

**ACGME Impact/Justification Statement**  
Proposed Program Requirements for Fellowship Education  
In Hospice and Palliative Medicine

**1. Impact on resident education.**

*How will the proposed change improve the quality of resident education?*

The purpose of establishing and recognizing additional training and a separate certification for hospice and palliative medicine is to ensure that patients with life-threatening illness, particularly those with advanced disease, receive informed, expert and appropriate care. Subspecialists in hospice and palliative medicine will reduce the burden of life-threatening conditions by supporting the best quality of life throughout the course of an illness and by managing factors that contribute to the suffering of the patient and the patient's family.

The number of unaccredited training programs in hospice and palliative care has been growing rapidly over the years. Recognizing the rapid growth and benefit of common standards, the American Academy of Hospice and Palliative Medicine (AAHPM) and the American Board for Hospice and Palliative Medicine (ABHPM) established a process to accredit programs similar to that of ACGME. Common standards were developed and in 2004 a committee closely modeled after ACGME's RRCs, the Palliative Medicine Review Committee (PMRC) was appointed by AAHPM and ABHPM to review hospice and palliative medicine programs relative to these standards. The PMRC conducted three review cycles using a process and PIF similar to ACGME and 31 fellowship programs were accredited. All this has served an important preparatory role in developing consensus on core content and training requirements for the discipline.

Due to the rapid growth and development of the discipline, the AAHPM and the ABHPM requested that the ACGME accredit fellowship programs in hospice and palliative medicine. ACGME approved this request. The minimum requirements (e.g., specified a minimum training period of twelve months and that training must be delivered in a minimum of three sites – inpatient, community and ambulatory settings, etc.) established by the discipline formed the basis for the proposed requirements that are being put forth for review and comment.

**2. Impact on patient care.**

*How will the proposed change affect the way the resident, the service, and the staff provide the patients with continuing care?*

Since there have been minimum requirements and oversight of hospice and palliative medicine fellowship programs for some time, the proposed requirements are not expected to have any major impact on patient care.

**3. Impact on faculty resources.**

*Will an increase in number of faculty from within the discipline or from other disciplines be required? If so, please explain.*

The accreditation of hospice and palliative medicine programs should not require an

increase in the number of faculty. Hospice and palliative medicine is practiced at a specialty-level and operationally administered through free-standing and institution-based hospice programs and through departments, divisions of departments, or clinical services devoted to palliative care. There are about 3,200 hospice program in the US and more than 1,000 hospital-based palliative care programs. Additionally, according to a survey in 2005, there are approximately 60 training programs in this multidisciplinary discipline, including the 31 programs accredited by the PMRC.

**4. Impact on the institutional facilities, services, faculty.**

*Will there be required institutional resources for the educational or service unit as a result of the proposed change?*

There should be few increased institutional resources needed as a result of these proposed program requirements. These fellowship programs are multidisciplinary in nature and co-exist and co-function with other specialty and subspecialty programs and departments.

*Will there be any additional costs to the institution(s) in this regard? If so, please explain.*

There will be a cost for accreditation, in the form of an annual accreditation fee for the sponsoring institution, and, possibly, the cost associated with recruiting hospice and palliative medicine faculty. However, since hospice and palliative care fellowship are multidisciplinary programs that exist in institutions with other programs, these programs should have few other anticipated costs.

**5. Impact on other services and educational programs in the institution.**

*If these changes are implemented, will there be an adequate volume and variety of patients to provide proper educational resources in the institution(s)?*

There are significant numbers of patients, appropriate for hospice and/or palliative care, with sufficient variety, in virtually every health care setting potentially involved in a hospice and palliative medicine fellowship program.

*How will other services or departments of the institution be affected by the change?*

There is likely to be a positive impact from hospice and palliative medicine fellowship programs on other services and departments within institutions. The existence of a hospice and palliative medicine program within an institution has the potential to enhance the learning experience for any learner.

**6. Implementation.**

*What is the effective date of these proposed changes? Please rationalize the requested effective date based upon the need for faculty, institutional services, financial, or other support.*

The requested effective date of accreditation will be the date of approval by the ACGME Board of Directors.