ACGME Program Requirements for Graduate Medical Education in Hospice and Palliative Medicine (Multidisciplinary Fellowship)
Summary and Impact of Major Requirement Revisions

Requirement #: I.B.5.

Requirement Revision (significant change only):

The program should ensure that fellows are not unduly burdened by required rotations at geographically distant sites. (Core)

1. Describe the Review Committee's rationale for this revision:
   The proposed requirement is intended to avoid fragmentation of the fellows' experience during an already short fellowship by limiting the necessity for fellows to drive long distances to geographically distant sites (and in some cases, stay at short-term housing).

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirement should ensure that the fellows do not need to travel to geographically remote locations to satisfy core curriculum elements, eliminating the potential stress of driving for long periods of time, housing needs, etc.

3. How will the proposed requirement or revision impact continuity of patient care?
   Continuity of patient care should improve, as fellows will have a greater opportunity to care for patients continually if they are not required to travel long distances for their care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No.

5. How will the proposed revision impact other accredited programs?
   The requirement should not have any impact on other programs.

Requirement #: II.B.3.b).(1).(a)

Requirement Revision (significant change only):

The medical director of the hospice program must be certified in hospice and palliative medicine through a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA), or hold medical director certification through the American Academy of Hospice and Palliative Medicine (AAHPM). (Core)

1. Describe the Review Committee's rationale for this revision:
   The Committee understands that hospice programs serve a distinct patient population and deliver care in a specific regulatory environment. Uncertified physicians may not have the knowledge or skills to serve as faculty members in the

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hospice environment. This revision acknowledges that individuals with the hospice medical director certification from the AAHPM have demonstrated professional development to serve as such faculty.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   N/A

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Should the current medical director not possess the required certification, this may impact an institution that either must ensure the individual achieves certification, or must appoint an individual that possesses the required certification.

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #**:** II.B.4.e)

Requirement Revision (significant change only):

The required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to a minimum of 10 percent/FTE for educational and administrative responsibilities that do not involve direct patient care. Support must be provided based on the program size as follows: (Core)

Number of Approved Positions	Minimum Aggregate Support Required (FTE)
<7	0.10
7-9	0.15
10-12	0.15
13-15	0.20
16-18	0.20
>18	0.25

1. Describe the Review Committee's rationale for this revision:
   While there was previously a required core faculty-to-fellow ratio and 0.1 FTE for the core faculty commitment to the program, the new requirement allows for greater flexibility given the size variations of hospice and palliative medicine programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

N/A

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Sponsoring Institutions of the larger hospice and palliative medicine programs will need to provide for the greater FTE as outlined to ensure appropriate support to the program.

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: IV.C.5.a)

Requirement Revision (significant change only):

Fellows' long-term care experience should comprise a minimum of 25 patient visits or 100 hours and provide access to meaningful care of patients relevant to the identification and management of palliative issues in the long-term care population with serious illness, including awareness of the regulatory environment in which care is provided. (Detail)

1. Describe the Review Committee's rationale for this revision:
   The long-term care experiences have become challenging for many programs. This revision reinforces the Committee's commitment to learning in this important environment while enabling programs to have some flexibility in how they ensure adequate fellow exposure.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   As there was no numeric requirement previously, there could be great variability among programs with respect to how their fellows cared for this population. The new language will ensure that programs provide for fellows to have a minimum set of visits/hours dedicated to this patient population.

3. How will the proposed requirement or revision impact continuity of patient care?
   Fellows will have experiences with either 25 patient visits or 100 hours of meaningful care of this patient population, which may be a continuity or longitudinal experience.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Programs will need to ensure that fellows have access to these long-term care facilities for either the number of visits or hours, which may require some negotiating with those centers.

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: IV.C.8.a)

Requirement Revision (significant change only):
[IV.C.8. Fellows must have supervised experience(s) in ambulatory setting(s) providing relevant palliative interventions to patients with serious illness. (Core)]

IV.C.8.a) Some of these experiences should be delivered via telehealth. (Detail)

1. Describe the Review Committee's rationale for this revision:
   In the context of the requirements for experiences in the ambulatory settings, which are not new, this new requirement offers flexibility to both the patient and the caregiver and is necessary given the nature of care of these patients following the COVID-19 pandemic. Additionally, fellows should develop the distinct knowledge and skills for providing specialty-level hospice and palliative medicine care via telehealth.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed requirement will ensure the fellows have experiences in a telehealth space while affording patients, who may not have the ability to travel, the care they need.

3. How will the proposed requirement or revision impact continuity of patient care?
   Fellows will be afforded the opportunity to follow their patients regardless of the patients' ability to attend appointments in person.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Post-COVID-19 pandemic, most institutions should have the telehealth modalities required to offer their medical care teams across specialties the ability to provide patient care.

5. How will the proposed revision impact other accredited programs?
   N/A