The Hospice and Palliative Medicine Certification Program, developed by the American Board of Emergency Medicine (ABEM), the American Board of Internal Medicine (ABIM), the American Board of Anesthesiology (ABA), the American Board of Family Medicine (ABFM), the American Board of Obstetrics and Gynecology (ABOG), the American Board of Pediatrics (ABP), the American Board of Physical Medicine and Rehabilitation (ABPMR), the American Board of Psychiatry and Neurology (ABPN), the American Board of Radiology (ABR), and the American Board of Surgery, (ABS), is designed to recognize excellence among physicians who are specialists in the care of seriously ill and dying patients with life-limiting illness. The field of hospice and palliative medicine is based on expanding scientific knowledge about symptom control when cure is not possible and appropriate care during the last months of life. The major competencies of subspecialist-level hospice and palliative medicine fall under the broad patient-centered goals of:

- Relieving suffering and improving the quality of life for patients and families with life-threatening illness
- Helping patient and family cope well with loss and engage in effective grieving
- Comprehensive interdisciplinary team management of the physical, psychosocial, social and spiritual needs of patients and their families
- Managing and coordination of the array of challenging problems associated with end-of-life care, including the management of the immediately dying patient
- Promoting closure and the possibility of growth at the end of life

The HPM eligibility criteria for ABEM diplomates were mutually determined by the ABIM and ABEM. These criteria cannot be appealed.

**ELIGIBILITY CRITERIA**

The general criteria for emergency physicians seeking certification in HPM are as follows:

- The physician must be a diplomate of ABEM or a diplomate of the American Osteopathic Board of Emergency Medicine (AOBEM). (For AOBEM diplomates, see Special Considerations for AOBEM Diplomates, page 2)
- The physician must be participating in the ABEM MOC or the AOBEM Osteopathic Continuing Certification (OCC) program at the time of application and throughout the certification process.
- The physician must fulfill the ABEM Policy on Medical Licensure.

Additionally, the physician must fulfill the eligibility criteria of the Fellowship Training Pathway and demonstrate clinical competence.
Fellowship Training Pathway

The applicant must have successfully completed an ACGME- or RCPSC-accredited HPM fellowship that is a minimum of one year.

ABEM will independently verify with the fellowship program director, the applicant’s successful completion of the training and the applicant’s clinical competence in HPM.

The physician must successfully complete the fellowship training by the date of the examination.

Special Consideration for AOBEM Diplomates

AOBEM diplomates may apply for subspecialty certification if all of their fellowship training occurs in an ACGME- or RCPSC-accredited fellowship on and after July 1, 2015. This exception will be available to AOBEM diplomates who graduate from an ACGME- or RCPSC-accredited fellowship before July 1, 2022. The ABEM eligibility criteria do not allow AOBEM diplomates who were enrolled, or who graduated from, ACGME- or RCPSC-accredited fellowship programs before July 1, 2015, to apply for ABEM subspecialty certification.

TIMING CONSIDERATIONS

Physicians seeking certification in more than one specialty or subspecialty may not apply the same postgraduate training period towards fulfilling the requirements of more than one specialty or subspecialty.

CERTIFICATION

ABEM and AOBEM diplomates who have met the HPM eligibility criteria and who pass the HPM Certification Examination are recognized as being certified in the subspecialty of Hospice and Palliative Medicine. Certification is for a period of ten years.

Certificates are dated from the day the examination results are made available to the physician and expire December 31, ten years thereafter.

Approved September 2006
Effective April 2007
Revised Effective February 2018