



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)**

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Int. Introduction

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

Int. I. Definition and Scope of the Specialty

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

Int. II. Duration of Education

The educational program in hospice and palliative medicine must be 12 or 24 months in length.

I. Institution

I.A. Sponsoring Institution

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

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

- II.A.1. The program director must have an active clinical practice in hospice and palliative medicine.
- II.A.2. The program director must have a record of involvement in education and scholarly activity that includes mentoring fellows (i.e., guiding fellows in the acquisition of competence in the clinical, teaching, research, and advocacy skills pertinent to the discipline), serving as a clinical supervisor in an inpatient or outpatient setting, developing curricula, and/or participating in didactic activities.
- II.A.3. The program director must have served a minimum of two years in the clinical practice of hospice and palliative medicine.

II.B. Faculty

- II.B.1. In addition to the program director, there must be at least one other physician faculty member who devotes at least 10 hours per week on average to the program.
- II.B.2. At least one faculty member must have expertise administering a hospice and palliative medicine fellowship program.
- II.B.3. The physician faculty should include representatives from appropriate medical specialties and subspecialties, including:
 - II.B.3.a) anesthesiology;
 - II.B.3.b) cardiology;
 - II.B.3.c) critical care medicine;
 - II.B.3.d) emergency medicine;
 - II.B.3.e) family medicine;
 - II.B.3.f) geriatric medicine;
 - II.B.3.g) internal medicine;
 - II.B.3.h) neurology;
 - II.B.3.i) obstetrics and gynecology;
 - II.B.3.j) oncology;

- II.B.3.k) pediatrics;
- II.B.3.l) physical medicine and rehabilitation;
- II.B.3.m) psychiatry;
- II.B.3.n) radiation oncology; and,
- II.B.3.o) surgery.
- II.B.4. Nurses, psychosocial clinicians (social workers or psychologists), and members of the team providing spiritual care to patients and patients' families must be involved in teaching fellows.

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

- II.D.1. Fellows must receive clinical education in multiple types of care settings, including inpatient acute care, long-term care, home visits, and ambulatory practice settings.
- II.D.1.a) Fellows must receive clinical education in a minimum of two of these care settings.
- II.D.2. The program must ensure fellows have access to a patient population adequate to meet the needs of the fellowship and representing a broad range of diagnoses and palliative care needs, including patients with advanced conditions.
- II.D.2.a) The patient population should include a wide range of ages.
- II.D.2.a).(1) For programs that provide experiences with a pediatric palliative care team, the patient population should include patients within the full pediatric age range (neonatal through adolescent/young adult).
- II.D.2.a).(2) For programs that provide experience with a pediatric palliative care team, the patient population should include children with chronic conditions and children with palliative care needs who may recover.
- II.D.2.b) The patient population should include individuals of diverse socioeconomic and cultural backgrounds representing the diversity of the country or jurisdiction where the fellowship is located.

III. Fellow Appointment

III.A. Eligibility Criteria

III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, radiology, or surgery; or an ACGME-I-accredited or non-accredited residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

III.B. Number of Fellows

See International Foundational Requirements, Section III.B.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

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

IV.A.1.a) Professionalism

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

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

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

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

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

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

- IV.A.1.b).(1).(d) providing palliative care throughout the continuum of serious illness while addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice; and,
- 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.
- IV.A.1.b).(2) Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
- 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.
- 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.
- IV.A.1.c) Medical Knowledge
- 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:
- IV.A.1.c).(1).(a) ethical issues, clinical utilization, and financial outcomes of palliative care;
- IV.A.1.c).(1).(b) primary and consultative practice; and,
- 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.
- IV.A.1.d) Practice-based Learning and Improvement
- 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.
- IV.A.1.e) Interpersonal and Communication Skills

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.

IV.A.1.f) Systems-based Practice

IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources in the system to produce optimal care.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. Fellow conferences or seminars/workshops in hospice and palliative medicine must be specifically designed to augment clinical experiences.

IV.B.1.a) Fellows must participate as both learners and teachers in supplemental educational offerings at conferences, communication skill workshops, lecture series, and similar activities.

IV.B.1.b) There must be a journal club or other activity that fosters interaction and develops skills in interpreting the medical literature.

IV.C. Clinical Experiences

IV.C.1. Fellows must spend a minimum of four months or an equivalent longitudinal experience in the inpatient setting, which may involve participation on a consultation team or on an inpatient unit, or both.

IV.C.1.a) The program must ensure the inpatient setting provides access to a full range of services in an acute care general hospital, including availability of diagnostic laboratory and imaging services.

IV.C.1.b) There must be access to a range of consulting physicians, including those with expertise in interventional pain management.

IV.C.2. The program must provide fellows a minimum of two months' experience focused on end-of-life care in which patients have less than six months of life, or with a pediatric palliative care team caring for children with serious illness at home.

IV.C.2.a) During this experience, fellows must perform at least 25 home visits focused on the care of patients at the end of life.

- IV.C.3. Fellows must have supervised experience(s) in an ambulatory setting, such as an outpatient hospice clinic or day hospital, a dedicated palliative care clinic, or other ambulatory practice providing relevant palliative interventions to patients with serious conditions.
- IV.C.3.a) Interprofessional care of patients must be available in the ambulatory setting.
- IV.C.3.b) The ambulatory experience(s) should occur for at least six months of the program.
- IV.C.4. Fellows must spend at least one month or equivalent of elective time in a clinically relevant field. Electives may include ethics consultations, geriatric medicine, interventional pain management, medical psychiatry, pediatrics, human immunodeficiency virus (HIV) clinic, medical oncology, radiation oncology, pulmonology, cardiology, neurology clinics, or other experiences determined to be appropriate by the program director.
- IV.C.5. Fellows must see at least 100 new patients over the course of the program.
- IV.C.6. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback.
- IV.C.7. Clinical experiences must be structured to allow fellows to function as part of an effective interprofessional team(s) that works together towards the shared goals of patient safety and quality improvement.
- IV.C.7.a) Fellows must participate in regular interprofessional team conferences to coordinate care and implement care recommendations.
- IV.C.7.b) The interprofessional teams must include physicians, nurses, psychosocial clinicians (such as a social workers or psychologists), and professionals who provide spiritual care to patients and patients' families.
- IV.C.8. Fellows should have an experience in dedicated palliative care/hospice units.
- IV.C.9. Fellows should receive a long-term care experience at a skilled nursing facility, chronic care hospital, or children's rehabilitation center.
- IV.C.10. Fellows should follow at least 10 patients longitudinally across settings.

IV.D. Scholarly Activity

IV.D.1. Fellow Scholarly Activity

IV.D.1.a) Fellows must complete a scholarly or quality improvement project during the program.

IV.D.2. Faculty Scholarly Activity

IV.D.2.a) Hospice and palliative medicine faculty members must have a record of ongoing involvement in education and scholarly activity.

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

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

See International Foundational Requirements, Section VI.