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## **Hospice & Palliative Medicine Subspecialty: Fact Sheet**

In 1997 the Institute of Medicine called for the development of professional expertise in palliative medicine. Palliative Medicine is a recognized subspecialty in Canada, Great Britain, Ireland, and Australia.

### **Board Certification**

1,900 physicians have been certified by ABHPM as of January 2005. The American Board of Hospice and Palliative Medicine (ABHPM) was incorporated in 1995 as an independent board to set standards for physician specialization in this area and gave its first examination in 1996.

ABMS recognition as a subspecialty was always the goal. Initial meetings with ABMS and ACGME occurred in 1996. Candidates for certification are required to have a 'parent' ABMS certification, for which certified physicians report internal medicine (55%), family practice (20%), and anesthesiology (2.5%), pediatrics (2.2%), surgery (1.4%). Psychiatry, neurology, emergency medicine, radiation oncology, and physical medicine and rehabilitation each represent less than 1% of diplomates.

### **Publication of Scholarly Research**

Palliative Medicine is a new and distinct body of knowledge. Peer-reviewed palliative medicine research appears in at least seven specialty journals: Journal of Pain and Symptom Management (including supportive and palliative care, US), Journal of Palliative Medicine (US), American Journal of Hospice and Palliative Care (US), Palliative Medicine (UK), Progress in Palliative Care (UK), Journal of Palliative Care (Canada), and European Journal of Palliative Care (UK). A number of well-regarded textbooks are now available.

### **Graduate Medical Education**

There are 53 fellowship programs in operation or in formation offering a total of 117 training slots. These include seven programs funded by the Veterans Administration. Voluntary standards for fellowship training using ACGME models have been developed and disseminated. A Palliative Medicine Review Committee (PMRC) accredits palliative medicine residency programs using the voluntary standards. The PMRC is closely modeled after ACGME's RRCs. As of May 2005, 17 programs are accredited by PMRC.

A survey of all recent graduates (past 5 years) of all palliative medicine fellowship programs in the United States and Canada identified 101 fellows from 24 programs. The survey found that fellows desired good clinical training; they received large amounts of it and were pleased with it. Upon graduation, the majority of fellows accepted clinically oriented positions—either as full-time clinicians or clinician educators, suggesting that the clinical focus of fellowship training programs is appropriate.

### **Professional Association**

The American Academy of Hospice and Palliative Medicine is the professional association for physicians in palliative medicine. AAHPM currently has 2200 members, of whom 1750 are physicians (and the others are primarily nurses and students/residents). Over 60% of those certified by ABHPM are members of the Academy. The Academy supports the dissemination of research, the training of academic leaders, and the continuing education of clinicians in evidence-based practice through an annual conference; courses for certification preparation and for hospice medical directors; publications, including its *Journal of Palliative Medicine*; and an awards program including awards for distinguished researchers and young investigators.

### **Practice Patterns**

The majority of Palliative Medicine physicians practice as hospital-based consultants or as hospice medical directors. 30% of US hospitals and 26% of US teaching hospitals have consult teams and 20% are in the planning stages. There are 6,021 hospitals registered with the American Hospital Association. The number of consult services is increasing by 20% annually. There are more than 3,200 hospice programs. All hospice programs must have at least one physician medical director.

## Reading List

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