.
40

41 **I.B. Participating Sites**
42

43 See International Foundational Requirements, Section I.B.
44

45 **II. Program Personnel and Resources**

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47 **II.A. Program Director**
48
49 II.A.1. The program director must have an active clinical practice in hospice and
50 palliative medicine.
51
52 II.A.2. The program director must have a record of involvement in education and
53 scholarly activity that includes mentoring fellows (i.e., guiding fellows in
54 the acquisition of competence in the clinical, teaching, research, and
55 advocacy skills pertinent to the discipline), serving as a clinical supervisor
56 in an inpatient or outpatient setting, developing curricula, and/or
57 participating in didactic activities.
58
59 II.A.3. The program director must have served a minimum of two years in the
60 clinical practice of hospice and palliative medicine.
61
62 **II.B. Faculty**
63
64 II.B.1. In addition to the program director, there must be at least one other
65 physician faculty member who devotes at least 10 hours per week
66 on average to the program.
67
68 II.B.2. At least one faculty member must have expertise administering a
69 hospice and palliative medicine fellowship program.
70
71 II.B.3. The physician faculty should include representatives from
72 appropriate medical specialties and subspecialties, including:
73
74 II.B.3.a) anesthesiology;
75
76 II.B.3.b) cardiology;
77
78 II.B.3.c) critical care medicine;
79
80 II.B.3.d) emergency medicine;
81
82 II.B.3.e) family medicine;
83
84 II.B.3.f) geriatric medicine;
85
86 II.B.3.g) internal medicine;
87
88 II.B.3.h) neurology;
89
90 II.B.3.i) obstetrics and gynecology;
91
92 II.B.3.j) oncology;
93
94 II.B.3.k) pediatrics;

- 95
96 II.B.3.l) physical medicine and rehabilitation;
97
98 II.B.3.m) psychiatry;
99
100 II.B.3.n) radiation oncology; and,
101
102 II.B.3.o) surgery.
103
104 II.B.4. Nurses, psychosocial clinicians (social workers or psychologists),
105 and members of the team providing spiritual care to patients and
106 patients' families must be involved in teaching fellows.
107
108 **II.C. Other Program Personnel**
109
110 See International Foundational Requirements, Section II.C.
111
112 **II.D. Resources**
113
114 II.D.1. Fellows must receive clinical education in multiple types of care settings,
115 including inpatient acute care, long-term care, home visits, and
116 ambulatory practice settings.
117
118 II.D.1.a) Fellows must receive clinical education in a minimum of two of
119 these care settings.
120
121 II.D.2. The program must ensure fellows have access to a patient population
122 adequate to meet the needs of the fellowship and representing a broad
123 range of diagnoses and palliative care needs, including patients with
124 advanced conditions.
125
126 II.D.2.a) The patient population should include patients of all ages,
127 including adults and the full pediatric age range (neonatal through
128 adolescent/young adult).
129
130 II.D.2.b) The patient population should include children with chronic
131 conditions and children with palliative care needs who may
132 recover.
133
134 II.D.2.c) The patient population should include individuals of diverse
135 socioeconomic and cultural backgrounds representing the
136 diversity of the country or jurisdiction where the fellowship is
137 located.
138
139 **III. Fellow Appointment**
140
141 **III.A. Eligibility Criteria**
142
143 III.A.1. Prior to appointment in the program, fellows should have completed an
144 ACGME-I-accredited residency program in anesthesiology, emergency

145 medicine, family medicine, internal medicine, neurology, obstetrics and
146 gynecology, pediatrics, physical medicine and rehabilitation, psychiatry,
147 radiation oncology, radiology, or surgery; or an ACGME-I-accredited or
148 non-accredited residency program acceptable to the Sponsoring
149 Institution's Graduate Medical Education Committee.
150

151 **III.B. Number of Fellows**

152
153 See International Foundational Requirements, Section III.B.
154

155 **IV. Specialty-Specific Educational Program**

156 **IV.A. ACGME-I Competencies**

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158
159 IV.A.1. The program must integrate the following ACGME-I Competencies into
160 the curriculum.
161

162 IV.A.1.a) Professionalism

163
164 IV.A.1.a).(1) Fellows must demonstrate a commitment to
165 professionalism and an adherence to ethical principles.
166

167 IV.A.1.b) Patient Care and Procedural Skills

168
169 IV.A.1.b).(1) Fellows must provide patient care that is compassionate,
170 appropriate, and effective for the treatment of health
171 problems and the promotion of health. Fellows must
172 demonstrate competence in:
173

174 IV.A.1.b).(1).(a) coordinating, leading, and facilitating key events in
175 patient care, such as family meetings, consultation
176 around goals of care, advance directive completion,
177 conflict resolution, withdrawal of life-sustaining
178 therapies, and proportionate sedation for refractory
179 suffering, involving other team members as
180 appropriate;
181

182 IV.A.1.b).(1).(b) providing basic counseling to the bereaved, and the
183 ability to identify when additional psychosocial
184 referral is required;
185

186 IV.A.1.b).(1).(c) providing care to patients and patients' families that
187 reflects unique characteristics of different settings
188 along the palliative care spectrum;
189

190 IV.A.1.b).(1).(d) providing palliative care throughout the continuum
191 of serious illness while addressing physical,
192 intellectual, emotional, social, and spiritual needs
193 and facilitating patient autonomy, access to
194 information, and choice; and,

195	IV.A.1.b).(1).(e)	recognizing signs and symptoms of impending death and appropriately caring for the imminently dying patient and that patient's family members.
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199	IV.A.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
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202		
203	IV.A.1.b).(2).(a)	Fellows must demonstrate competence in the assessment, interprofessional care planning, management, coordination, and follow-up of patients with serious illness.
204		
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206		
207		
208	IV.A.1.b).(2).(b)	Fellows must provide patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering.
209		
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211		
212	IV.A.1.c)	Medical Knowledge
213		
214	IV.A.1.c).(1)	Fellows must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of:
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219		
220	IV.A.1.c).(1).(a)	ethical issues, clinical utilization, and financial outcomes of palliative care;
221		
222		
223	IV.A.1.c).(1).(b)	primary and consultative practice; and,
224		
225	IV.A.1.c).(1).(c)	the scientific method of problem solving and evidence-based decision-making, and develop a commitment to lifelong learning and an attitude of caring derived from humanistic and professional values.
226		
227		
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231	IV.A.1.d)	Practice-based Learning and Improvement
232		
233	IV.A.1.d).(1)	Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
234		
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239	IV.A.1.e)	Interpersonal and Communication Skills
240		
241	IV.A.1.e).(1)	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
242		
243		
244		

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246	IV.A.1.f)	Systems-based Practice
247		
248	IV.A.1.f).(1)	Fellows must demonstrate an awareness of and
249		responsiveness to the larger context and system of health
250		care, including the social determinates of health, as well as
251		the ability to call effectively on other resources in the
252		system to produce optimal care.
253		
254	IV.B.	Regularly Scheduled Educational Activities
255		
256	IV.B.1.	Fellow conferences or seminars/workshops in hospice and palliative
257		medicine must be specifically designed to augment clinical experiences.
258		
259	IV.B.1.a)	Fellows must participate as both learners and teachers in
260		supplemental educational offerings at conferences,
261		communication skill workshops, lecture series, and similar
262		activities.
263		
264	IV.B.1.b)	There must be a journal club or other activity that fosters interaction
265		and develops skills in interpreting the medical literature.
266		
267	IV.C.	Clinical Experiences
268		
269	IV.C.1.	Fellows must spend a minimum of four months or an equivalent
270		longitudinal experience in the inpatient setting, which may involve
271		participation on a consultation team or on an inpatient unit, or both.
272		
273	IV.C.1.a)	The program must ensure the inpatient setting provides access to
274		a full range of services in an acute care general hospital, including
275		availability of diagnostic laboratory and imaging services.
276		
277	IV.C.1.b)	There must be access to a range of consulting physicians,
278		including those with expertise in interventional pain management.
279		
280	IV.C.2.	The program must provide fellows a minimum of two months'
281		experience focused on end-of-life care where patients have less
282		than six months of life, or with a pediatric palliative care team caring
283		for children with serious illness at home.
284		
285	IV.C.2.a)	During this experience, fellows must perform at least 25 home
286		visits focused on the care of patients at the end of life.
287		
288	IV.C.3.	Fellows must have supervised experience(s) in an ambulatory setting,
289		such as an outpatient hospice clinic or day hospital, a dedicated palliative
290		care clinic, or other ambulatory practice providing relevant palliative
291		interventions to patients with serious conditions.
292		
293	IV.C.3.a)	Interprofessional care of patients must be available in the setting.
294		

- 295 IV.C.3.b) The ambulatory experience(s) should occur for at least six months
296 of the program.
297
- 298 IV.C.4. Fellows must spend at least one month or equivalent of elective time in a
299 clinically relevant field. Electives may include ethics consultations,
300 geriatric medicine, interventional pain management, medical psychiatry,
301 pediatrics, HIV [human immunodeficiency virus] clinic, medical oncology,
302 radiation oncology, pulmonary, cardiology, neurology clinics, or other
303 experiences determined to be appropriate by the program director.
304
- 305 IV.C.5. Fellows must see at least 100 new patients over the course of the
306 program.
307
- 308 IV.C.6. Assignment of rotations must be structured to minimize the frequency of
309 rotational transitions, and rotations must be of sufficient length to provide
310 a quality educational experience, defined by continuity of patient care,
311 ongoing supervision, longitudinal relationships with faculty members, and
312 meaningful assessment and feedback.
313
- 314 IV.C.7. Clinical experiences must be structured to allow fellows to function as part
315 of an effective interprofessional team(s) that works together towards the
316 shared goals of patient safety and quality improvement.
317
- 318 IV.C.7.a) Fellows must participate in regular interprofessional team
319 conferences to coordinate care and implement care
320 recommendations.
321
- 322 IV.C.7.b) The interprofessional teams must include physicians, nurses,
323 psychosocial clinicians (such as a social workers or
324 psychologists), and professionals who provide spiritual care to
325 patients and patients' families.
326
- 327 IV.C.8. Fellows should have an experience in dedicated palliative care/hospice
328 units.
329
- 330 IV.C.9. Fellows should receive a long-term care experience at a skilled nursing
331 facility, chronic care hospital, or children's rehabilitation center.
332
- 333 IV.C.10. Fellows should follow at least 10 patients longitudinally across settings.
334
- 335 **IV.D. Scholarly Activity**
336
- 337 IV.D.1. Fellow Scholarly Activity
338
- 339 IV.D.1.a) Fellows must complete a scholarly or quality improvement project
340 during the program.
341
- 342 IV.D.2. Faculty Scholarly Activity
343
- 344 IV.D.2.a) Hospice and palliative medicine faculty members must have a
345 record of ongoing involvement in education and scholarly activity.

346
347 IV.D.2.a).(1) This should include mentoring fellows, serving as a clinical
348 supervisor in an inpatient or outpatient setting, developing
349 curricula, and/or participating in didactic activities.
350

351 **V. Evaluation**

352
353 See International Foundational Requirements, Section V.
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355 **VI. The Learning and Working Environment**

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357 See International Foundational Requirements, Section VI.

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