

Frequently Asked Questions: Hospice and Palliative Medicine
Review Committee for Anesthesiology, Family Medicine, Internal Medicine,
Pediatrics, Psychiatry, or Radiation Oncology
ACGME
Effective: September 3, 2025

Question	Answer
Introduction	
Can a program accept a fellow with the expectation that he or she will complete the program on a part-time basis?	Yes, the Review Committee allows programs the flexibility to accept fellows with the expectation that they complete the program over a 24-36 month period, on a part-time basis.
<i>[Program Requirement: 4.1.]</i>	
Institutions	
Are there any exceptions, and what relationship does the program need to have with the “core” residency program, if the applying program's Sponsoring Institution does not have an accredited program in one of the six specialties noted in the Requirements?	A hospice and palliative medicine program must demonstrate that it exists in conjunction with, and is an integral part of, a core ACGME-accredited residency program in anesthesiology, family medicine, internal medicine, pediatrics, psychiatry, or radiation oncology. There are no exceptions to this requirement. If the fellowship program is in an institution that does not sponsor at least one ACGME-accredited program in one of the six specialties specified, it will need to make arrangements with another Sponsoring Institution that meets this requirement for an application to be considered for review.
<i>[Program Requirement: 1.1.]</i>	The integral relationship with the core program can be achieved in a number of ways: (1) faculty members of the core program are involved in teaching fellows (e.g., by lecturing or supervising a rotation); (2) hospice and palliative medicine program faculty members are involved in teaching residents from the core program; or, (3) hospice and palliative medicine fellows are involved in teaching and providing training to core residents.

Question	Answer
If fellows conduct visits at nursing homes as part of the hospice care experience, does the program director need to establish Program Letters of Agreement (PLAs) with the nursing homes? <i>[Program Requirements: 1.3.-1.6.]</i>	A PLA between the nursing home and the accredited hospice program providing this educational experience is required if the experience in the nursing home is used to meet educational program requirements. Refer to Program Requirements 1.3.-1.3.b. for contents of the PLA.
Program Personnel and Resources	
How is compliance with respect to the range of protected time for the program director assessed? <i>[Program Requirement: 2.3.a.]</i>	The range reflects the Review Committees' recognition of program size affecting resources. The expectation is that smaller programs are held to the requirement of 20 percent protected time, whereas larger programs have resources to support the program director for additional protected time.
What are the expectations regarding faculty member-fellow ratios? <i>[Program Requirements: 2.6.; 2.10.c.]</i>	The ratios noted in the Program Requirements apply to the number of full-time equivalent (FTE) fellows, since the Review Committee permits programs to have fellows complete the program over a 24-36 month period on a part-time basis. More faculty members are required for a larger number of fellows due to increased volume of patient care requiring supervision and the likelihood of fellows being located at multiple sites.
Does every faculty member at each program site need to be identified in the Annual Program Update, and does biographical information need to be provided on each? <i>[Program Requirements: 2.6.-2.11.]</i>	Physician faculty members who have a significant role (core faculty members) must be listed on the Faculty Roster in the Accreditation Data System (ADS). Non-physician faculty members must be listed on the Non-physician Faculty Roster, which must include at least one nurse, one psychosocial clinician, and one chaplain. A one-page CV must be completed in the initial application, and again annually, via the program update in ADS, for all core physician faculty members in the program. For physician faculty members who do not have ABMS or AOA certification, additional faculty qualifications must be listed.

Question	Answer
What is the distinction in the Program Requirements between non-physician program personnel and members of the interdisciplinary team? <i>[Program Requirements: 2.12. and 6.18.a.]</i>	A number of non-physician program personnel, such as nurses, psychosocial clinicians (social workers or psychologists), and chaplains, must be involved in teaching and supervising fellows. Fellows must interact with interdisciplinary team members to provide patient care. However, not all interdisciplinary team members need to be involved in teaching and training fellows.
What are the expectations with regard to fellows seeing pediatric patients? <i>[Program Requirements: 1.7.b.]</i>	Fellows must be exposed to a patient population with a broad range of diagnoses and palliative care needs. Fellows will need to be exposed to children and adult patients. The requirements reflect a balance of trying to accommodate programs that may focus primarily on the care of children and those that primarily serve an adult population. Hospice and palliative medicine programs that do not have access to children in their institutions will need to make arrangements to provide such experience at another location, with a supervisor board certified in pediatrics through the ABMS or AOA.
Fellow Appointments	
Are fellows who have graduated from American Osteopathic Association (AOA)-approved core residencies eligible for appointment to the program? <i>[Program Requirement: 3.2.]</i>	The Review Committee understands that during the transition to a single GME accreditation system, ACGME-accredited programs may wish to accept residents seeking to transfer from an AOA-approved program. Programs will not jeopardize their accreditation status if they accept such transfer residents if they remain within their approved resident complement or obtain Review Committee approval for an increase if needed. In these circumstances, the program director of the accepting program will determine what credit may be given for prior training, as well as how much further training is necessary to complete the ACGME-accredited program. It is the responsibility of the program director to ensure that each resident is made aware of the requirements for eligibility for certification by the applicable American Board of Medical Specialties member board and AOA certifying board.
Educational Program	
Is there flexibility with the settings to meet the ambulatory experience requirements? <i>[Program Requirements: 4.11.e.]</i>	The intent of the requirements is to provide fellows with the opportunity to see ambulatory patients at stages of illnesses that are vastly different from those seen in home hospice, inpatient, or long-term care sites. A variety of outpatient settings can be used to meet this requirement (e.g., a palliative medicine clinic, outpatient oncology, a pain clinic, outpatient radiotherapy, etc.).

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Can hospice units be based in skilled nursing facilities? <i>[Program Requirement: 4.11.a.]</i>	Yes, it is acceptable for such units to be based in skilled nursing facilities, but certain caveats apply. It is not appropriate to use the same unit to meet both palliative care/hospice unit experience and long-term care experience. The emphasis for the long-term care experience must be on being able to follow patients at this level of care over a period of time.
What constitutes an appropriate inpatient experience? <i>[Program Requirements: 4.11.b.]</i>	Fellows must have an inpatient experience that is four months in duration. If the experience is completed longitudinally, 100 hours is considered to be equivalent to one month. Fellows may achieve this experience by working on an inpatient unit or by participating on a consultation team on such a unit, or by both means. If a hospice inpatient unit operating under a skilled nursing facility license is providing acute, short-term care (using the definition for general inpatient care in the Medicare Hospice Benefit), and meets the requirements for a full range of services, it can be used to meet the requirement for experience within an inpatient acute care setting. If the unit is providing longer-term and less acute care, it can be used to fulfill the requirement for long-term care experience. A single unit cannot be used to fulfill both experience requirements.
Is there flexibility in the types of settings used to meet the requirement for caring for at least 10 patients across settings? <i>[Program Requirement: 4.11.e.]</i>	The Review Committees allow for some flexibility in interpretation of the wording, "across settings." For example, telemedicine or other forms of technology may be accepted with respect to patient follow-up.
What are the expectations for fellow scholarly activity? <i>[Program Requirement: 4.15.]</i>	Scholarship can be demonstrated through any of the following: (1) peer-reviewed funding and research (2) publication of original research or review articles (3) completion of a quality improvement project (4) presentations at local, regional, or national professional and scientific society meetings (5) participation in national committees or educational organizations

The Learning and Working Environment

Question	Answer
Who must be on the interdisciplinary team in each setting? <i>[Program Requirement: 6.18.a.-6.18.a.1.]</i>	Interdisciplinary teams must include physicians, nurses, psychosocial clinicians (such as social workers or psychologists), and chaplains. Other professionals may also be on the interdisciplinary team, according to local policies and practices.
Other	
What is considered “equivalent” regarding experience that can be completed in "one month or equivalent" time?	If an experience is completed longitudinally, the Committee considers 100 hours to be equivalent to one month.
What is the difference between a "must" and a "should" in the Program Requirements?	Definitions for "must" and "should" are provided in the ACGME Glossary of Terms available on the ACGME website. "Must" is used to identify a requirement which is mandatory or done without fail. This indicates an absolute requirement. "Should" is used to designate requirements so important that their absence must be justified. A program or institution may be cited for failing to comply with a requirement that includes the word “should.”