

## Frequently Asked Questions: Hospice & Palliative Medicine

Question	Answer
<b>Duration of Program</b>	
<p>What if the fellowship program is more than one year?</p> <p><i>[Program Requirement: Int.B.]</i></p>	<p>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.</p>
<p>Must the 12 months of fellowship training be done consecutively?</p> <p><i>[Program Requirement: Int.B.]</i></p>	<p>Yes. It is expected that training take place within 12 consecutive months.</p>
<p>Can fellows complete their training part-time, that is, take two years to complete training instead of one?</p> <p><i>[Program Requirement: Int.B.]</i></p>	<p>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.</p>
<b>Sponsoring Institutions</b>	
<p>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?</p> <p><i>[Program Requirement I.A.1]</i></p>	<p>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.</p>
<p>Are there any exceptions to this requirement?</p> <p><i>[Program Requirement I.A.1]</i></p>	<p>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.</p> <p>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></p>
<p>What relationship does the HPM program need to have with the "core"</p>	<p>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</p>

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<p>residency program?</p> <p><i>[Program Requirement I.A.1]</i></p>	<p>(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.</p>
<b>Letters of Agreement</b>	
<p>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?</p> <p><i>[Program Requirement: I.B.1 ]</i></p>	<p>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. Refer to program requirements <i>I.B.1.a - I.B.1.d</i>) for contents of the PLA. The program director will not need to have separate PLAs with the nursing homes associated with the hospice program.</p>
<b>Program Director &amp; Faculty Qualification</b>	
<p>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?</p> <p><i>[Program Requirements II.A.1.a and II.B.1.a).(1)-(2)]</i></p>	<p>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.</p>
<p>What are the essential qualifications for a Program Director?</p> <p><i>[Program Requirements: II.A. - II.A.3.e)]</i></p>	<p>Please refer to program requirements II.A. - II.A.3.e). 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.</p>
<p>What are the minimum expectations regarding research and scholarly activity for the</p>	<p>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</p>

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<p>Program Director?</p> <p><i>[Program Requirement: II.A.3.e]</i></p>	<p>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.</p>
<p>What are the expected faculty/fellow ratios?</p> <p><i>[Program Requirements: II.B.1.a).(1) - II.B.1.a).(3).]</i></p>	<p>Please refer to program requirements II.B.1.a).(1)–(3). For programs with more than four fellows, corresponding increases in the number of faculty will be necessary.</p>
<p>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?</p> <p><i>[Program Requirements: II.B - II.B.4.a.)]</i></p>	<p>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.</p>
<b>Interdisciplinary Team</b>	
<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>
<b>Non Physician Program Personnel</b>	
<p>What is the distinction in the Program Requirements between non-physician program personnel and members of Interdisciplinary Teams (IDT)?</p> <p><i>[Program Requirement II.C.1]</i></p>	<p>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.</p>
<b>Patient Population</b>	
<p>What are the expectations with</p>	<p>Fellows must be exposed to population that has a broad range of diagnoses and</p>

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<p>regards to fellows seeing pediatric patients?</p> <p><i>[Program Requirement II.D.1.]</i></p>	<p>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.</p>
<p><b>Facilities/Training Sites</b> <b>Inpatient Experience</b></p>	
<p>What constitutes an appropriate inpatient experience?</p> <p><i>[Program Requirements II.D.2.a.1 - II.D.2.a.1(c)]</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. 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.</p>
<p>What if there is no inpatient palliative care/hospice unit experience available?</p> <p><i>[Program Requirements II.D.2.a.1 - II.D.2.a.1(c)]</i></p>	<p>The HPM program will need to make arrangements to provide such inpatient training experiences.</p>
<p>How should a hospice inpatient unit operating under a skilled nursing facility license be considered?</p> <p><i>[Program Requirements II.D.2.a.1 - II.D.2.a.1(c)]</i></p>	<p>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.</p>
<p><b>In the Community through Patient Home and Long Term Care Facilities</b></p>	
<p>What are the requirements for organizations used to provide fellows' hospice home care experiences?</p> <p><i>[Program Requirement II.D.2.a).2.(a)]</i></p>	<p>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.</p>

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<p>Will fellows be required to be exposed to pediatric patients during the home visit experience?</p> <p><i>[Program Requirement II.D.2.a).(2).(a).(ii)]</i></p>	<p>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.</p>
<p>What are the expectations for a long term care experience?</p> <p><i>[Program Requirements II.D.2.a)(2)(b) - II.D.2.a).(2).(b).(ii)]</i></p>	<p>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.</p>
<p>Can hospice units be based in skilled nursing facilities?</p> <p><i>[Program Requirements II.D.2.a)(2)(b) - II.D.2.a).(2).(b).(ii)]</i></p>	<p>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.</p>
<b>Ambulatory Practice Setting</b>	
<p>What is the intent with the ambulatory experience? How should it be structured?</p> <p><i>[Program Requirements II.D.2.a)(3) - II.D.2.a).(3).(b)]</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>
<b>Fellows' Scholarly Activity</b>	
<p>What are the expectations for fellow scholarly activity?</p> <p><i>[Program Requirements IV.B - IV.B.2.a)]</i></p>	<p>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.</p>
<b>Duty Hours</b>	
<p>What is an optimal clinical workload?</p>	<p>The program director must ensure fellow patient loads are appropriate. The optimal case</p>

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<i>[Program Requirement: VI.E.]</i>	load will allow each fellow to see as many cases as possible, without being overwhelmed by patient care responsibilities, or without compromising a fellow's educational experience.
Are there any circumstances under which may fellows stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty?  <i>[Program Requirement: VI.G.5.c).(1).]</i>	Fellows may stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty to maintain continuity of care, to provide counseling to patients and/or families, to participate in care for patients with rare diagnoses or conditions, or to care for a patient with an acute issue. This decision should be made with the timely approval of the program director.
<b>General Questions</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	The Review Committee for Family Medicine will oversee and accredit all HPM

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handling the review of applications (now and in the future)?	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.

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