

Frequently Asked Questions: Hospice and Palliative Medicine
Review Committee for Anesthesiology, Family Medicine, Internal Medicine,
Pediatrics, Psychiatry, or Radiation Oncology
ACGME
Effective: July 1, 2015

Question	Answer
Introduction	
May a program accept a fellow with the expectation that he or she will complete the program on a part-time basis? <i>[Program Requirement: Int.C]</i>	Yes, the Review Committee will allow 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.
Institutions	
If the applying program's sponsoring institution does not have an accredited program in one of the six specialties noted in the requirements, are there any exceptions to this requirement, and what relationship does the program need to have with the "core" residency program? <i>[Program Requirement: I.A. 1]</i>	A hospice and palliative medicine (HPM) 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, psychiatry, pediatrics, or radiation oncology. There are no exceptions to this requirement. If the HPM 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. The integral relationship with the core program can be achieved via a number of ways: <ul style="list-style-type: none"> (1) faculty members of the core program are involved in teaching fellows (e.g., by lecturing or supervising a rotation); (2) the members of the HPM program faculty are involved in teaching residents from the core program; or, (3) HPM fellows are involved in teaching and providing training to core residents.

Question	Answer
<p>If fellows conduct visits at nursing homes as part of the hospice care experience of their fellowship, does the program director need to establish Program Letters of Agreement (PLAs) with the nursing homes?</p> <p><i>[Program Requirements: I.B.1–I.B.1.d]</i></p>	<p>A PLA between the program director of the nursing home and the accredited hospice program providing this educational experience should contain information regarding the experience provided in the nursing homes if they are used to meet educational program requirements. Refer to Program Requirements I.B.1.a)–d) for contents of the PLA. There do not need to be separate PLAs with the nursing homes associated with the hospice program providing the experience to residents.</p>
Program Personnel and Resources	
<p>How will the Committee determine compliance with respect to the range of 20-50 percent protected time for the program director?</p> <p><i>[Program Requirement: II.B.1.a]</i></p>	<p>The range reflects the Committee’s 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 the resources available to support the program director up to 50 percent protected time.</p>
<p>What are the minimum expectations regarding research and scholarly activity for the program director?</p> <p><i>[Program Requirement: II.A.3.e]</i></p>	<p>The program director is expected to have a record of ongoing involvement in education and scholarly activities. Scholarship can be demonstrated through a number of different ways:</p> <ul style="list-style-type: none"> (1) peer-reviewed funding and research; (2) publication of original research or review articles; (3) presentations at local, regional, or national professional and scientific society meetings; or, (4) participation in national committees or educational organizations. <p>In order to develop the subspecialty further, peer-reviewed publication is encouraged. These expectations apply to faculty members as well.</p>
<p>What are the expected faculty-to-fellow ratios?</p> <p><i>[Program Requirements: II.B.1.a).(1)–II.B.1.a).(3)]</i></p>	<p>The ratios noted in the Program Requirements apply to 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.</p> <p>Larger numbers of faculty are required for a larger number of trainees due to increased volume of patient care requiring supervision and the likelihood of fellows being located at multiple sites.</p>

Question	Answer
<p>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?</p> <p><i>[Program Requirements: II.B–II.B.4.a)]</i></p>	<p>Physician faculty members who have a significant role (core faculty) 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 and must include at least one nurse, one psychosocial clinician, and one chaplain.</p> <p>A one-page CV must be completed in the initial application, and again annually, via the program update in ADS, for all physician faculty members who have a significant role (core faculty) in the program. For physician faculty members who do not have ABMS certification, additional faculty qualifications must be listed.</p>
<p>Who must be on the interdisciplinary team (IDT) in each setting?</p> <p><i>[Program Requirement: II.B.6.a)]</i></p>	<p>IDTs must include physicians, nurses, psychosocial clinicians (such as social workers or psychologists), and chaplains. Other professionals may also be on the IDT, according to local policies and practices.</p>
<p>What is the distinction in the Program Requirements between non-physician program personnel and members of IDT?</p> <p><i>[Program Requirement: II.C.1]</i></p>	<p>A number of non-physician program personnel [nurses, psychosocial clinicians (social workers or psychologists), and chaplains] must be involved in teaching and supervising fellows. Fellows must interact with IDT members to provide patient care. However, not all IDT members need to be involved in teaching and training fellows.</p>
<p>What are the expectations with regards to fellows seeing pediatric patients?</p> <p><i>[Program Requirement: II.D.1]</i></p>	<p>Fellows must be exposed to a patient population that has a broad range of diagnoses and palliative care needs. Fellows will need to be exposed to children and adult patients. The Requirements do not mandate exposure to the full pediatric age range; exposure to such patients is "suggested." The language in the Requirements reflects a balance of trying to accommodate programs that may focus primarily on the care of children as well as programs that primarily serve an adult population. HPM programs that do not have access to children in their institutions will need to make arrangements to provide such experience at another location.</p>
Fellow Appointments	
<p>Will fellows who have graduated from American Osteopathic Association (AOA)-approved core residencies be eligible for appointment to the program?</p> <p><i>[Program Requirement: III.A.2]</i></p>	<p>The Review Committee recognizes that new language will replace the AOA reference in the Common Program Requirements regarding eligibility in 2016. Until then, however, the Committee does indeed want to allow eligible osteopathic-trained residents appointment in HPM programs.</p>

Question	Answer
Educational Program	
<p>Can hospice units be based in skilled nursing facilities?</p> <p><i>[Program Requirement: IV.A.3.b)]</i></p>	<p>Yes, it is acceptable for such units to be based in skilled nursing facilities, but certain caveats apply. See the question regarding how such units are to be considered. It is not appropriate to use the same unit to meet both types of experiences however. The emphasis for the long-term care experience must be on the long-term care setting and being able to follow patients at this level of care over a period of time.</p>
<p>What constitutes an appropriate inpatient experience?</p> <p><i>[Program Requirement: IV.A.3.c).(1)]</i></p>	<p>Fellows must have an inpatient experience that is four months in duration. If the experience is done 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. Fellows should also have experience in a dedicated palliative care or hospice unit, or, preferably, in both settings.</p>
<p>How should a hospice inpatient unit operating under a skilled nursing facility license be considered?</p> <p><i>[Program Requirement: IV.A.3.d)]</i></p>	<p>If the unit 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 experiences.</p>
<p>Is there flexibility with the settings to meet the ambulatory experience requirement?</p> <p><i>[Program Requirement: IV.A.3.f)]</i></p>	<p>The intent of this requirement 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.).</p>
<p>Will the Committee allow for flexibility in the types of settings to meet the requirement for caring for at least 10 patients across settings?</p> <p><i>[Program Requirement: IV.A.3.k)]</i></p>	<p>The Committee will 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.</p>

Question	Answer
<p>What are the expectations for fellow scholarly activity?</p> <p><i>[Program Requirements: IV.B-IV.B.2.a)]</i></p>	<p>Scholarship can be demonstrated through any of the following:</p> <ul style="list-style-type: none"> (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; or, (5) participation in national committees or educational organizations.
Other	
<p>What is considered "equivalent" regarding experience that can be completed in "one month or equivalent" time?</p>	<p>If the given experience is completed longitudinally, the Committee considers 100 hours to be equivalent to one month.</p>
<p>What is the difference between a "must" and a "should" in the Program Requirements?</p>	<p>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.'</p>
<p>What are the options regarding specification of the effective date of accreditation?</p>	<p>Programs applying for accreditation will need to specify the effective date of accreditation when they submit their applications. The effective date will need to adhere to academic year conventions, e.g., begin on July 1 of the requested year.</p>