

<b>Hospice and Palliative Medicine FAQ Document</b>	
<b>Duration of Program</b>	
Question	Answer
<i>"The duration of the fellowship program in Hospice and Palliative Medicine is 12 months." (Program Requirements Scope and Duration of Education B)</i>	
What if the fellowship program is more than one year?	The RRC accredits only 12 months of training in HPM. All accreditation requirements must be met within this 12 month period. If fellows complete more than 12 months of training in an HPM program, that time is considered unaccredited. If a program offers more than 12 months training in total, those experiences will not be reviewed by RC and should not be described in the Program Information Form.
Must the 12 months of fellowship training be done consecutively?	Yes. It is expected that training take place within 12 consecutive months.
Can fellows complete their training part-time, that is, take two years to complete training instead of one?	The fellowship program must be structured as a full-time undertaking. Individual applicants who wish to complete HPM fellowship over the course of two years (as part-time fellows) will need discuss and receive approval for such training from the relevant certifying board.
<b>Sponsoring Institution</b>	
Question	Answer
<i>"One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites.</i>	
<i>A hospice and palliative medicine program will be accredited only if the sponsoring institution also sponsors an ACGME-accredited program in at least one of the following specialties: Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Radiation Oncology, or Surgery." (Program Requirements I.A.1)</i>	
If the applying program's sponsoring institution does not have an accredited program in one of the eleven specialties noted above, what are its options?	An HPM fellowship application will not be considered for accreditation unless the sponsor also sponsors an ACGME-accredited "core" program in one of the eleven areas identified in the requirements.
Are there any exceptions to this requirement?	No, there are no exceptions to this requirement. If the HPM fellowship program is in an institution that does not sponsor at least one of the eleven ACGME residency programs noted above, it will need to make arrangements with another sponsoring institution that meets this requirement for an application to be considered for review. Additional details can be found on our website: <a href="http://www.acgme.org/acWebsite/home/accreditation_application_process.asp">http://www.acgme.org/acWebsite/home/accreditation_application_process.asp</a>
What relationship does the HPM program need to have with the "core" residency program?	The HPM program must demonstrate for the Committee that it exists in conjunction with and is an integral part of one core ACGME-accredited residency program (anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, psychiatry, pediatrics, physical medicine and rehabilitation, radiation oncology, surgery). This can be done via a number of ways: (1) faculty of the core program are involved in teaching fellows (e.g., by lecturing or supervising a rotation); (2) the faculty of the HPM program are involved in teaching residents from the core program; or 3) fellows are involved in teaching and providing training to core residents.
<b>Letters of Agreement</b>	
Question	Answer
<i>"There must be a program letter of agreement (PLA) between the program and each participating site providing an assignment. The PLA must be renewed at least every five years. The PLA should: a. identify the faculty who will assume both educational and supervisory responsibilities for fellows; b. specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document; c. specify the duration and content of the educational experience; and, d. state the policies and procedures that will govern fellow education during the assignment." (Program Requirements I.B.1.a-d)</i>	
If as part of a hospice care program fellows conduct visits at nursing homes, does the program director need to establish PLAs with the hospice program AND the nursing homes?	A PLA between the program director and the hospice program should contain information regarding the training being provided in the nursing homes, if nursing homes are used as part of that experience. See bullet points a-d above for contents of the PLA. The program director will not need to have separate PLAs with the nursing homes associated with the hospice program.

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<b>Program Director and Faculty Qualifications</b>	
<b>Question</b>	<b>Answer</b>
<i>"The Program Director must be fully committed to the program and devote sufficient time to the achievement of educational goals." (Program Requirements II.A.1.a)</i>	
How many hours a week does the program director need to contribute to the program? What does "devote sufficient time to achievement of educational goals and objectives" mean?	The requirements for the program director were written to provide programs flexibility. The Committee will collect data on the number of hours Program Directors devote to the program through the faculty roster in the Program Information Form and will have more specific information regarding the number for the next iteration of the HPM requirements. However, at this point in time, the Committee suggests that the Program Director devote approximately 20 hours/ week to the program. A similar requirement appears for HPM faculty. The Committee expects that each HPM faculty member devote about 10 hours/week to the program.
<i>"Qualifications of the Program Director must include: a. requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee; b. current certification in the specialty by the American Board of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Psychiatry and Neurology, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Radiology, or Surgery and be certified by the applicable ABMS board in hospice and palliative care medicine, or specialty qualifications that are acceptable to the Review Committee; and, c. current medical licensure and applicable medical staff appointment; d. an active clinical practice in hospice and palliative medicine; and e. a record of ongoing involvement in education and scholarly activities, which includes, but is not limited to, 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." (Program Requirements II.A.3)</i>	
What are the essential qualifications for a Program Director?	The qualifications for program director are listed above. Until the ABMS certification process is fully in place, program directors are expected to have certification by the American Board of Hospice and Palliative Medicine.
<i>"Qualifications of the Program Director must include: a record of ongoing involvement in education and scholarly activities, which includes, but is not limited to, 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." (Program Requirements II.A.3.e)</i>	
What are the minimum expectations regarding research and scholarly activity for the Program Director?	The Program Director will be expected to have a record of ongoing involvement in education and scholarly activities. Scholarship can be demonstrated through a number of different ways: (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. In order to develop the subspecialty further, peer-reviewed publications are encouraged. The expectations apply to faculty as well.
<i>"At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows at that location. The faculty must: devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of fellows and; 1. In addition to the Program Director, there must be at least one other hospice and palliative care physician faculty member who devotes sufficient professional time to the program. 2. For programs with more than two fellows, there must be additional hospice and palliative care physician faculty who devote sufficient time to the program. Programs with three or four fellows must have three hospice and palliative care faculty members who contribute sufficient professional time to the fellowship. 3. At least one faculty member must have expertise administering a hospice and palliative care program." (Program Requirements II.B.1.a.(1-3))</i>	
What are the expected faculty/fellow ratios?	See requirements above. For programs with more than four fellows, corresponding increases in the number of faculty will be necessary.
Does every faculty member at each program site need to be identified in the Program Information Form? Does biographical information need to be provided on every faculty member?	All faculty, both physician and non-physician, who contribute to the program need to be listed in the faculty roster section of the Program Information Form. Any faculty member who contributes 10 or more hours per week to the fellowship program should be included in the roster. A one page CV (provided in Program Information Form) must be completed for (1) HPM faculty members, and (2) any physician faculty member who does not have ABMS certification in the area he/she is providing training.

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<b>Interdisciplinary Team</b>	
Question	Answer
<i>"The interdisciplinary teams must include physicians, nurses, psychosocial clinicians (such as a social workers or psychologists), and chaplains." (Program Requirements II.B.6.a)</i>	
Who must be on the Interdisciplinary Team (IDT) in each setting?	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.
<b>Non Physician Program Personnel</b>	
Question	Answer
<i>"The following healthcare professionals must be involved in teaching and supervising fellows: nurse, psychosocial clinician (social worker or psychologist), and chaplain.</i>	
<i>Fellows must interact regularly with one or more interdisciplinary teams in the conduct of clinical care. This includes participating in regular team conferences with the interdisciplinary teams in order to coordinate the implementation of recommendations from these teams. The interdisciplinary teams must include physicians, nurses, psychosocial clinicians (such as a social workers or psychologists), and chaplains." (Program Requirements II.C.1)</i>	
What is the distinction in the Program Requirements between non-physician program personnel and members of Interdisciplinary Teams (IDT)?	A number of non-physician program personnel (nurse, psychosocial clinician (social worker or psychologist), and chaplain) 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.
<b>Patient Population</b>	
Question	Answer
<i>"The program must ensure fellows have access to a patient population adequate to meet the needs of the fellowship program. The population must represent a broad range of diagnoses and palliative care needs, including patients with advanced conditions. The population should include children and adults. The availability of the full pediatric age range (neo-natal through adolescent/young adult) is suggested. Because fewer expected deaths occur in the pediatric population, inclusion of children with chronic conditions and children with palliative care needs who may recover is suggested. Fellows should be exposed to patients of diverse socioeconomic and cultural backgrounds. Experience with special populations including the elderly and cognitively impaired, patients with HIV disease, and patients with a history of chemical dependency is suggested." (Program Requirements II.D.1.a)</i>	
What are the expectations with regards to fellows seeing pediatric patients?	Fellows must be exposed to 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: as can be seen in the requirements above, 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 and those programs that serve primarily an adult population. HPM programs that do not have access to children in their institutions will need to make arrangements to provide such training.
<b>Facilities/Training Sites</b>	
<b>Inpatient Experience</b>	
Question	Answer
<i>"Fellows must receive clinical training in a minimum of three types of locations including: (1) an inpatient acute care site; a. There must be a minimum of four months or equivalent longitudinal experience in the inpatient setting, which may involve participation on a consultation team or on an inpatient unit, or both. Fellows should have patient care experiences in dedicated palliative care/hospice units. b. The program must ensure that the inpatient setting provides access to a full range of services usually ascribed to an acute-care general hospital, including availability of diagnostic laboratory and imaging services. c. There must be access to a range of consulting physicians, including those with expertise in interventional pain management." (Program Requirements II.D.2.a.1(a-c))</i>	
What constitutes an appropriate inpatient experience?	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. The fellow 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 also need to have experience in a dedicated palliative care or hospice unit, or, preferably, in both settings.
What if there is no inpatient palliative care/hospice unit experience available?	The HPM program will need to make arrangements to provide such inpatient training experiences.
How should a hospice inpatient unit operating under a skilled nursing facility license be considered?	It depends on the nature of the unit. 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 above 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.

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<b>In the Community through Patient Home and Long Term Care Facilities</b>	
<b>Question</b>	<b>Answer</b>
<i>"The program must ensure that fellows provide a minimum of 25 hospice home visits during the fellowship year." i) All of these visits must be provided through a Medicare-certified program. (ii) If the hospice program does not care for children, a portion of the visits may be done through a pediatric home care program for children with life-limiting conditions. (iii) The medical director of the hospice home care program should be certified in Hospice and Palliative Medicine. "(Program Requirements II.D.2.a).2.(a))</i>	
What are the requirements for organizations used to provide fellows' hospice home care experiences?	Fellows must be provided an experience in a hospice home care program and provide a minimum of 25 home visits. This must be in a program/organization that has been certified by Medicare as a hospice program.
Will fellows be required to be exposed to pediatric patients during the home visit experience?	The hospice home visit program does not need to provide experience with children. If the fellowship program wants to make such experiences available and there are no Medicare certified hospice programs that provide care for children in the area, the fellowship program will need to make arrangements for a portion of the visits to be provided in a recognized and appropriately licensed pediatric home care program so that fellows can care for children at home.
<i>"Fellows should receive a long-term care experience at a skilled nursing home facility, chronic care hospital or children's rehabilitation center."</i>	
<i>The long-term care experience should comprise a minimum of one month or equivalent and provide access to meaningful longitudinal care of patients either on a consultation team or a hospice or palliative care unit.</i>	
<i>Except in the case of federal institutions, the institutions(s) must be approved by the appropriate licensing agencies of the state, and the standard of facilities and care in each facility must be consistent with those promulgated by the Joint Commission (delete on Accreditation of Healthcare Organizations) or another entity with reasonably equivalent standards." Program Requirements II.D.2.a)(2)(b))</i>	
What are the expectations for a long term care experience?	Fellows will need to see patients over time in a long-term care environment. There is flexibility in terms of how this can be structured, either as a one month rotation or longitudinally (100 hours is considered to be equivalent to one month if the experience is done longitudinally). The experience can take several forms: consults, care in specific palliative care and/or hospice units, and/or visits to hospice patients in long term care facilities as a part of the hospice program's service.
Can hospice units be based in skilled nursing facilities?	A hospice unit experience based in nursing home units can be used to fulfill either the acute care or long term care experience, depending on the nature of the unit, the care provided in it and the availability of the services. It is not appropriate to use the same unit to meet both types of experiences. 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.
<b>Ambulatory Practice Setting</b>	
<b>Question</b>	<b>Answer</b>
<i>"(a) 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 life-threatening conditions.</i>	
<i>(b) The ambulatory experience(s) should occur for at least six months of the program. Interdisciplinary care of patients must be available in the setting." (Program Requirements II.D.2.a)(3))</i>	
What is the intent with the ambulatory experience? How should it be structured?	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.).
<b>Fellows' Scholarly Activity</b>	
<b>Question</b>	<b>Answer</b>
<i>"Fellows should participate in scholarly activity. Fellows should complete a scholarly or quality improvement project during the fellowship program." (Program Requirements IV.B)</i>	
What are the expectations for fellow scholarly activity?	As noted earlier with regards to faculty scholarship, fellow scholarly activity can also take on many forms. Scholarship can be demonstrated through any of the following: (1) peer-reviewed funding and research; (2) publication of original research or review articles; (3) completing 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.

<b>Hospice and Palliative Medicine FAQ Document</b>	
<b>General Questions</b>	
<b>Question</b>	<b>Answer</b>
Many of the requirements mention that the experience can be "one month or equivalent". What does "or equivalent" mean?	The Committee will consider 100 hours to be equivalent to one month if the experience is done longitudinally
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 and available on the website ( <a href="http://www.acgme.org">www.acgme.org</a> ). "Must" is a term used to identify a requirement which is mandatory or done without fail. This term indicates an absolute requirement. "Should" is a term 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 term 'should'.
Explain the references to "single program institution" in the Program Information Form?	A "single-program institution" is a sponsoring institution that sponsors only one core residency program, or a core program and subspecialty program(s).
What are the options related to the effective date of accreditation?	Programs will need to specify the effective date of accreditation when they submit their application. The effective date will need to adhere to academic year conventions, e.g., begin on July 1 of the requested year.
If upon review of an application a program receives initial accreditation, what is the maximum review cycle a program can receive?	Programs that receive initial accreditation will have a review cycle that is between one and three years in length.
When should a program expect a site visit?	An application for a new HPM application will not require a site visit. A site visit will be scheduled after the Committee has reviewed the application and established a review cycle for the program.
Which Review Committee will be handling the review of applications (now and in the future)?	The Review Committee for Family Medicine will oversee and accredit all HPM programs, regardless of which of the eleven core programs the HPM program is associated with.
Can fellowship programs in osteopathic institutions be accredited?	The ACGME does not review or have oversight of programs accredited by the AOA. If the HPM fellowship program is in an institution that does not sponsor at least one of the eleven ACGME residency programs noted earlier (anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, psychiatry, pediatrics, physical medicine and rehabilitation, radiation oncology, surgery), it will need to make arrangements with another sponsoring institution that meets this requirement for an application to be considered for review.