

Specialisation in Palliative Medicine for Physicians in Europe 2014

A supplement of the EAPC Atlas
of Palliative Care in Europe

Deborah Bolognesi
Carlos Centeno
Guido Biasco



ACCADEMIA DELLE SCIENZE
DI MEDICINA PALLIATIVA
CAMPUS BENTIVOGLIO - Bologna



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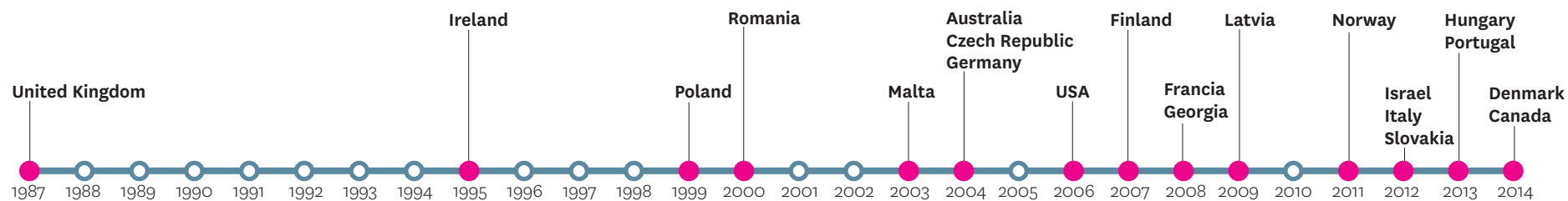
An electronic version is freely available at <http://dspace.unav.es/dspace/handle/10171/29279>
and on the apple and android compatible “ICS-Atlantes”
application.

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Specialisation in Palliative Medicine timeline





1. Introduction





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Carlos Centeno, Deborah Bognesi and Guido Biasco in a meeting in Bologna.

Institutions

The supplement on *Specialisation in Palliative Medicine for Physicians in Europe* has been developed by the **EAPC Task Force on the Process of Specialisation in Palliative Medicine**, a dedicated Task Force under the coordination of the *EAPC steering group on medical education and training*.

The Accademia delle Scienze di Medicina Palliativa generously contributed to the project by offering financial support for both the printed and electronic versions of this supplement.

The University of Navarra was in charge of the edition and cartography of this publication, under the direction of **Eduardo Garralda** and **Prof. Juan José Pons**, respectively.

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About ASMEPA

The Accademia delle Scienze di Medicina Palliativa - ASMEPA (Academy of Sciences of Palliative Medicine) was created in 2007 in Bentivoglio (Bologna, Italy) with the aim of planning and implementing educational programs, research projects and the dissemination of palliative medicine culture. ASMEPA promotes training and research programs in palliative medicine in collaboration with the University of Bologna and a network of international centres and universities.

ASMEPA is acknowledged as a model of excellence in Italy, thanks to the range and quality of its educational and research activities. Since 2007, more than 1900 people have attended ASMEPA programmes.

Along with the Bentivoglio Hospice, students and faculty facilities, ASMEPA is part of Bentivoglio Campus, the first Campus in Europe entirely dedicated to Palliative Medicine practice and development. ASMEPA is managed by the Isabella Seràgnoli Foundation.

For more information, see the following link:
<http://www.asmepea.org/>

About The ATLANTES Research Program

The *ATLANTES Research Program on Human dignity, advanced illness and palliative care* was established in 2012 within the Institute for Culture and Society of the University of Navarra. The programme ultimately aims to improve the way that society and medicine view end of life issues. ATLANTES seeks to better understand the anthropological and spiritual principles of palliative care and, in so doing, uncover intangible and little-known aspects about the value of life and medical care until the end.

ATLANTES also seeks to transmit a fundamentally positive message about palliative care to society by raising awareness of its importance among different stakeholders, analysing international developments within this specialty, and promoting education for health professionals.

For more information, see the following link:
<http://www.unav.es/centro/cultura-y-sociedad/>

ATLANTES seeks to better understand the anthropological and spiritual principles of palliative care and to raise palliative care awareness



Preface



Professor Sheila Payne
PRESIDENT OF THE EUROPEAN
ASSOCIATION FOR PALLIATIVE CARE

Spring is traditionally a time for renewal and for looking forward to the future with optimism. This Supplement to the EACP Atlas on Palliative Care Development in Europe (2013) is a timely addition to the portfolio of work undertaken by the European Association for Palliative Care (EAPC) on education for physicians and other members of the multidisciplinary team. The report represents two years cooperative efforts by the Task Force on Specialization for Physicians, co-led by Prof. Guido Biasco of University of Bologna and Prof. Carlos Centeno of the University of Navarra and with more than 25 members from many countries. The specialist education and recognition of physicians with expertise in Palliative Medicine is one of the cornerstones of ensuring that patients have access to high quality care and symptom management throughout their disease trajectory and during the dying phase.

This report captures the strength of development and recognition of Palliative medicine in 18 European Countries but indicates that in many countries much still needs to be achieved. For example, there is an urgent need to agree an international curriculum, where clinical experience, educational input and opportunities for research and scholarship are harmonised across Europe. There is a need to ensure that leadership, health economics and management skills are included in such a programme of advanced professional accreditation. While of course, people working in Palliative Medicine must acquire advanced clinical knowledge, offer compassionate and sensitive care, and have high level clinical skills, they also need to be able to work effectively across disciplines and take on leadership roles to advocate for Palliative care services within their own countries and internationally.

The EAPC warmly welcomes this report. It provides a benchmark for current development and a baseline to measure progress. I believe that we are still in the spring time of Palliative Medicine but I am confident that it will flourish and mature.

The specialist education and recognition of physicians with expertise in Palliative Medicine is one of the cornerstones of ensuring that patients have access to high quality care and symptom management



Note from the authors

Palliative medicine (PM) is a new, growing specialty that is part of mainstream medicine, but that is still in its developmental stageⁱ. Ten core interdisciplinary competencies in palliative care have been enumeratedⁱⁱ. Palliative medicine amounts to the physician component of the interdisciplinary practice of palliative care. Recommendations for the development of postgraduate curricula leading to certification in palliative medicine are availableⁱⁱⁱ.

Specialists in palliative medicine work with a holistic approach and require both knowledge of many different diseases and the ability to evaluate and manage a variety of physical, psychological, spiritual and social symptoms. The skills required of a palliative medicine specialist are mostly non-procedural and necessarily entail proficiency in individual and family counselling and psycho-educational attention. Ethical dilemmas, decision-making, dying and death are an integral part of the specialty and there are a variety of settings in which it takes place, including hospitals, home care, and long-term care and day care facilities^{iv}. These conditions produce a unique set of attitudes that characterise the field of palliative medicine, clearly making it a distinct discipline with its own standards of practice, literature^v, and research base. Indeed, the practice of PM is as challenging, demanding and complex as that of any other medical field^{vi}.

The modern science and art of caring for patients with advanced disease^{vii} started with Dr. Cicely Saunders in the late 1950s in the United Kingdom and combined clinical care, teaching and research^{viii}. As hospice and palliative care developed in the United Kingdom, a growing interest in establishing it as a specialty emerged. In 1987, palliative medicine became a sub-specialty of general medicine, initially on a

seven-year 'novitiate', which, once successfully concluded, led to the creation of a specialty in its own right^{ix}. The specialty status of PM did not come without debate in the United Kingdom^x and elsewhere^x. Most PM professionals understand that debate is a key condition for the integration of palliative care into their respective health systems. Others argue that PM is better integrated through generalist palliative care and not through specialist palliative care. This controversy, however, might soon become null because a model combining the two has recently emerged with contributions from both generalist and specialist palliative care.^{xi}

Doyle enhanced the role of PM specialty programs by developing palliative care services and by demonstrating both the principles of specialist palliative care and its importance for good clinical careⁱ. For its further advancement, it now appears that the global categorisation of palliative care development is closely correlated with the state of palliative medicine as a field of specialisation at the country level^{viii,xii}. Accordingly, a European barrier's study^{xiii} stresses that not providing adequate professional certification remains a potential barrier to the development of palliative medicine as a discipline. Universities also have an active and inescapable role to play in the development and formal recognition of palliative medicine as a discipline^{xiv}.

The status of PM and its development are under documented in published literature. An EAPC survey^{xv} represents the first attempt to map the PM specialty in Europe, mentioning seven of fifty-three countries that have the specialty or sub-specialty and another ten in the process of establishing it. The study stresses a lack of homogeneity in specialised training programs, suggesting that a wide-reaching study should be done in order to clarify and compare specialisation processes between countries. The 2013 EAPC Atlas of PC in Europe^{xvi} shows a map and a list of programs highlighting 15 countries with official certification programs in palliative medicine. They include, the Czech Republic, Finland, France, Georgia, Germany, Ireland, Israel, Italy, Latvia, Malta, Norway, Poland, Romania, Slovakia, the United Kingdom and others with certification 'in process'. The Atlas notes a progressive trend toward certified palliative medicine that is named something other than specialty or sub-specialty and there is still confusion about the meaning of this new way of certifying palliative medicine.

According to the literature, there is clearly a need for more informed debate within palliative medicine on the most appropriate certification system. Herein, we aim to update the list of countries with approved specialisation processes and to make a detailed comparative analysis on certification in palliative medicine in Europe, including the different processes and their main features.

The practice of PM is as challenging, demanding and complex as that of any other medical field^{vi}



Methods

For this research, a Programme(s) on Specialisation in Palliative Medicine (POS-PM) is understood as the national conditions established in order to obtain an official certification that is valid in the respective country and that represents the highest obtainable level of professional training in palliative medicine. This working definition includes any specialisation, sub-specialty or any other term that equates to an official certification for full-time physicians working in palliative care.

This research analyses countries with approved POS-PM according to the 2013 ATLAS of Palliative Care in Europe, plus other countries mentioned in the Atlas that are currently in the process of establishing a POS-PM. This study and data collection was finished in January 2014. Three non-European countries were selected in order to contrast and benchmark European development, including the United States of America, Australia and Canada. The two former countries have approved and consolidated POS-PM, the latter country is currently in the process of establishing a POS-PM.

Three researchers, two from the University of Bologna and one from the University of Navarra, met in Pamplona, Spain in October of 2012 after e-mail discussions. There, they outlined the project, defined methodology and opened up the main questions to be explored. They then proposed the plan as an EAPC Task Force project, which was formally approved by the EAPC Board. The project and budget were then submitted to the Accademia delle Scienze di Medicina Palliativa and received the required funding.

The Task Force's first step consisted in identifying and approaching a network of national experts, who were selected according to the following criteria: palliative care physician currently working in their respective country, fluent in English, able to work online and to attend a later conference. They were mainly selected from the network of EAPC Task Force collaborators on the Development of Palliative Care in Europe and the Boards of National Associations. A letter with the terms of agreement was sent to each potential collaborator, briefly explaining the project as a European-level comparative analysis and the need for experts with a deep understanding of POS-PM from each country, as well as explaining the context, the history, and PC developments. The project received written consent from all collaborators, who are listed on page 9. The collaborators then identified and supplied the main sources for gathering data and information on POS-PM in their respective countries.

An online questionnaire, using a survey platform, was then designed and launched. Section questions included historical background, denomination, requirements, length, characteristic and content, official certifying body, effectiveness of the accreditation and 2013 workforce capacity. The results were organised in a database in thematic tables that were presented to the plenary group of experts, with 16 of the 19 collaborators in attendance, in a meeting at the 2013 EAPC Congress in Prague. At the meeting, the experts received queries and discussed results making notes and clarifications in the tables. A further online fine-tuning of results was undertaken. Finally, all experts reviewed a draft of the manuscript and gave final approval. The manuscript incorporates the survey data from all countries with a POS-PM process approved before the close of the study.

The full results are presented in this monograph of around 50 pages, in print and online, with all the collected information organised in country reports and thematic maps. The country reports contain the results of the survey organised in sections: background, main features, fellow and centre requirements. The context information corresponds to different sources: the socioeconomic data are gathered from the World Bank Database and the World Population Prospects (the 2010 revision for the year 2012) and both the PC services and the Vitality data come from 2012 Atlas. The source for PC teaching in medical schools comes from the EAPC Education for Physicians Task Force from 2014 (unpublished data). This monograph will be presented and freely distributed at the EAPC Research Network conference in Lleida (Spain) in June 2014. A paper, consisting in a narrative answer to the principal questions surrounding POS-PM, will also be presented at the Lleida conference as a general overview with details in tables, texts and graphics.

The results were organised in a database in thematic tables that were presented to the plenary group of experts in a meeting at the 2013 EAPC Congress in Prague

Abstract

As of January 2014, there are 18 European countries with official POS-PM, with 10 of them having been started in the last five years. Countries recognised PM as a specialty, a subspecialty, a 'special area of capacitation' or equivalent. The latter two show no substantial differences in the process. The term palliative medicine is used in most countries' program titles. Professionals in non-speciality programs must possess a previously attained clinical specialty; in five of the countries this can be any clinical specialty, while eight of the countries set a list of qualifying specialties or professional experience in PC and two countries include other clinical specialties. Clinical training varies, with one to two years being the most frequent period. There is a clear trend toward establishing POS-PM as a mandatory condition for obtaining a clinical position in PM within the respective health system, but at the moment it is not mandatory in the majority of the countries.

In conclusion, the expansion and professionalisation of PM in Europe is here to stay. The certification process in most countries is generally long and mostly comprised of clinical training. The heterogeneity of the educational curricula, leading to the variety of certification processes, is really high. The EAPC is faced with the challenge of unifying these curricula and certification processes, which, in turn, could lead to an additional European-based recognition of expertise in PM.



Complementary references



Miriam García, Eduardo Garralda, Carlos Centeno and Deborah Bolognesi working in Pamplona in the editorial design of this booklet.

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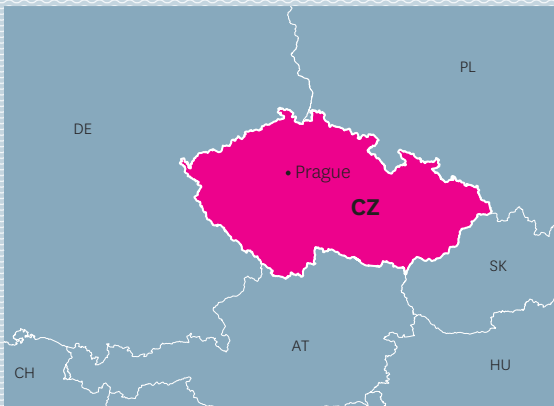


2. Country reports



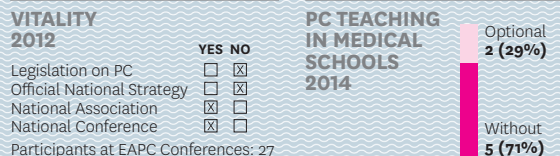
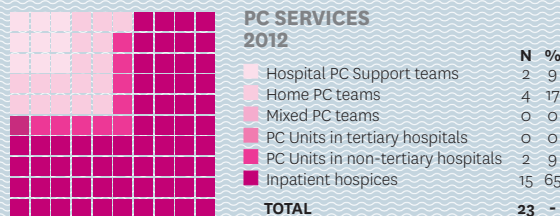
CZECH REPUBLIC

Subspecialty in Palliative Medicine Paliativní medicína | 2004



SOCIOECONOMIC DATA

Population, 2012 10,565,678	Gross Domestic product per capita, 2011 24,011	Health Expenditure total (% of Gross), 2010 7.9
Density, 2012 134.0	Physicians per 1000 inhabitants 3.672	Human Development Index, 2012 0.873
Surface 78,866		



KEY COLLABORATOR: Ondrej Slama, Czech Society for Palliative Medicine, Brno (oslama@mou.cz)

MORE INFORMATION: For further information about Palliative Care in the **Czech Republic** consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

BACKGROUND

In 2004 the subspecialty Palliative Medicine and Pain Management was approved. Then, in 2011, it was divided into two distinct subspecialties: Palliative Medicine and Algesiology.

MAIN FEATURES

Previous training: Specialty (major clinical specialty).

Summary of the Process

- The course includes both the medical specialty (three to five years) and very specialised training in palliative medicine (PM) during one year.
- To enter the course, one must have previously completed a medical school degree (generally six years).

The balance between theoretical and practical hours results in far more theoretical content.

Settings for clinical practice

Either hospices and hospitals.

Certification Entity : Ministry of Health.

Real applicability: Implications for better position or employment in palliative care services.

In numbers: Five specialisation programmes, ten physicians trained per year, 134 physicians in total trained since 2004.

Information Source

http://www.paliativnimedicina.cz/sites/www.paliativnimedicina.cz/files/users/spravce/paliativnc3ad_medicc3adna_vc49bstnc3adk_2011_c48dc3a1stka_5_kvc49bten_2011.pdf

FELLOW REQUIREMENTS

- Only physicians can be admitted to enter this specialisation project and do not need any sort of examination previous to admission. However, they need to be in possession of a specialty degree. As PM is recognised as a medical subspecialty, the fellows have to have finished a complete specialist training in a major clinical medical specialty.
- Regarding the economic conditions, the fellows must pay fees per day both for module attendance, as well as for training. The course does not provide any grants for the students.
- There is neither a determined number of patients nor a mandatory examination that students must successfully complete in the specialisation process.

CENTRE REQUIREMENTS

- Even though there are no institutional constraints to establish the official certification programme within the chosen organization, the institution is required to possess well accredited and recognised clinical practice services with oncology and long term units.
- The Director of the centre must be in possession of a specialist license in palliative medicine (PM) and have ten years- of experience. The centre's faculty must be comprised of multiple professional specialists in palliative medicine.

MILESTONES

2004

The subspecialty of Palliative Medicine and Pain Management is approved.

2009

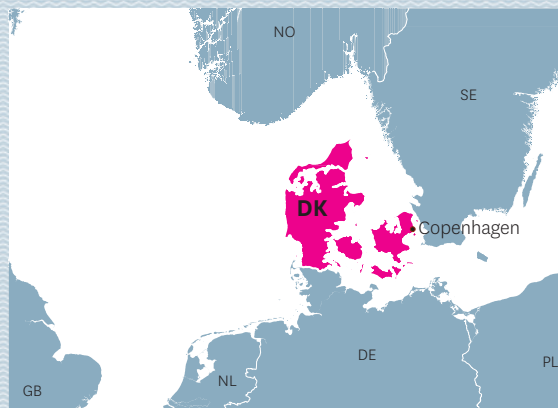
The Czech Society for Palliative Medicine is formed; palliative medicine becomes a part of specialist training for future medical oncologists and general practitioners. It becomes an optional course in three medical schools in the Czech Republic. [EAPC ATLAS]

2011

Palliative Medicine and Pain Management is divided into two distinct subspecialties: Palliative Medicine and Algesiology. Palliative care (PC) is recognised as a distinct medical subspecialty and accreditation commences.

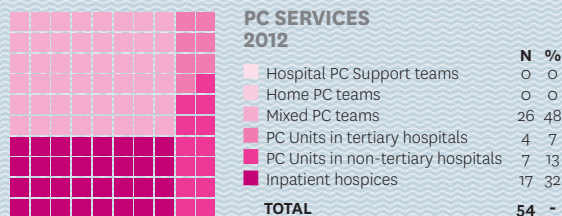


DENMARK



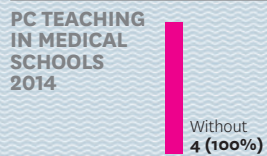
SOCIOECONOMIC DATA

Population, 2012 5,592,738	Gross Domestic product per capita, 2011 32,582	Health Expenditure total (% of Gross), 2010 11.4
Density, 2012 129.8	Physicians per 1000 inhabitants 3.424	Human Development Index, 2012 0.901
Surface 43,094		



VITALITY 2012	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 100



KEY COLLABORATOR: Tove B Vejlggaard, Palliative Care Team, Vejle Hospital, Vejle (tove.vejlggaard@rsyd.dk)

MORE INFORMATION: For further information about Palliative Care in **Denmark** consult the EAPC ATLAS of PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Competence in the Field of Palliative Medicine

Fagområdegodkendelse i Palliativ Medicin | 2014

BACKGROUND

The Danish Association for Palliative Medicine (DSPaM) enumerated the Palliative Medicine curriculum for the first time in 2002. At that time, the legislation concerning specialisation in medicine was going through a period of change and the Ministry of Health and the National Board of Health decided that new specialties would not be recognised; instead, a new name was established, called "fagområde" in Danish or field of competence. This distinction is not a subspecialty, but rather a specialist competence field that any doctor, who is already a specialist in a relevant medical specialty, can attain. The Danish Organization of Medical Societies (LVS) registered the "fagområder" after accepting them at their board meeting. The relevant medical associations were then responsible for writing the theoretical and clinical curricula and for nominating candidates seeking recognition in this regard. The Ministry of Health, the College of Physicians, the Danish Organisation of Medical Societies (LVS) and the National Board of Health established and accepted this change. The curricula's final version was accepted in November 2013 and was posted on the LVS's website. In 2014, the DSPaM will open up the application process for the recognition of doctors with specialist competence in PM.

MAIN FEATURES

Previous training: Applicants must have attained full training and recognition in a relevant clinical specialty and must have a specific number of years of experience in specialised palliative medicine.

Settings for clinical practice: Hospices, hospitals and home care settings that must fulfil the requirements concerning the level of specialisation in palliative medicine.

Summary of the Process
The process includes theoretical training, mainly within the Nordic Specialist Course for Palliative Medicine and a defined number of 2 years of clinical practice in specialised palliative care.

Certifying entity: The Ministry of Health, the College of Physicians, the Danish Organization of Medical Societies (LVS), the National Board of Health of Denmark were all involved in the process. On their behalf, the Danish Association for Palliative Medicine

(DSPaM) is responsible for establishing this field of competence.

Real applicability: It is not yet mandatory for some clinical positions, but the aim is that the field of competence will be required for any doctor employed as a consultant in palliative medicine.

In numbers: Only one programme is fully established. The number of physicians trained per year since the

programme was established is not known as accreditation is in process.

Information Source
Fagområdebeskrivelse for Palliative Medicine, Dansk Selskab for Palliative Medicine.
http://www.selskaberne.dk/portal/pls/portal/!PORTAL.wwpob_page.show?_docname=10406985.PDF

FELLOW REQUIREMENTS

- The Nordic Specialist Course in Palliative Medicine does not require an admission exam, but applicants must have attained full specialist recognition in a relevant medical specialty. The course consists of six week-long modules, a blind examination, a written project and four written assignments.
- The admission fee for the Nordic Specialist Course in Palliative Medicine (NSCPM) is approximately 6,000 euros. The specialisation programme does not provide any salary, grant or similar payment to students.

CENTRE REQUIREMENTS

- Before being accepted, a centre's curriculum must be recognised by the corresponding medical association (in this case cardiology, nephrology, anaesthesiology, oncology, pulmonology, etc.).
- Institutions that offer clinical training as part of developing the field of competence need to have affiliated specialist palliative care beds and at least one consultant on staff who has completed the field of competence requirements.

MILESTONES

2002

The Danish Association for Palliative Medicine enumerated the curriculum for Palliative Medicine as a field of competence: a specialist competence field officially registered by the Danish Organization of Medical Societies.

2003

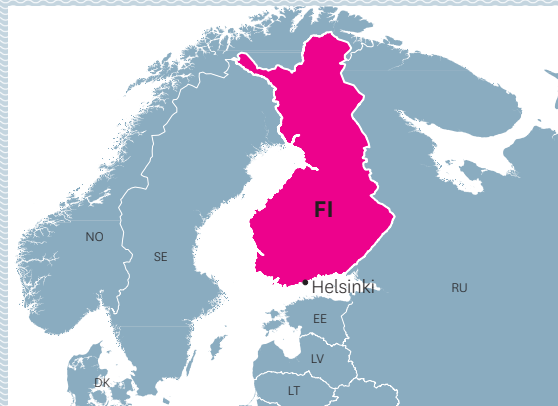
The first Nordic Specialist Course in Palliative Medicine (NSCPM) was inaugurated starting in September 2003 by a Nordic Task Force Group with representatives from the Associations for Palliative Medicine in all the five Nordic countries, in order to develop a Nordic educational programme in palliative medicine.

2013

The final version of the curriculum was accepted and registered on the Danish Organization of Medical Societies' website. The process towards recognising doctors with specialist competence in PM began.

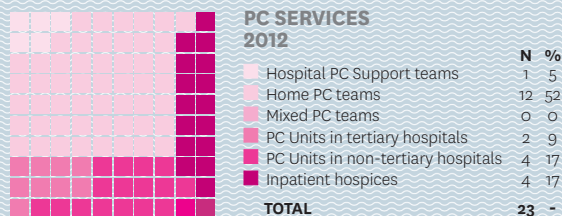


FINLAND



SOCIOECONOMIC DATA

Population, 2012 5,402,627	Gross Domestic product per capita, 2011 32,027	Health Expenditure total (% of Gross), 2010 9.0
Density, 2012 16.0	Physicians per 1000 inhabitants 2.905	Human Development Index, 2012 0.892
Surface 338,150		



VITALITY 2012

	YES	NO
Legislation on PC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 33

PC TEACHING IN MEDICAL SCHOOLS 2014

Mandatory	2 (40%)
Optional	1 (20%)
Without	2 (40%)

KEY COLLABORATOR: Tiina Saarto, Helsinki University Central Hospital, Department of Oncology, Helsinki, Finland (tiina.saarto@hus.fi)

MORE INFORMATION: For further information about palliative care in Finland consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Special Competence for Palliative Medicine Palliativisen lääketieteen erityispätevyys | 2007

BACKGROUND

The Finnish Association for Palliative Medicine applied palliative care studies from the Finnish Medical Association. The process included a hearing with 15 different medical associations, which all recommended this new special competence. The Finnish Ministry of Health has delegated the decision making of special competences to the Finnish Medical Association, including deciding new special competences, designing the training programme and organising examinations. Subspecialties are to be referred to as special competences.

In comparison with other official certifications, there are no differences since, in general, no new subspecialties have been developed. All old subspecialties have also been changed to special competencies.

MAIN FEATURES

Previous training: Applicants must have two years working experience as a licensed medical doctor.

Summary of the Process

To obtain a special competence, the candidate must have completed six years of medical school, followed by two years working as a licensed doctor (not necessarily in a specialisation, but, in any case, one cannot start to specialise in palliative care before that). In fact, the special competence in palliative care is the only competence that does not require a specialist degree, but two years of special training in palliative medicine for a total of four years after medical school. This process is longer for specialists (i.e. oncologists or internists) who, after medical school, have to specialise for six years and then

obtain the special competence in palliative care during two additional years, for a total of eight years after medical school.

In terms of credits, the course

consists in a minimum of 150 hours of theoretical training and two years of clinical training, of which three months should be done in a specialised centre. 150 hours are devoted to theoretical training in the National Finnish Course and 270 in the Nordic Course. The only requirement for the two-year training is three months training in a specialised palliative care unit (in hospitals, hospices or home care settings). The rest of it can be done in a non-specialised unit under the supervision of a specialist (who does not necessarily work in the same unit, but who holds monthly meetings, for example).

There are no research projects in the National Finnish Course but there are in the Nordic Course, which is also considered the more practical of the two.

Settings for clinical practice: All settings, including hospices, hospitals, home care and community services, are utilised in clinical practice as part of the official certification programme.

Certifying entity: The Finnish Medical Association.

Real applicability: Currently, according to our guidelines (not official, but in process in the Ministry of Health), a palliative unit can only obtain the highest status if the physician has a special competence in palliative medicine. We have these recommendations and the

Ministry of Health is collecting the data for the Palliative Care Service, but the recommendations are optional. Each organisation can do as they like.

In numbers: Finland has two theoretical courses plus examinations (but only one programme including all requirements: theory, practice and exams). 40 physicians start the two year training every second year, so there are about 20 graduate every year, but not all undergo examination and thus do not get the certification. 65 students in National Course and 19 students in the Nordic Course have successfully graduated since 2007.

Information Source
<http://www.laakariliitto.fi/koulutus/erityispatevyudet/index.html>

FELLOW REQUIREMENTS

- In Finland, to access the official programme, one must be a physician (no other professionals are allowed), as well take an official written examination organised by the Finnish Medical Association or the Nordic Course. Prior to admission, students must also have membership in the Finnish Medical Association and two years of experience as a licensed doctor.
- Tuition varies depending on the course as there are two different programmes: The National Finnish Course or the Nordic Course. The former costs 1,600 euros and the latter costs 4,200 euros.
- The programme provides part of a salary for those studying the Nordic Course since the Finnish Cancer Society has funded a grant programme.
- To obtain the final official certification, one must register a minimum of 200 patients or appointments, and pass a final examination.

CENTRE REQUIREMENTS

- In Finland, as an institutional constraint, the Finnish Medical Association (the certifying entity) only permits these courses. Palliative units (accredited by the Steering Committee) are required to obtain a training license in order to gain this certification.
- Directors must be in possession of a license issued by the Steering Committee appointed by the Finnish Medical Association. The training centres need to have physicians with special competence in palliative medicine and a multi-professional team.

MILESTONES

2003

The first Nordic Specialist Course in Palliative Medicine (NSCPM) began in September 2003 by a Nordic Task Force Group with representatives from the Associations for Palliative Medicine in all five Nordic countries in order to develop a Nordic educational programme in palliative medicine.

2005

The Finnish Association for Palliative Medicine started the process of PM accreditation in the country hearing with 15 different medical associations, which all recommended PM as a new special competence.

2007

Palliative medicine gained specialty status and a national two-year programme for specialising in palliative medicine begins.

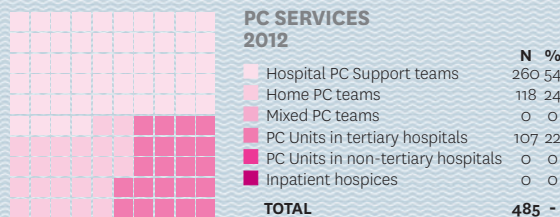


FRANCE



SOCIOECONOMIC DATA

Population, 2012 63,457,777	Gross Domestic product per capita, 2011 29,819	Health Expenditure total (% of Gross), 2010 11.9
Density, 2012 115.1	Physicians per 1000 inhabitants 3.447	Human Development Index, 2012 0.893
Surface 551,500		



VITALITY 2012	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participants at EAPC Conferences:	72	

PC TEACHING IN MEDICAL SCHOOLS 2014	Percentage
Mandatory	36 (100%)
Optional	N/A
Without	N/A

KEY COLLABORATOR: Marilène Filbet, chu de Lyon – Department of Palliative Medicine, Pierre Benite (marilene.filbet@chu-lyon.fr)

MORE INFORMATION: For further information about Palliative Care in **France** consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Diploma of Complementary Specialised Studies in Pain Medicine and Palliative Medicine

Diplôme d'études spécialisées complémentaires (DESC) de Medecine de la Douleur et Medecine Palliative | 2008

BACKGROUND

In France, palliative physicians and pain clinicians successfully lobbied for the institution of a Diploma of Complementary Specialised Studies, which is the equivalent of a subspecialty under French regulation. From 1990 on, after obtaining a post graduate diploma, graduates were sent to work with a pain physician, taking a total of around eight years. This was revised and the French ministry designated one speciality for the two fields: Pain and Palliative Care.

MAIN FEATURES

Previous training: Specialty training in oncology, internal medicine, general medicine and many other specialities.

a research project. There is a stronger practical component in this programme.

Certifying entity: The Ministry of Health and the Ministry of University. The process of certification is validated by the medical faculty and the university and then recognised by the Ministry of Health.

In numbers: One programme in 20 medical schools, 35 physicians trained per year and 100 physicians trained since 2008.

Summary of the Process
170 hours are devoted to theoretical training, whereas two years minimum are dedicated to clinical training in specialised units and sometimes there is an additional one year for finishing

Settings for clinical practice: In France, clinical practice to obtain this diploma is mainly offered in hospitals since clinical practices are mandatory in the Palliative Care Units and Hospital Support Teams.

Real applicability: Since the Diploma is new, it is not yet mandatory, but will be needed given that it will be compulsory in the future.

Information Source
Ministry of Health (Ministere de la santé): www.sante.gouv.fr

FELLOW REQUIREMENTS

- ☛ In France, only physicians can access the programme and there is no examination prior to admission to the accreditation process.
- ☛ However, there are a number of requirements that fellows have to satisfy in order to be admitted, such as the possession of a medical degree and a speciality degree (i.e., general medicine, oncology, internal medicine, etc.).
- ☛ As fellows, tuition amounts to about 500 euros for the first year, but, from the second year on, participants are considered assistants and are paid a salary.
- ☛ There is no minimum number of patients that the fellows have to treat, but at the end of the programme they have to complete a final examination, a portfolio and a research project.

CENTRE REQUIREMENTS

- ☛ There is a common programme for all universities that must have recognised clinical practice services.
- ☛ The director of each programme must have experience in PM and the professors must have strong experience in PC in collaboration with other professionals.

MILESTONES

1990

Universities started launching postgraduate diplomas and pain physicians began a process toward accreditation.

2008

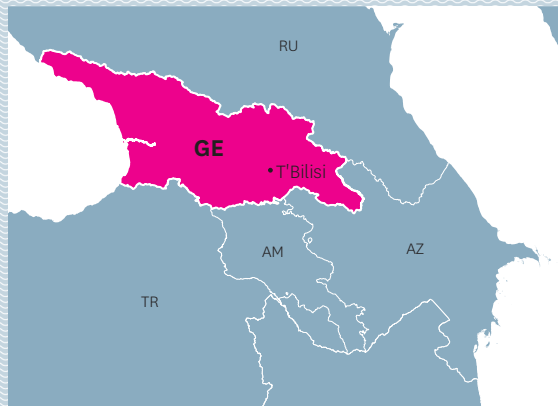
The Diploma of Complementary Specialised Studies in Pain Medicine and Palliative Medicine was approved and amounts to the equivalent of a subspecialty under French regulation.

2013

A Master's Degree in Palliative Medicine was created.



GEORGIA



SOCIOECONOMIC DATA

Population, 2012 4,304,383	Gross Domestic product per capita, 2011 4,826	Health Expenditure total (% of Gross), 2010 10.1
Density, 2012 61.8	Physicians per 1000 inhabitants 4.762	Human Development Index, 2012 0.745
Surface 69,700		

PC SERVICES 2012		N	%
Hospital PC Support teams		1	6
Home PC teams		13	82
Mixed PC teams		0	0
PC Units in tertiary hospitals		1	6
PC Units in non-tertiary hospitals		0	0
Inpatient hospices		1	6
TOTAL		16	-

VITALITY 2012

	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 4

PC TEACHING IN MEDICAL SCHOOLS 2014

Mandatory	1 (10%)
Optional	2 (20%)
Without	7 (70%)

KEY COLLABORATOR: Dimitri Kordzaia, President of the Georgian National Association for Palliative Care (Iv. Javakishvili Tbilisi State University, Tbilisi, Georgia). (dimitri.kordzaia@tsu.ge; gnacp@caucasus.net)

MORE INFORMATION: For further information about Palliative Care in Georgia consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Subspecialty in Palliative Care and Pain Medicine

Paliatiuri Mzrunveloba da tkivilis meditsina | 2010

BACKGROUND

Palliative care was recognised as a subspecialty in Georgia in 2008 for internists, oncologists, general surgeons and critical care physicians. As of 2014, according to the new list of specialties/subspecialties, family physicians, neurologists, paediatricians and infectious diseases specialists are also eligible. A four-month programme (prepared by Georgian National Association for Palliative Care and Accredited by MOH) is provided for the above mentioned specialists who decide to apply for a palliative care subspecialty certificate. Currently, however, only a few practitioners have passed these courses.

MAIN FEATURES

Previous training: Must have already completed a specialty (family medicine, oncology, surgery, critical care, neurology, infectious diseases, etc.)

hours of clinical practice and 75 hours of theoretical coursework (in total 8 modules).

Settings for clinical practice: Hospices and home care settings are approved for clinical practice as part of the official certification programme.

Summary of the Process: The four-month programme consists of 175 hours (seven credits) divided into 100

Certifying entity: The Ministry of Labour, Health and Social Affairs. The Georgian National Association and the Tbilisi State Medical University (Faculty of Medicine) provide the education and training.

In numbers: 20 physicians have been certified since 2010.

Information Source
www.moh.gov.ge; www.palliativecare.org.ge

Real applicability: Mandatory starting in 2013.

FELLOW REQUIREMENTS

- ❶ To enter the official certification programme, applicants must already be a physician. No exam is required prior to admission.
- ❷ There are a number of requirements that applicants must satisfy in order to be admitted, including having completed a medical degree and a specialty degree (internal medicine, family medicine, oncology, general surgery, critical care medicine, paediatrics, neurology or infectious diseases).
- ❸ All students must pay an initial admission fee of 250 euros and the programme does not provide any type of salary, grant, or fellowship for the students.
- ❹ In order to obtain the final certification, fellows must treat a minimum number of patients (although this number is not specified) and must pass a 'post-test system for every module'.

CENTRE REQUIREMENTS

- ❶ Although there are no institutional limitations or constraints as such on the centre, there are some mandatory requirements concerning facility operation, which must take place in a hospice and/or palliative care unit for training (or the centre must attain an agreement with another institution that operates these units).
- ❷ Leading trainers are issued an International Expert in Palliative Care by the San Diego Institute of Palliative Medicine (California, United States of America).
- ❸ The faculty, for its part, has state certification in the Palliative Care and Pain Medicine subspecialty.

MILESTONES

2008

Palliative care was recognised as a subspecialty open to family physicians, oncologists, general surgeons and critical care physicians.

2011

The Georgian National Program for Palliative Care was created and approved by the Healthcare and Social Affairs Committee of the Georgian Parliament.

2014

A new list of official specialties was approved. Palliative care became a possible subspecialty for internists, oncologists, general surgeons, critical care physicians, family physicians, neurologists, paediatricians and infectious diseases specialists.



GERMANY



SOCIOECONOMIC DATA

Population, 2012 81,990,837	Gross Domestic product per capita, 2011 34,603	Health Expenditure total (% of Gross), 2010 11.6
Density, 2012 229.7	Physicians per 1000 inhabitants 3.601	Human Development Index, 2012 0.920
Surface 357,022		

PC SERVICES 2012		N	%
	Hospital PC Support teams	N/A	N/A
	Home PC teams	180	30
	Mixed PC teams	0	0
	PC Units in tertiary hospitals	241*	40*
	PC Units in non-tertiary hospitals	0	0
	Inpatient hospices	179	30
TOTAL		600	-

* Not all PC units are in tertiary hospitals but it is not known exactly.

VITALITY 2012

	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 197

PC TEACHING IN MEDICAL SCHOOLS 2014

	Mandatory	24 (65%)
	Optional	13 (35%)

KEY COLLABORATOR: Frank Elsner, Department of Palliative Medicine, Aachen, Germany (felsner@ukaachen.de)

MORE INFORMATION: For further information about Palliative Care in **Germany** consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Subspecialty in Palliative Medicine Zusatzweiterbildung Palliativmedizin | 2004

BACKGROUND

In 1998 a Working Group on Education in Palliative Medicine was founded by the German Association of Palliative Medicine to develop education in palliative care for physicians including resident students. This group developed recommendations on how and when palliative care training might be integrated into the German specialisation programmes. This led to the recommendation of the establishment of a subspecialty in 2003, which took into account comments from other relevant palliative care professionals (oncologists, general physicians, etc.). The subspecialty in palliative medicine was then introduced in 2004.

MAIN FEATURES

Previous training: A specialty in any clinical discipline is required.

attend a 120-unit case seminar and then practical training may be shortened accordingly.

certification programme in palliative medicine.

In numbers: Approximately 80 programmes have been established and around 6400 physicians have been trained since 2004.

Summary of the Process

- 1 The course consists in a 40-unit basic course followed by a year in a practical institution (i.e. PC unit, etc.).
- 2 Alternatively, candidates can

Settings for clinical practice: Hospices, hospitals and home care settings are used for clinical practices within the official

Certifying entity: The Ministry of Health.

Real applicability: It is compulsory for some clinical positions.

Information Source

<http://www.dgpalliativmedizin.de/images/stories/pdf/fachkompetenz>

FELLOW REQUIREMENTS

- 1 In Germany, physicians can access the process of accreditation in palliative care. No prior admission examination is required.
- 2 To obtain accreditation, physicians are only allowed to officially achieve the subspecialty Zusatzweiterbildung Palliativmedizin title if they have previously obtained a clinical specialty degree.
- 3 There is a fee the fellows must pay to attend the specialisation course of around 600 to 700 euros for each of the 4 weeks. The programme does not provide any salary, grant or similar payment since students are employed as normal physicians during the year-long training in a practical institution.
- 4 Finally, for obtaining the course certification, there is no minimum number of patients or appointments, but there is a final examination.

CENTRE REQUIREMENTS

- 1 There are no specific institutional constraints, but the centre has to be accredited and recognised as a Clinical Practice Service Training Facility by the local board of physicians.
- 2 The centre's director needs to meet a series of requirements, such as holding a certification in palliative medicine and having experience in clinical practice in a palliative care unit, teaching experience, etc. Teachers must be multi-professional.

MILESTONES

1998

The Education in Palliative Medicine Working Group was founded by the German Association of Palliative Medicine for the development of physician education. This group developed recommendations on PC training integration for specialisation programmes in Germany.

2004

The Ministry of Health implemented a subspecialty in palliative medicine.

2009

A new law introducing mandatory palliative care training for medical students was passed.

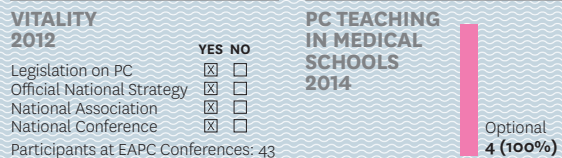
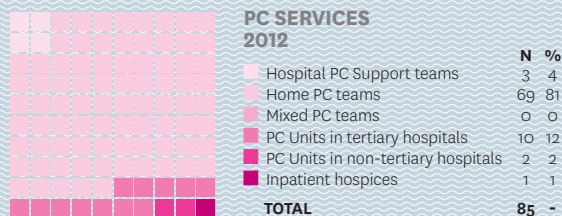


HUNGARY



SOCIOECONOMIC DATA

Population, 2012 9,949,589	Gross Domestic product per capita, 2011 17,295	Health Expenditure total (% of Gross), 2010 7.3
Density, 2012 106.9	Physicians per 1000 inhabitants 3.031	Human Development Index, 2012 0.831
Surface 93,032		



KEY COLLABORATOR: Katalin Hegedus, Semmelweis University, Institute of Behavioural Sciences, Budapest (hegedus.katalin@med.semmelweis-univ.hu)

MORE INFORMATION: For further information about Palliative Care in Hungary consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Subspecialty in Palliative Medicine Palliatív orvoslás licence vizsga | 2013

BACKGROUND

To obtain this subspecialty, the Hungarian Hospice-Palliative Association and the University carried out a lobbying process prepared with the support of the Hungarian College of Oncology.

MAIN FEATURES

Previous training: Medical degree or a degree in another related medical specialty (internist, oncologist, neurologist, anaesthesiologist, pulmonologist, geriatricist, general practitioner, surgeon, urologist, paediatrician, psychiatrist).

a theoretical course of 80 hours. The second part is 11.5 months long and is dedicated to clinical practice.

Settings for clinical practice: Hospice, hospitals and home care settings are used for the clinical practice.

Summary of the Process: The first part includes a 12 months process with

Certifying entity: Universities and the Ministry of Health.

Real applicability: POS-PM is mandatory to work in public palliative care organisations. Hungary does not have private palliative organisations. Official specialisation in palliative medicine also offers the opportunity for better positions in the public sector and in hospices and hospitals, as well as in faculty positions (Chair of Palliative Medicine).

Information Source
69/2013. (Xl. 19), EMMI-rendelet (Ministry of Health Decree on palliative subspecialty).

FELLOW REQUIREMENTS

- Applicants must possess a medical degree. In addition, the POS-PM speciality accepts psychologists.
- There are no fees to attend the course and the programme does not provide remuneration. Furthermore, there is no a minimum number of patients or appointments to hold and there is no final exam.

CENTRE REQUIREMENTS

- There are no institutional constraints or requirements as such, but the course Director responsible for establishing the POS-PM must have clinical practice experience in a palliative care unit.
- The profile of teachers or other faculty members working in POS-PM must correspond to active palliative care specialists working in universities.

MILESTONES

2002

A specialty in hospice nursing is developed.

2012

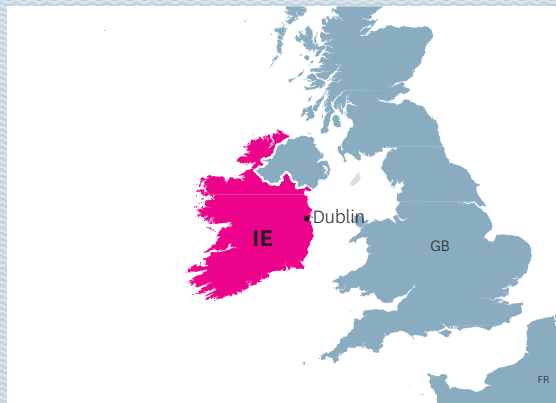
A subspecialty in palliative care was designed with the support of the Hungarian College of Oncology.

2013

A subspecialty in palliative care was established by the University and the Ministry of Health.



IRELAND



SOCIOECONOMIC DATA

Population, 2012 4,579,498 ⁸	Gross Domestic product per capita, 2011 36,145	Health Expenditure total (% of Gross), 2010 9.2
Density, 2012 65.2	Physicians per 1000 inhabitants 3.173	Human Development Index, 2012 0.916
Surface 70,273		

PC SERVICES 2012		N	%
<input type="checkbox"/>	Hospital PC Support teams	39	47
<input type="checkbox"/>	Home PC teams	35	42
<input type="checkbox"/>	Mixed PC teams	0	0
<input type="checkbox"/>	PC Units in tertiary hospitals	0	0
<input type="checkbox"/>	PC Units in non-tertiary hospitals	0	0
<input type="checkbox"/>	Inpatient hospices	9	11
TOTAL		83	-

VITALITY 2012

	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Participants at EAPC Conferences: 77

PC TEACHING IN MEDICAL SCHOOLS 2014

Mandatory	4 (67%)
Optional	2 (33%)

KEY COLLABORATOR: Margaret Clifford, Marymount University Hospital and Hospice, Curraheen Road, Cork. (magskclifford@physicians.ie)

MORE INFORMATION: For further information about Palliative Care in Ireland consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Specialty in Palliative Medicine | 1995

BACKGROUND

The lobbying process in Ireland started in the mid 1980's and palliative medicine was recognised as a specialty in 1995. Up until the early 1990's, most specialist palliative care units were run by general practitioners with a special interest in palliative medicine. The first palliative medicine specialists appointed in Ireland (known as Consultants in palliative medicine) completed their training in palliative medicine outside of Ireland, mostly in the United Kingdom. The establishment of palliative medicine as a specialty in Ireland followed many years of lobbying for the development of palliative and hospice care by local hospice movements and the Irish Hospice Foundation, and the formation of the Irish Association for Palliative Care in 1993, an organisation formed by palliative care professionals which is now the national expert voice for palliative care.

Palliative medicine is one of 52 specialties recognised by the Irish Medical Council. Registration on the specialist division of the Irish Medical Council register is a similar procedure for both palliative medicine specialists and for other medical and surgical specialties.

MAIN FEATURES

Previous training: Medical degree and membership in the College of Physicians.

Summary of the Process

- The process consists of a basic Medical Degree that takes 4-6 years, followed by 1 year as an intern, followed by 2 years basic specialist training (or 3-4 years General Practice Training), followed by 4 years Higher Specialist Training.
- The Higher Specialist Training (HST) in Palliative Medicine Programme consists of four years of training in various settings in which palliative medicine is practised.

- At the end of this process the Certificate of Satisfactory Completion of Specialist Training (CSCST) is awarded (provided requirements are met, as demonstrated by portfolio). It takes between seven and nine years to complete the CSCST after graduation from medical school.

Settings for clinical practice: In The Higher Specialist Training (HST) in Palliative Medicine Programme consists of four years of training in various settings in which palliative medicine is practised, i.e. specialist palliative care units, approved training hospitals or other major centres with academic

activity, regional/general hospitals and community based settings.

Certifying entity: The Royal College of Physicians of Ireland (RCPI) awards the certificate of Satisfactory Completion of Specialist Training (CSCST), which is, in turn, recognised by the Irish Medical Council.

Real applicability:

- It is mandatory both in the public and the private sectors. Registration on the specialist division of the register (and experience as a consultant / specialist in palliative medicine) is required in order to hold the post of medical director of spe-

cialist palliative care services or national clinical lead / director of national clinical programme in palliative medicine.

- In order to work as a consultant (specialist) in palliative medicine, a doctor needs to be on the specialist division of the Irish Medical Council's register for palliative medicine.

In numbers: One programme established with one to two physicians trained per year and 31 physicians trained since 1995.

Information Source

Medical Practitioners Act 2007. Acts of the Oireachtas No 25/2007.

FELLOW REQUIREMENTS

- Applicant physicians must have completed Basic Specialist Training (BST) and passed the examination to obtain membership in the Royal College of Physicians of Ireland or the United Kingdom (MRCPI or MRCPUK) or membership in the Royal or Irish College of General Practitioners (MRCGP or MICGP).
- There is an annual fee for the course, now paid by the State, and a salary provided by the State for students: Standard Specialist Registrar salary. Funding comes from the Health Service Directorate.
- To obtain the title, the fellow has to treat a non-specified number of patients, as well as pass an annual end-of-year assessment with a review panel. There are now minimum requirements for higher specialist trainees consisting in the completion of a training plan and some training activities.

CENTRE REQUIREMENTS

- In order for an institution to be accredited for training, it must have a permanent consultant in palliative medicine working in the institution for more than one year and that consultant must have completed a one-day course run by the RCPI on being a trainer (called "Train the Trainer").
- The centre must have an accredited and recognised Clinical Practice Service. There must be adequate opportunities for the trainee to fulfil their curriculum requirements.
- The Programme Director (known as the National Specialty Director for Palliative Medicine/NSD) must be a practising consultant in palliative medicine and must be registered on the specialist division of the Irish Medical Council's register. The NSD must have significant experience as a trainer in the Higher Specialist Training Programme in palliative medicine.
- In terms of faculty requirements, they must be practising permanent consultants in palliative medicine and registered on the specialist division of the Irish Medical Council's register.

MILESTONES

1990

Starting in the early 1990s, lobbying interests stressed the need for a dedicated training programme in PC for all physicians. Until then, most specialist palliative care units were run by general practitioners with a special interest in palliative medicine.

1993

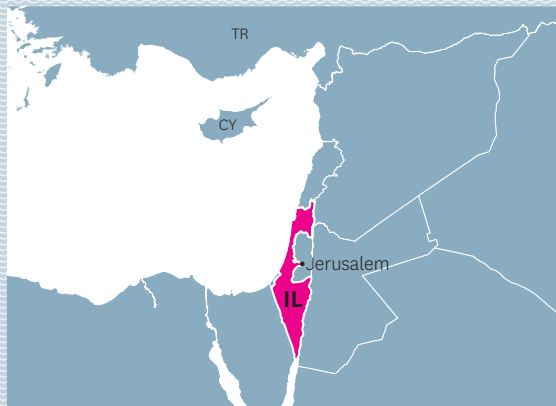
The Irish Association for Palliative Care (IAPC) was founded by PC professionals and was instrumental in establishing a palliative medicine speciality. The IAPC has gone from strength to strength and is the collective expert voice for health and social care professionals involved in the delivery of palliative care.

1995

Palliative medicine was recognised as a speciality.



ISRAEL



SOCIOECONOMIC DATA

Population, 2012 7,694,670	Gross Domestic product per capita, 2011 26,720	Health Expenditure total (% of Gross), 2010 7.6
Density, 2012 347.5	Physicians per 1000 inhabitants 3.65	Human Development Index, 2012 0.900
Surface 22,145		

PC SERVICES 2012		N	%
Hospital PC Support teams	<input type="checkbox"/>	3	9
Home PC teams	<input type="checkbox"/>	20	61
Mixed PC teams	<input type="checkbox"/>	0	0
PC Units in tertiary hospitals	<input type="checkbox"/>	3	9
PC Units in non-tertiary hospitals	<input type="checkbox"/>	5	15
Inpatient hospices	<input type="checkbox"/>	2	6
TOTAL		33	-

VITALITY 2012

	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 11

PC TEACHING IN MEDICAL SCHOOLS 2014

Mandatory	N/A
Optional	N/A
Without	N/A

KEY COLLABORATOR: Michaela Berkovitz, Israel Palliative Medicine Society (IPMS), Ramat Gan (Michaela.Berkowitz@sheba.health.gov.il)

MORE INFORMATION: For further information about Palliative Care in Israel consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Subspecialty in Palliative Medicine | היתמחות על ברפואת הפליאטיבית 2012

BACKGROUND

This process first began 12 years ago with discussions between the Israel Palliative Medicine Society (IPMS) and the Physicians Scientific Committee. At the beginning no agreement was reached, but after a couple of years, with the help of Stephan Connor from the NHPCO, the issue was once again put on the agenda. Meetings were organized with the Physicians Scientific Committee, Physicians Association General Director and other persons from Ministry of Health (MOH), and the Dean of Tel Aviv Medical School. In addition, petition letters were sent together at the time that the palliative medicine subspecialty was submitted for approval. After about one year approval was not reached and it was refused based on recommendations from the first commission that there were not enough specialists (there was a demand for two specialists in other fields in each department working on palliative care). More meetings were held, including in the Parliament. In the meantime, the MOH sent a recommendation to all medical directors to organize palliative care services all over the country, but this came without funding and without medical positions. This led to more dedicated home care and more awareness about PC. Four years ago there were changes in the Directory of the Physicians Scientific Committee and a new General Director of the MOH was appointed. Even though there were minimal chances, together with the board of IPMS and Professor Pesach Schwartzman, PM as a subspecialty was newly submitted for consideration. It took about 10 months to receive the final approval and, in May 2012, the Physicians Scientific Committee finally approved the subspecialty. During 2013 there were continuous meetings and letters between the PSC and the MOH and a long bureaucratic process since a syllabus and the criteria for grandfathering in established practitioners had to be written. Finally, the criteria were officially published and the PSC is currently waiting on approval of the first physicians recognised as specialists in PM.

In May 2013 the criteria for grandfathering in established physicians was published on the Israel Medical Association's webpage. Established physicians can be recognised as "grandfathers" based on their history as physicians (working, teaching and having actively developed PC) and do not have to have any previous speciality.

MAIN FEATURES

Previous training: Specialty (oncology, geriatrics, internal medicine, anaesthesiology, rehabilitation, paediatrics, haematology, neurology and family medicine).

There is a stronger practical component in the course as contrasted with the theoretical coursework.

Settings for clinical practice:

- Hospice, hospitals, home care settings and community services are used for clinical practice.
- There are also other recommended places where physicians can obtain experience in Palliative Care that are also used for these purposes and that have to be recognised as specialised centres by the Scientific Committee and the Ministry of Health.

Summary of the Process:

- The process last between six to eight years and it is structured as follows: six months in hospice, six months in home care hospice, three months in geriatrics, three months in oncology, three months in pain and three months in paediatric oncology or elective rotation.

Certifying entity: The Ministry of Health and the College of Physicians certifies the specialist diploma; the university where the physician undertaking coursework certifies the diploma for the theoretical component.

Real applicability

- It is mandatory for some clinical positions.
- After the Ministry of Health recommendation, palliative care awareness grew in hospitals and home care.
- The geriatric section of the MOH then recommended the establishment

of palliative care in all the geriatric home care departments.

- They are working jointly to organize this effort.

In numbers: There are seven courses established.

Information Source: The subspecialty approval was published in the official Monitor in December 2012.

FELLOW REQUIREMENTS

- Only physicians are admitted into these courses. There is also a separate specialty programme for nurses (speciality in PC). Regarding the admission requirements, no prior examination is required for applicants. Currently, no other criteria have been established other than the possession of a medical degree and one of the required specialties (oncology, geriatrics, internal medicine, anaesthesiology, rehabilitation, paediatrics, haematology, neurology and family medicine).
- There is no information available at this time in terms of admission fees or tuition to be paid. It is known that the programme provides a salary, although it is not clear who finances it.

- The minimum number of patients to be seen by the fellow is not specified, but there are some guidelines, as well as a final examination, to obtain the official certification in palliative medicine specialisation.

CENTRE REQUIREMENTS

- In all the recommended courses, the Director has to be recognised as a palliative medicine specialist (grandfathered in).
- The faculties working in palliative care need, above all, knowledgeable and respectful palliative care standards, as well as demonstrable experience in teaching.

MILESTONES

2001

The process to submit the palliative medicine subspecialty for approval began with discussion between IPMS (Israel Palliative Medicine Society) and the Physicians Scientific Committee. International support from the National Hospice and Palliative Care Organisation was also crucial.

2012

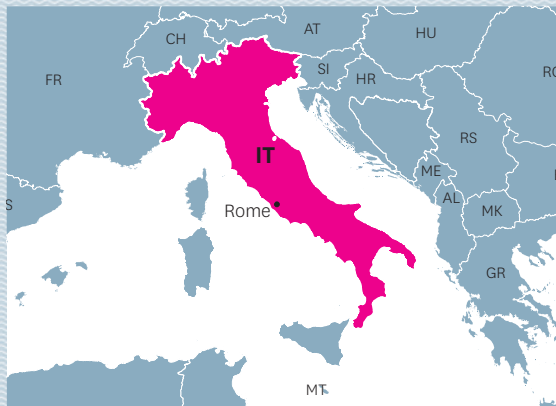
The Physicians Scientific Committee approved palliative medicine as a subspecialty.

2013

Approval of the first physicians recognised as specialists in PM.



ITALY



SOCIOECONOMIC DATA

Population, 2012 60,964,145	Gross Domestic product per capita, 2011 27,072	Health Expenditure total (% of Gross), 2010 9.5
Density, 2012 202.3	Physicians per 1000 inhabitants 3.486	Human Development Index, 2012 0.881
Surface 301,318		

PC SERVICES 2012		N	%
	Hospital PC Support teams	0	0
	Home PC teams	312	64
	Mixed PC teams	0	0
	PC Units in tertiary hospitals	0	0
	PC Units in non-tertiary hospitals	0	0
	Inpatient hospices	175	36
TOTAL		487	-

VITALITY 2012	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 60

PC TEACHING IN MEDICAL SCHOOLS 2014	Mandatory N/A	Optional 5 (6%)	Without 73 (94%)

KEY COLLABORATOR: Guido Biasco, Academy of Sciences of Palliative Medicine, Bentivoglio, Bologna (guido.biasco@unibo.it)

MORE INFORMATION: For further information about Palliative Care in Italy consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Master's Programme in Palliative Care for Specialist Physicians Master Universitario di Alta Formazione e Qualificazione in "Cure Palliative" per medici specialisti | 2012

BACKGROUND

The process started in 1999. Palliative medicine in Italy has found support from outside of the institutional medical framework and, through the years, has been acknowledged by public institutions and the Ministry of Health. In 2010 law 38 was passed, including "Disposition to guarantee access to palliative care and pain management," in which art. 8 regulates "Education and continuous training of professionals (physicians as well as others) in palliative care and pain management". In April of 2012, the Ministries of University and Health released the regulation for training specialist physicians in palliative care and pain management. Two additional courses were established: A Post Specialty Master in Pain Management and a Post Specialty Master in Paediatric Palliative Care.

MAIN FEATURES

Previous training: A specialty is required.

Summary of the Process
 The programme consists in 3000 hours involving lessons and internship during 24 months, with 120 credits required divided in 55 CFU Theoretical Training (1500 hours), 50 CFU Clinical

Practice and 5 CFU as the final thesis which is a research project (clinical practice + research project, 1500 hours).
 There is a stronger practical component in the course in comparison with the theoretical part.

Settings for clinical practice:
 Hospices, hospitals and home care set-

tings are used for the clinical practice.
Certifying entity: Universities.

Real applicability: It is optional for some clinical positions.

In numbers: Six courses have been established and around 100 physicians are trained per year. Currently,

no physicians have graduated as the programme has been established in 2012.

Information Source
 Ministry of Education, University and Research decree 4 April 2012 (12A04291) (G.U. Serie Generale, n.89 16 April 2012).

FELLOW REQUIREMENTS

- Only physicians can apply to the course and applicants must go through an admission interview when applying for the specialisation programme.
- As part of the academic requirements, fellows must have a specialty degree in order to be admitted.
- With regard to the costs of the course, tuition varies depending on the university and is between 2500 euros and 6000 euros. No salary, grant or fellowship is provided by the programme, although the university can provide fellowships from fundraising activities, research grants, etc.
- To obtain the certification, there is no specified number of patients to be treated, but there is a final thesis requirement.

CENTRE REQUIREMENTS

- The centre must have a proven record of other palliative care programmes for a minimum of three years, including, master's programmes, courses, elective paths within other specialties, and/or other post-lauream courses within the same faculty/school. The centre must also possess accredited and recognised Clinical Practice Services (with a minimum of three years of experience).
- The Programme Director must be a university professor in one of the disciplines identified as mandatory and the faculty itself must count on professors from the School of Medicine, disciplines and professional figures from clinical units and hospices recognised by the National Health System, as stated in the law 38 ("Disposition to guarantee access to Palliative Care and Pain Management").

MILESTONES

1999

The first regulation to obtain institutional framework for palliative care was released.

2010

Law 38 concerning "Disposition to guarantee access to Palliative Care and Pain Management" passed, regulating education and training of all professionals in palliative care and pain management (art. 8).

2012

The Ministries of University and Health released specific regulation for training specialist physicians in palliative care and pain management through master's programmes.



LATVIA



SOCIOECONOMIC DATA

Population, 2012 2,234,572	Gross Domestic product per capita, 2011 13,773	Health Expenditure total (% of Gross), 2010 6.7
Density, 2012 34.6	Physicians per 1000 inhabitants 2.988	Human Development Index, 2012 0.814
Surface 64,600		

PC SERVICES 2012		N	%
Hospital PC Support teams		7	50
Home PC teams		0	0
Mixed PC teams		0	0
PC Units in tertiary hospitals		1	7
PC Units in non-tertiary hospitals		6	43
Inpatient hospices		0	0
TOTAL		14	-

VITALITY 2012	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Participants at EAPC Conferences: 3

PC TEACHING IN MEDICAL SCHOOLS 2014	Mandatory 2 (50%)	Without 2 (50%)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

KEY COLLABORATOR: Vilnis Sosars, Riga East Clinical University Hospital, Latvian Oncology Centre. Palliative care unit. Palliative Care Association of Latvia. Riga (vsosars@inbox.lv)

MORE INFORMATION: For further information about Palliative Care in Latvia consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Special Competence in Palliative Care, Palliative Care Specialist

Paliativas aprupes specialisti | 2009

BACKGROUND

Educational work in palliative care started within oncology. In 1996, the Palliative Care Association of Latvia (PAAL) was established. In 1997 the first palliative care unit was established at the Latvian Oncology Centre. One of the greatest steps forward came with the inclusion of palliative care in the State Programme for Oncology in 2009 and the official recognition of palliative care as an additional specialty. The economic recession in 2009–2012 brought a severe slowdown in PC movement due to the collapse of the health system. However, all PC units still function and in 2013 regional hospitals should start to open new PC structures as the number of PC patients in oncology increases every year and as PC starts to include non-oncological diseases as well. Several postgraduate studies have started since 2004 in PC including for residents, family doctors, and for PC doctors.

MAIN FEATURES

Previous training: Oncology, family medicine, general medicine, geriatrics, internal medicine, neurology, rehabilitation and paediatric care are eligible for the accreditation process.

Summary of the Process:

A minimum of one year postgraduate training (theory and practice) is required to be properly accredited, mainly from three to five hours, once or twice per month. Physicians should receive 24 International credit points (800 teaching hours) and be familiar with 500 pages of PC literature that is planned by the State programme.

The theoretical training corresponds to 50% of the credit points and time, 40% corresponds to practical training and 10% to a research project.

Settings for clinical practice:

Hospices and hospitals with hospital units specialised in PC.

Certifying entity: Ministry of Health. Subsequently, certification is acknowledged by the Physicians Society of Latvia.

Real applicability

It is not mandatory for any clinical

position, but specialised PC work is regarded with increasing prestige as multidisciplinary expertise proves valuable in the most difficult cases both in oncology and non-oncology settings.

The programmes are not yet accredited, but the special competence has already been approved.

In numbers: A specialised unit of the Latvian Oncology Centre, in co-operation with two university medical faculties (and other educational establishments), has been established and between 20 to 30 physicians per year

receive specialised education (though only a few work in PC) and around 100 physicians have been trained since 2009, although many of them leave the country or do not work further in this field.

Information Source: PC approved in the State programme: 29/01/2009 Act of the Cabinet of Ministers No 48 "About the Control Programme of the Oncological Diseases from 2009 to 2015", PC Chapter. Protocol No 3, Paragraph 47. Published in "Latvijas Vestnesis" 29 (4015), 20/02/2009. Valid from 29/01/2009.

FELLOW REQUIREMENTS

- Only physicians are accepted to the programme and there is no examination prior to admission.
- There are no fees or tuition. Fellows are not provided with any kind of salary, grant or fellowship during the specialisation programme.
- To obtain the certificate, there is no minimum number of patients or appointments that physicians must have, but there is an exam in general palliative care, as well as in algology and oncology.

CENTRE REQUIREMENTS

- Despite not being official, the centre director is required to be responsible for palliative care and experienced in a specialty related with the palliative care unit (specialised experience or clinical practice in PC is required to develop POS-PM).
- Course professors are specialists in oncology and pain control (algology), while others are specialists in symptomatology (80%) and non-oncology fields (20%).

MILESTONES

2004

Postgraduate studies in palliative care started for residents, family doctors, palliative care doctors and oncologists became available.

2009

Palliative care was included as a chapter in the State Oncology Programme. In the same year, Palliative care was approved as a medical subspecialty by the Cabinet of Ministers of Latvia.

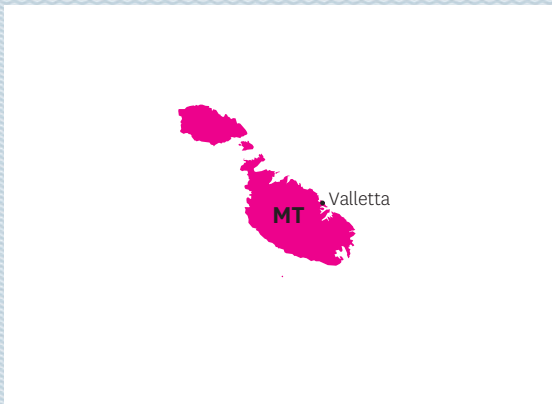
2011

The European Social Fund (ESF) programme in Latvia included the first professional teaching in palliative care that focuses on non-oncological diseases.



MALTA

Specialty in Palliative Medicine Medicina Palliativa | 2003



SOCIOECONOMIC DATA

Population, 2012 419,212	Gross Domestic product per capita, 2011 23,007	Health Expenditure total (% of Gross), 2010 8.6
Density, 2012 1326.6	Physicians per 1000 inhabitants 3.112	Human Development Index, 2012 0.847
Surface 316		

PC SERVICES 2012		N	%
	Hospital PC Support teams	1	25
	Home PC teams	1	25
	Mixed PC teams	1	25
	PC Units in tertiary hospitals	1	25
	PC Units in non-tertiary hospitals	0	0
	Inpatient hospices	0	0
TOTAL		4	-

VITALITY 2012		YES	NO
Legislation on PC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Official National Strategy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
National Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Participants at EAPC Conferences:	3		

PC TEACHING IN MEDICAL SCHOOLS 2014	
	Mandatory 1 (100%)

KEY COLLABORATOR: John Tabone, Hospice Malta, Balzan (info@hospicemalta.org)

MORE INFORMATION: For further information about Palliative Care in Malta consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

BACKGROUND

In 2003, palliative medicine was recognised as a specialty. The recognition of PM was part of a new law that formally listed specialties for the first time. Doctors with extensive experience were permitted to apply to be specialists through a grandfather clause. There were no official subspecialties and employers sometimes ask for special interests. After medical school doctors undergo a two-year foundation programme, they then go abroad to specialise in PM.

If compared to other programmes of Specialisation in Palliative Care, the Malta case is very similar to Ireland. Palliative medicine is recognised as a specialty like other medical and surgical specialties.

MAIN FEATURES

Previous training: Specialist Accreditation Committee dependant on the Ministry of Health with each specialty nominating a representative.

Real applicability: Certification is mandatory for some clinical positions.

Information Source: Health Care Professions Act of 2003.

CENTRE REQUIREMENTS

There are no centres in Malta as there are not enough specialists to provide training.

MILESTONES

1989
Malta Hospice Movement was founded.

2003
A law that formally lists medical specialties for the first time was passed and included palliative medicine as a specialty like other medical and surgical specialties.

2010
Hospice Malta extended services to more non cancer patients.



NORWAY



SOCIOECONOMIC DATA

Population, 2012 4,960,482	Gross Domestic product per capita, 2011 46,982	Health Expenditure total (% of Gross), 2010 9.5
Density, 2012 12.9	Physicians per 1000 inhabitants 4.159	Human Development Index, 2012 0.955
Surface 385,160		

PC SERVICES 2012		N	%
	Hospital PC Support teams	0	0
	Home PC teams	1	2
	Mixed PC teams	38	68
	PC Units in tertiary hospitals	4	7
	PC Units in non-tertiary hospitals	13	23
	Inpatient hospices	0	0
TOTAL		56	-

VITALITY 2012		YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Participants at EAPC Conferences: 123			

PC TEACHING IN MEDICAL SCHOOLS 2014

Mandatory **4 (100%)**

KEY COLLABORATOR: Morten Thronæs, St. Olavs Hospital -Trondheim University Hospital / PRC. NTNU, Trondheim (morten.thrones@ntnu.no)

MORE INFORMATION: For further information about Palliative Care in Norway consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Special Certification in the Formal Competence Field of Palliative Medicine

Kompetanseområde palliativ medisin | 2011

BACKGROUND

The Norwegian Association for Palliative Medicine was established in 2000. In 2001 the Association was recognised as a specialty branch of the Norwegian Medical Association and the board immediately started lobbying to have palliative medicine approved as a medical specialty. Since 2003, a two-year course in the Nordic countries started and was recently officially endorsed. It was designed for any doctor to study palliative medicine during their normal job, although they have to take about six weeks out to attend the various modules, which are run at various locations in Scandinavia. "The Nordic Specialist Course in Palliative Medicine" is based on the British curriculum in palliative medicine, which is a standard for many countries. The Norwegian Medical Association and health authorities were very reluctant to approve new specialties until 2011, when palliative medicine was approved as a Formal Competence Field. A Formal Competence Field is similar to an add-on specialty and may be obtained by specialist physicians from any clinical specialty who have completed and passed a two-year training programme. Palliative medicine was the first Formal Competence Field to be established in Norway. The programme is administered by the Directorate of Health, which approves specialists in all specialties, but most programmes are administered by the Norwegian Medical Association.

MAIN FEATURES

Previous training: Any clinical specialty is valid.

Summary of the Process:

- It consists of an internship (one and a half years), a specialist training in any clinical specialty (minimum five years) and training in the Formal Competence Field of Palliative Medicine (two years).
- The two years of clinical training are based in a hospital specialist palliative care service. At least one year of the clinical training must be in a service with a hospital inpatient unit. The second year should be in a hospital-based palliative care team with ambulatory function to hospital departments and community services, including patients' homes and nursing homes. The second year may be substituted by a year in a specialist palliative care inpatient unit in a nursing home.

- The theoretical training of The Nordic Specialist Course in Palliative Medicine involves 180 hours (six week-long modules in the course of two years; assignments between modules, a limited research project and final exam), or equivalent. All requirements of the theoretical course, including the exam, must be passed. The clinical training must be satisfactory. The candidate must be proficient in clinical skills according to a checklist.
- A limited research project must be completed as part of the theoretical training course, which may be a literature study, development of a guideline, an audit, an implementation project, or a clinical study.
- The programme provides more clinical practice than theoretical content, but the demands for theoretical training are higher than in other subspecialties or Formal Competence Fields.

Settings for clinical practice:

Clinical practice takes place in hospitals, home care facilities and nursing homes. Norway does not have regular hospices; the services are based in hospitals or nursing homes.

Certifying entity: The Norwegian Directorate of Health.

Real applicability

- It is mandatory for some clinical positions. Until recently it had not been mandatory to pass the Formal Competence Field of PM to get a consultant position in a palliative care team or unit, but at the present time more and more hospitals ask for such approval when advertising positions.
- At least one member of the unit must be certified in the Formal Competence Field in order for the unit to be accredited or recognised as a Clinical Practice Service for the Formal Competence Field.

ited or recognised as a Clinical Practice Service for the Formal Competence Field.

In numbers: There are currently 12 training programmes established, approximately five or six physicians being trained per year and 43 physicians already formally accredited. (Most of them were experienced physicians who had been working in palliative care for years. They were approved according to transitory regulations when the Formal Competence Field was first established).

Information Source

<http://helsedirektoratet.no/helsepersonell/spesialistomradet/delprosjekter/palliativ-medisin/Sider/default.aspx>; <http://www.nscpm.org> (theoretical training course)

FELLOW REQUIREMENTS

- Only physicians are accepted to the course. There is no prior examination for admission, however, fellows have to hold a medical degree and any clinical medical specialty.
- There is no admission fee for clinical training as such, but a total fee of 4020 euros for the theoretical training course must be paid. The fellows receive an ordinary salary for clinical work and the Norwegian Medical Association provides grants for the theoretical course.
- To finalise the process of accreditation, there is no minimum number of patients to be treated, but there is a three-hour written exam at the end of the theoretical training course, mostly based on clinical cases. There is also a course project presentation with a written abstract and an oral presentation.

CENTRE REQUIREMENTS

- There are currently a very limited number of funded training posts and the course must have approved and recognised Clinical Practice Services. These services are approved by the Directorate of Health and the Regional Centres of Excellence for Palliative Care, who audit the services every year to see if the requirements are met. The services must have at least one consultant with approval in the Formal Competence Field of PM (per one-two trainees), satisfactory services and case mix, and a running educational programme in PM (two hours per week).
- The course Director, for his part, must be approved in the Formal Competence Field of PM. Medical doctors that are specialists in palliative medicine, that have approval in the Formal Competence Field, or that have wide experience in palliative care are eligible to teach these courses. The Nordic Specialist Course in Palliative Medicine has teachers from all the Nordic countries and also quite a few PM specialists that come from the United Kingdom. Members of interdisciplinary palliative care teams are also involved as teachers.

MILESTONES

2000

The Norwegian Association for Palliative Medicine was established.

2001

The Association was recognised as a specialty branch of the Norwegian Medical Association and the board immediately started lobbying to have palliative medicine approved as a medical specialty.

2011

Palliative medicine was approved as a Formal Competence Field.



POLAND



SOCIOECONOMIC DATA

Population, 2012 38,317,090	Gross Domestic product per capita, 2011 18,087	Health Expenditure total (% of Gross), 2010 7.5
Density, 2012 118.5	Physicians per 1000 inhabitants 2.157	Human Development Index, 2012 0.821
Surface 323,250		

PC SERVICES 2012		N	%
Hospital PC Support teams		8	2
Home PC teams		321	67
Mixed PC teams		2	0
PC Units in tertiary hospitals		8	2
PC Units in non-tertiary hospitals		0	0
Inpatient hospices		137	29
TOTAL		476	-

VITALITY 2012

	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 81

PC TEACHING IN MEDICAL SCHOOLS 2014

Mandatory	9 (64%)
Optional	1 (7%)
Without	4 (29%)

KEY COLLABORATOR: Aleksandra Kotlinska-Lemieszek, Palliative Medicine Chair and Department, University of Medical Sciences, Poznan (alemieszek@ump.edu.pl)

MORE INFORMATION: For further information about Palliative Care in Poland consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Specialisation Programme in Palliative Medicine for Physicians

Program specjalizacji w dziedzinie Medycyny Paliatywnej dla lekarzy | 1999

BACKGROUND

In 1993, the Minister of Health established the National Council of Palliative and Hospice Care consisting in pioneers in palliative or hospice care in Poland's main regions. Then, in 1994, the Minister of Health appointed a new position deemed the National Consultant in Palliative Medicine. One of the most important tasks for the Council and the Consultant (Professor J.Luczak) included introducing a specialty in palliative medicine for physicians, which was recognised as essential in the process of developing palliative care in the country and implementing it in the public health system. Thanks to their activities, in 1999, the Ministry of Health included palliative medicine in the list of specialisations for physicians. Palliative medicine as a specialisation for physicians is subject to the same regulations as other medical specialties.

MAIN FEATURES

Previous training: A medical degree.

Summary of the Process

The process can be completed on two different tracks:

- The first track consists in a two year specialisation programme in palliative medicine for physicians who are already specialists in different disciplines (e.g. internal medicine or oncology). The accreditation following training is structured as follows: six educational courses (introduction, organisation and management, pain, symptom control, psychological and social issues, palliative care for patients with life-threatening non-malignant diseases), eight months training in

a palliative care inpatient unit, eight months training in home-based palliative care and palliative medicine outpatient clinic, four-week training in an oncology department, eight-week optional training in a pain clinic, nutrition clinic, children's hospice, psychiatry or neurology unit.

- The second track consists in obtaining the accreditation after graduation from medical school. The course consists of five years of specialisation divided into three years of general education (in internal medicine or paediatrics) and then two years of specialisation in palliative medicine (with the programme as described above).
- To successfully finalise the process, the candidate must submit a review

paper or original research.

Settings for clinical practice:

Hospices, hospitals and home care settings are used for clinical practice.

Certifying entity: Ministry of Health; Medical Centre for Post Graduate Education with a palliative medicine national consultant and Centre of Medical Examination.

Real applicability: It is mandatory for some clinical positions. All physicians who are employed in palliative and hospice care units that are covered by the National Health Fund must be specialists in palliative medicine, currently be in the process

of specialisation, or, at minimum, complete a course with a programme consistent with the specialisation programme in palliative medicine that is approved by the National Consultant in PM (according to Regulations issued by the Minister of Health on 24 January, 2011).

In numbers: One programme carried out in 21 centres, 40 physicians are trained per year and around 340 physicians have been trained since 1999.

Information Source: Ministry of Health Regulation of 2 January 2013 on the specialisations of physicians and dentists.

FELLOW REQUIREMENTS

- Fellows must meet some criteria: They must possess one of any of the approved specialties (the first track) or be a graduate from medical school and pass the so-called Final Exam for Physicians, normally taken within a year of their internship after graduation from medical school (second track). Each candidate must possess a licence to practice medicine in the country. Additionally, they must also possess a scientific degree and research and publications are counted (optional). After accepted to the specialisation, the fellow must sign an agreement with the centre for the period of specialisation.
- To complete the process, there is no a minimum number of patients to be treated, but there is a specialisation exam organized by the Centre of Medical Examination with a board led by National Consultant in PM.

CENTRE REQUIREMENTS

- The centre must count on an accredited and recognised Clinical Practice Service. Although director requirements are not specified, any physician who is responsible for an individual trainee has to have a specialisation in PM and be employed at the accredited centre where the specialisation process in PM is being carried out.
- With regard to faculty professionals, they must be specialists in palliative medicine. Other multi-professional figures are also involved in theoretical courses as well as clinical trainings, with at least two specialists in PM per accredited centre.

MILESTONES

1994

The Ministry of Health appointed a National Consultant in Palliative Medicine in order to obtain formal recognition of the status of palliative medicine.

1999

The Ministry of Health included palliative medicine in the list of specialisations for physicians.

2003

The first specialists were certified.

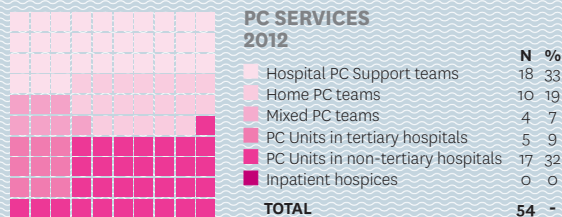


PORTUGAL



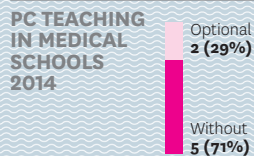
SOCIOECONOMIC DATA

Population, 2012 10,699,333	Gross Domestic product per capita, 2011 21,304	Health Expenditure total (% of Gross), 2010 11.0
Density, 2012 116.3	Physicians per 1000 inhabitants 3.868	Human Development Index, 2012 0.816
Surface 91,982		



VITALITY 2012	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 90



KEY COLLABORATOR: Isabel Galriça Neto, Hospital da Luz, Lisboa - Head of Palliative Care Unit (isanelto@netcabo.pt)

MORE INFORMATION: For further information about Palliative Care in **Portugal** consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Palliative Medicine Competence Competencia em Medicina Paliativa | 2013

BACKGROUND

Three years ago, a group of doctors started a voluntary initiative in which they proposed a competence field in palliative medicine to the College of Doctors. Since then, there has been a discussion about the data and criteria proposed and some of it has been amended. The new version was finally approved in November 2013 and its full application is underway.

There is a similar official certification in the country called Competence in Sleep Studies and in Hyperbaric Medicine.

MAIN FEATURES

Previous training: Possession of a medical degree.

Summary of the Process:
 It consists in 400 hours of theory and 800 hours of practice in an accredited centre, in addition to three published research projects. The length of Palliative Medicine Competence Program is about 1 year for curricular studies and then a practical rotation.
 The university is responsible for the advanced theory course (master's

programme) and accredited training education teams.

Settings for clinical practice:
 Hospices, hospitals and home care settings are used for the clinical practice included in the process.

Certifying entity: It has been established by the College of Physicians. The "Conselho nacional executivo", a group of elected doctors coordinated by the president, offers final approval and

created a Commission that will approve new doctors in the Competence.

Real applicability
 At the moment, it is not required for professional positions. The Health Ministry, not the College of Physicians, has the power of making it mandatory.
 However, this specialisation does result in gaining a better chance of employment as Chair of Palliative Medicine at a university or in the Ministerial

Work Group, in hospitals, in the private sector, as well as bestows increased prestige.

In numbers: One programme established but with no physicians yet trained (the first finish at the end of 2014).

Information Source: Official document presented by a group coordinated by the College of Doctors ("Ordem dos Médicos").

FELLOW REQUIREMENTS

- Besides possessing a medical degree, applicants are required to take an exam prior to the accreditation programme.
- There is an admission fee for the master's programme. No salary, grant or fellowship is provided by the POS-PM.
- Full certification is attained through the awarded master and practice rotation evaluation.

CENTRE REQUIREMENTS

The centre does not have to deal with any institutional constraints or requirements, but the course director is obliged to have advanced education and specialised training in palliative care. Professionals in charge of the fellows training in the programme are also subject to the same requirement.

MILESTONES

2010

A voluntary initiative by a group of doctors was presented as a proposal to the College of Physicians in order to create the palliative care competence.

2012

A private foundation provided funds for a Chair in Palliative Medicine at the University of Lisbon.

2013

After a process of data and criteria examination, the educational programme for physicians was finally approved.

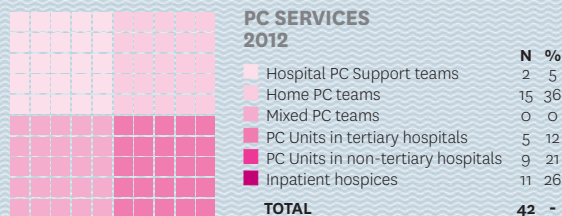


ROMANIA



SOCIOECONOMIC DATA

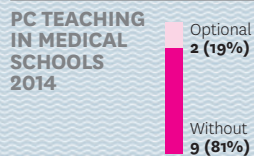
Population, 2012 21,387,517	Gross Domestic product per capita, 2011 10,905	Health Expenditure total (% of Gross), 2010 5.6
Density, 2012 89.7	Physicians per 1000 inhabitants 2.269	Human Development Index, 2012 0.786
Surface 238,391		



VITALITY 2012

	YES	NO
Legislation on PC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Official National Strategy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 31



KEY COLLABORATOR: Oana Donea, Asociatia Pentru Servicii Mobile de Ingrijire Paliativa, Bucharest (oana@smip.ro; oanadonea2005@gmail.com)

MORE INFORMATION: For further information about Palliative Care in Romania consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Diploma of Complementary Studies in Palliative Care

Atestat de studii complementare in Ingrijiri Paliative | 2000

BACKGROUND

Official recognition of palliative care as a subspecialty is mainly the result of lobbying activity and advocacy groups led by NGOs that deliver palliative care. In the lobbying and advocacy process, key persons from the College of Physicians, Medical Universities and the National Centre for the Education of Physicians were involved.

MAIN FEATURES

Previous training: A clinical specialty (medical, surgical and family medicine).

Summary of the Process

Training takes 12 weeks over a period of 18 months. The 12-week course is divided into eight weeks devoted to theoretical content (240 hours) and four weeks devoted to clinical practice.

On the whole, it is a more theoretical process and requires a total of 75 MEC (Medical Education Credits).

Settings for clinical practice:

Hospices, hospitals and home care settings are used for clinical practice in this accreditation process.

Certifying entity: Ministry of Health.

Real applicability:

It is optional for some clinical positions.

In numbers: One national programme and two training centres (Bucharest and Brasov), around 24 physicians are trained per year and a total of 305 physicians have been trained since 2000.

Information Source: Order of the Minister of Health no 418 from 20.04.2005 and the website of the National School for Education for Physicians (Romanian) (<http://webmail.smip.ro/mewebmail/Mondo/lang/sys/client.aspx?CDT=41729.5558516898>).

FELLOW REQUIREMENTS

- Other professionals, such as psychologists, are admitted to the course and the only requirement the fellows must meet is the possession of a clinical specialty (medical, surgical, family medicine).
- A fee of 2500 RON (Romanian leu) must be paid prior to admission. The specialisation programme does not provide any sort of salary, grant or fellowship and, in fact, it is the only training programme in the country for which physicians must pay. Every physician in each subspecialty pays for the specialisation programme pertaining to his/her subspecialty. No subspecialty programme in Romania provides a salary because it is assumed that the physician already has a salary from his/her specialty. In fact, palliative care is one of the cheapest subspecialties available to physicians in Romania.
- To finalise the process and obtain the specialisation, students must have treated at least four patients in four weeks and must pass a theoretical test, as well as a clinical case presentation.

CENTRE REQUIREMENTS

- The centre must have an accredited and recognised Clinical Practice Service to become an official training centre. The director of the centre must possess a specialisation in palliative care and must be a certified trainer.
- Palliative care teachers must be physicians with a palliative care subspecialty and possess teaching skills (there are special courses for teacher training).

MILESTONES

1990

The lobbying and advocacy process started with the involvement of key persons from the College of Physicians, Medical Universities and the National Centre for the Education of Physicians.

2000

Palliative care obtained official recognition as a subspecialty. Palliative care NGOs played a fundamental role in this process.

2010

The first master's degree programme in palliative care was launched.

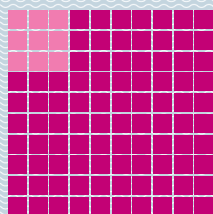


SLOVAKIA



SOCIOECONOMIC DATA

Population, 2012 5,480,332	Gross Domestic product per capita, 2011 20,757	Health Expenditure total (% of Gross), 2010 8.8
Density, 2012 111.8	Physicians per 1000 inhabitants 3	Human Development Index, 2012 0.840
Surface 49,033		



PC SERVICES 2012

	N	%
Hospital PC Support teams	0	0
Home PC teams	0	0
Mixed PC teams	0	0
PC Units in tertiary hospitals	1	9
PC Units in non-tertiary hospitals	0	0
Inpatient hospices	10	91
TOTAL	11	-

VITALITY 2012

	YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official National Strategy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Participants at EAPC Conferences: 8

PC TEACHING IN MEDICAL SCHOOLS 2014



KEY COLLABORATOR: Kristina Krížanová, National Cancer Institute, Bratislava (kristina.krizanova@gmail.com)

MORE INFORMATION: For further information about Palliative Care in **Slovakia** consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Specialisation Study in the Field of Palliative Medicine | Špecializačné štúdium v odbore paliatívna medicína | 2012

BACKGROUND

The Association for Hospice and Palliative Care was established in the year 2000. Later on, in 2006, palliative medicine was recognised as a medical specialisation by the Ministry of Health. In 2008, the Slovak Medical University in Bratislava established a Chair in Palliative Medicine. In the very same year, a specialised medical journal, called Palliative medicine and management of pain, was published in the Slovak and Czech languages. In 2009, an annual meeting, called the "Czech and Slovak conference of palliative medicine", was held in the Slovak and Czech languages and, finally, in 2012, the specialisation study in palliative medicine was approved and accredited. As a result, the first seven medical doctors achieved board certification in palliative medicine. There are other processes for similar subspecialisations in the country, such as in algology, geriatrics, intensive medicine and clinical oncology.

MAIN FEATURES

Previous training: A specialty (internal medicine, oncology, paediatrics, geriatrics, algology, intensive care medicine and general medicine).

Summary of the Process:

- The process lasts three years. Two times during the first two years, fellows must spend one month in the palliative medicine department and two weeks in the pain department.
- The training process can also start in the last year of the previous

specialty and then be shortened one year. Besides, during the second and third year of the process, fellows are already working in palliative care or related areas.

- Fellows are interviewed many times in order to advance.

Settings for clinical practice: Hospices and hospitals are the settings in which the clinical practice takes place.

Certifying entity: The Ministry of

Health and the Slovak Health University, Faculty of Medicine.

Real applicability

- It is optional, but will be mandatory in the future for some clinical positions. Having a specialty in palliative medicine opens up doors for physicians who have more than five years of experience in other specialties for practising palliative medicine and for negotiating with health insurance companies, with out-patient clinics

for palliative patients and also with institutions containing hospice mobile teams.

In numbers: There is one course established with between one to three physicians trained per year. Since 2012, six physicians graduated.

Information Source

Vestník MZ SR z 31.08.2006, mimoriadne vydanie; Source 2 - Vestník MZ SR z 15.10.2010, ročník 58, s. 123 - 124;

FELLOW REQUIREMENTS

- Fellows must hold both a specialty degree and a number of specific years of experience in the field of palliative medicine. They must also complete mandatory examination prior to admission.
- Applicants must also pay various fees, including a 50 euros fee as an admission payment, an annual fee and around 400 euros for the board certification above mentioned.
- To obtain certification, there are a minimum number of patients required to be treated by the students, as well as a final examination at the end of the specialisation process.

CENTRE REQUIREMENTS

- Centres must have accredited and recognised Clinical Practice Service that are coordinated by specialist training committees.
- The Director must demonstrate a strong record of experience in the field of palliative care and the rest of professionals providing training have to be medical doctors specialised in palliative medicine, oncology, geriatrics and pain treatment.

MILESTONES

2006

Palliative medicine was recognised as a medical specialisation by the Ministry of Health.

2008

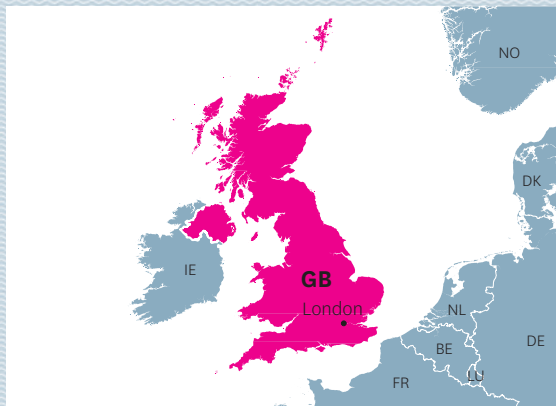
A Chair of Palliative Medicine was established at the Slovak Medical University in Bratislava.

2012

Palliative medicine was accredited as a specialty. The first seven medical doctors were awarded the board certificate in palliative medicine at the Slovak Medical University.



UNITED KINGDOM



SOCIOECONOMIC DATA

Population, 2012 62,798,099	Gross Domestic product per capita, 2011 32,863	Health Expenditure total (% of Gross), 2010 9.6
Density, 2012 258.5	Physicians per 1000 inhabitants 2.743	Human Development Index, 2012 0.875
Surface 242,900		

PC SERVICES 2012		N	%
	Hospital PC Support teams	308	32
	Home PC teams	337	34
	Mixed PC teams	104	11
	PC Units in tertiary hospitals	31	3
	PC Units in non-tertiary hospitals	0	0
	Inpatient hospices	189	20
TOTAL		969	-

VITALITY 2012		YES	NO
Legislation on PC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Official National Strategy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
National Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
National Conference	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Participants at EAPC Conferences: 374

PC TEACHING IN MEDICAL SCHOOLS 2014	
	Mandatory
34 (100%)	

KEY COLLABORATOR: Chris Farnham, St John's Hospice, Association of Palliative Medicine of Great Britain and Northern Ireland, London (chris.farnham@hje.org.uk)

MORE INFORMATION: For further information about Palliative Care in the **United Kingdom** consult the EAPC ATLAS OF PC IN EUROPE 2013 in: <http://hdl.handle.net/10171/29291>

Specialty in Palliative Medicine | 1987

BACKGROUND

A turning point in PC in the United Kingdom came when Dame C. Saunders, together with doctors such as Derek Doyle, lobbied for palliative medicine to be recognised as specialty. The first specialists registered as training in palliative medicine were drawn from various specialisations in GP, oncology and anaesthesia. They were then qualified in the 1990's, having been trained by leaders in the palliative care world. In 1987 Palliative Medicine was recognised as a medical speciality and , the first specialist training programme and curriculum was established.

MAIN FEATURES

Previous training: Medical Degree .

Summary of the Process

- It consists in a basic Medical Degree (MBBS) that takes five years, followed by Foundation Years (FY 1+2).
- Core Medical Training (CT 1+2) follows and from CT 3 to CT 6 (four years), the doctor is admitted to palliative medicine training. After CT 6 the doctor has to pass the SCE (Specialty Certificate Exam) and obtain the CCT.
- Their "e-portfolio" has to be used to achieve all of the curriculum requirements annually.
- Academic Deaneries have ARCP (Annual Review of Competence Progression) Panels that evaluate the doctors annually.
- Doctors will also have the opportunity to complete a Phd or MSc in

this training . some doctors enter the training programs through alternative routes via General Practice, Anaesthetics or Radiotherapy.

Settings for clinical practice: Hospices, hospitals, home care settings, community services and also nursing/ care homes, prisons, homeless hostels, etc.

Certifying entity: GMC - General Medical Council. The JRCPTB - Joint Royal Colleges of Postgraduate Training Board makes a recommendation for issuing a CCT, which is then issued by the GMC.

Real applicability

- In order to be appointed to a Consultant Physician post within the

National Health Service a doctor will have to be on the specialist Register – preferably for Palliative Medicine.

- Both in the public and private sectors one can only work as a consultant in palliative medicine if he/she is on the Register for Palliative Medicine.

- One can work as a doctor in any health care setting, but for application to certain jobs, one must be either on the specialist register or have had further training in palliative medicine.

In numbers

- All trainees follow the same established process.
- Around 50 physicians train at any one time (this number changes depending upon the number of posts

that are going to be available according to the Royal College of Physicians team projections).

- Despite the fact that concrete data on trained physicians since the beginning of the program does not exist, it is possible to detail that in the United Kingdom there are currently 252 consultants and 82 non-consultant grade doctors.

Information Source

- Palliative Medicine Approved Specialty Curriculum and Associated Assessment System 2010 General Medical Council.
- Training is now delivered through Postgraduate Deaneries. For further information, see Derek Doyle's history of the process (www.rcpe.ac.uk/journal/issue/journal_35_3/doyle_palliative.pdf).

FELLOW REQUIREMENTS

- Applicants must possess the Core Medical Training and have obtained membership in the Royal College of Physicians by passing examinations or equivalent in other specialties, as well as possess a medical degree.
- Fees include an admission fee and an annual fee, as well as another fee for the exam itself. Funding is mainly dedicated to on call programmes and the costs fall on the host organization, so the government has funded a core number of posts, but some hospices will fund a number of trainees themselves. Most training posts will be 'core' funded by the National Health Service.

CENTRE REQUIREMENTS

- There are only a limited number of funded training centres. Some institutions do not have the funds to train doctors in palliative medicine. The institution running the programme must take responsibility for all aspects of the training and clinical or educational supervisors that oversee training in their departments must be accredited and recognised consultants.
- Educational supervisors also have to demonstrate that they have passed the Deanery Training Programme and are then signed off by the Director of Medical Education for their LETB (Local Education Training Board).

MILESTONES

1987

Recognition of palliative medicine specialty after a long lobbying process by Dame C. Saunders, together with doctors such as Derek Doyle.

1990

The first specialists registered as training in palliative medicine were drawn from various specialisations in GP, oncology and anaesthesia and other qualified specialties. They were trained by leaders in the palliative care world.

2010

The latest specialist training programmes and a curriculum in palliative medicine were established.





3. Thematic maps.



Specialisation existence and denomination

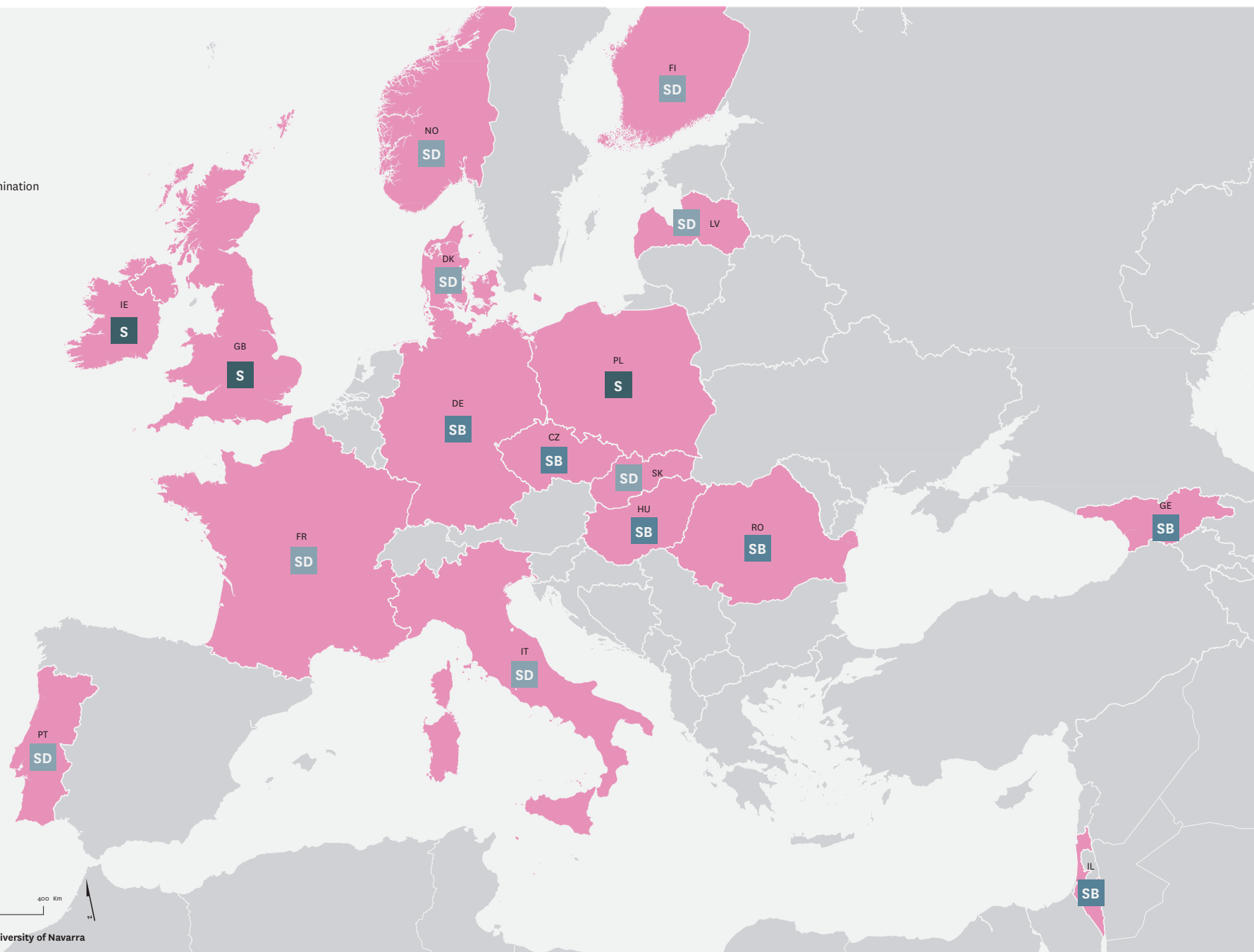
(including Australia, Canada and the United States for contrast)

COUNTRY	TYPE OF CERTIFICATE	DENOMINATION (IN ENGLISH)	DENOMINATION IN NATIVE LANGUAGE
Australia	Specialty	Palliative Medicine (medical specialty)	Palliative Medicine (medical specialty)
Canada	Subspecialty	Subspecialty of Palliative Medicine	Subspecialty of Palliative Medicine
Czech Republic	Subspecialty	Palliative Medicine	Paliativní medicína
Denmark	Special Denomination	Competence in the Field of Palliative Medicine	Fagområdegodkendelse i Palliativ Medicin
Finland	Special Denomination	Special Competence in Palliative Medicine	Palliatiivisen lääketieteen erityispätevyys
France	Special Denomination	Diploma of Complementary Specialised Studies in Pain Medicine and Palliative Medicine	Desd Medecine de la Douleur Medecine Palliative
Georgia	Subspecialty	Palliative Care and Pain Medicine	Paliatiuri Mzrunveloba da tkivilis meditsina
Germany	Subspecialty	Palliative Medicine	Zusatzweiterbildung Palliativmedizin
Hungary	Subspecialty	Subspecialty in Palliative Medicine	Palliatív orvoslás licence vizsga
Ireland	Specialty	Certificate of Completion of Training as Specialist in Palliative Medicine	Certificate of Completion of Training as Specialist in Palliative Medicine
Israel	Subspecialty	Palliative Medicine Sub-Specialty	היתמחות על ברפואת הפליאטיבית
Italy	Special Denomination	Master's Programme in Palliative Care for Specialist Physicians	Master Universitario di Alta Formazione e Qualificazione in "Cure Palliative" per medici specialisti
Latvia	Special Denomination	Special Competence in Palliative Care	Paliativas aprupes specialists
Malta	Specialty	Palliative Medicine	Medicina Palliativa
Norway	Special Denomination	The Formal Competence Field of Palliative Medicine	Kompetanseområde palliativ medisjn
Poland	Specialty	Specialisation Program in Palliative Medicine for Physicians	Program specjalizacji w dziedzinie Medycyny Paliatywnej dla lekarzy
Portugal	Special Denomination	Palliative Medicine Competence	Competencia em Medicina Paliativa
Romania	Subspecialty	Diploma of Complementary Studies in Palliative Care	Atestat de studii complementare in Ingrijiri Paliative
Slovakia	Special Denomination	Specialisation Study in the Field of Palliative Medicine	Špecializačné štúdium v odbore paliatívna medicína
United Kingdom	Specialty	Certificate of Completion of Training as Specialist in Palliative Medicine	Certificate of Completion of Training as Specialist in Palliative Medicine
USA	Subspecialty	Hospice and Palliative Medicine Certification	Hospice and Palliative Medicine Certification



**SPECIALISATION
EXISTENCE &
DENOMINATION**

- S** Specialty
- SB** Sub-specialty
- SD** Special Denomination



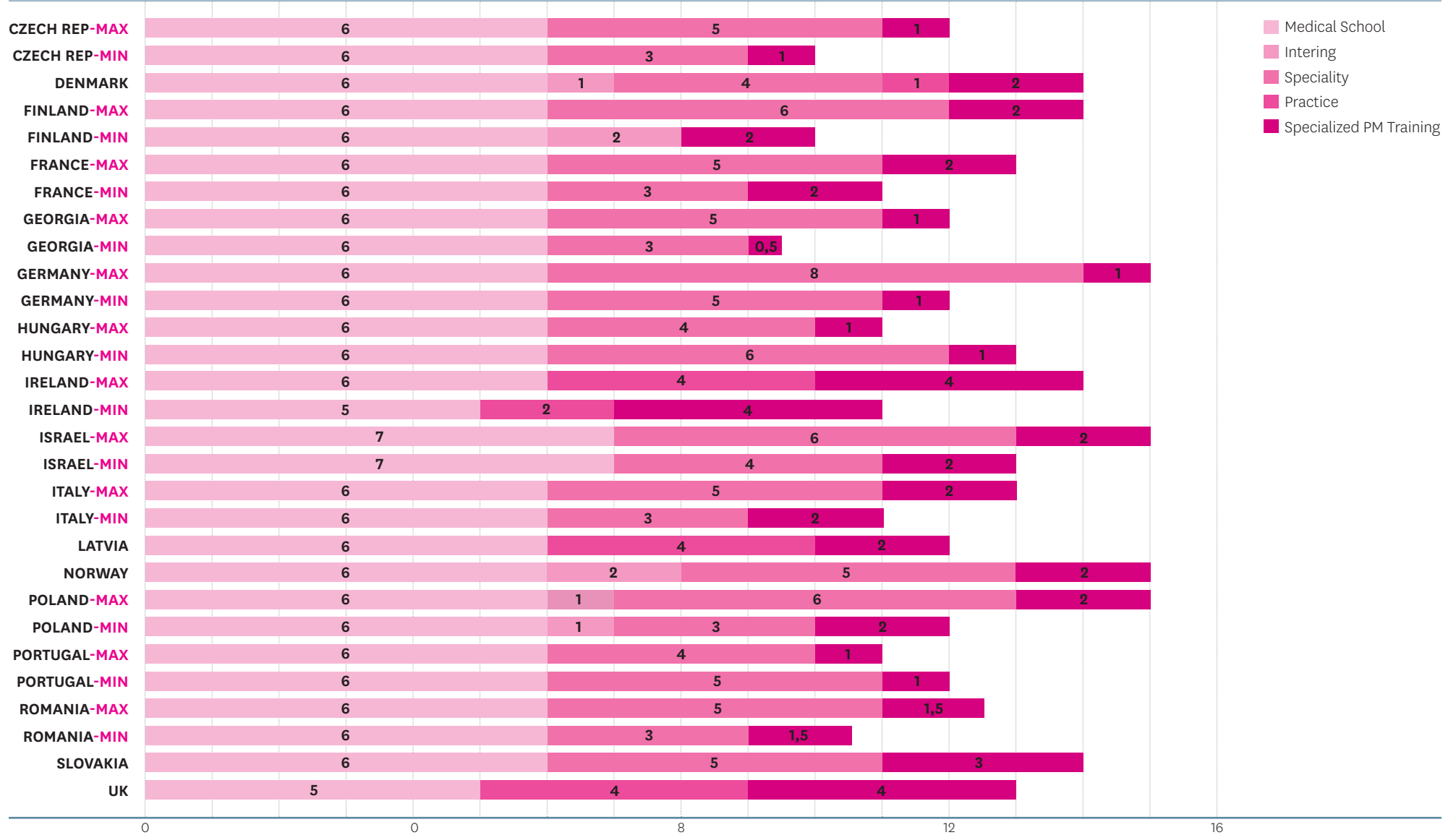
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ATLANTES program, ICS, University of Navarra



Length and training needed to be certified as specialist, sub-specialist or equivalent




COUNTRY

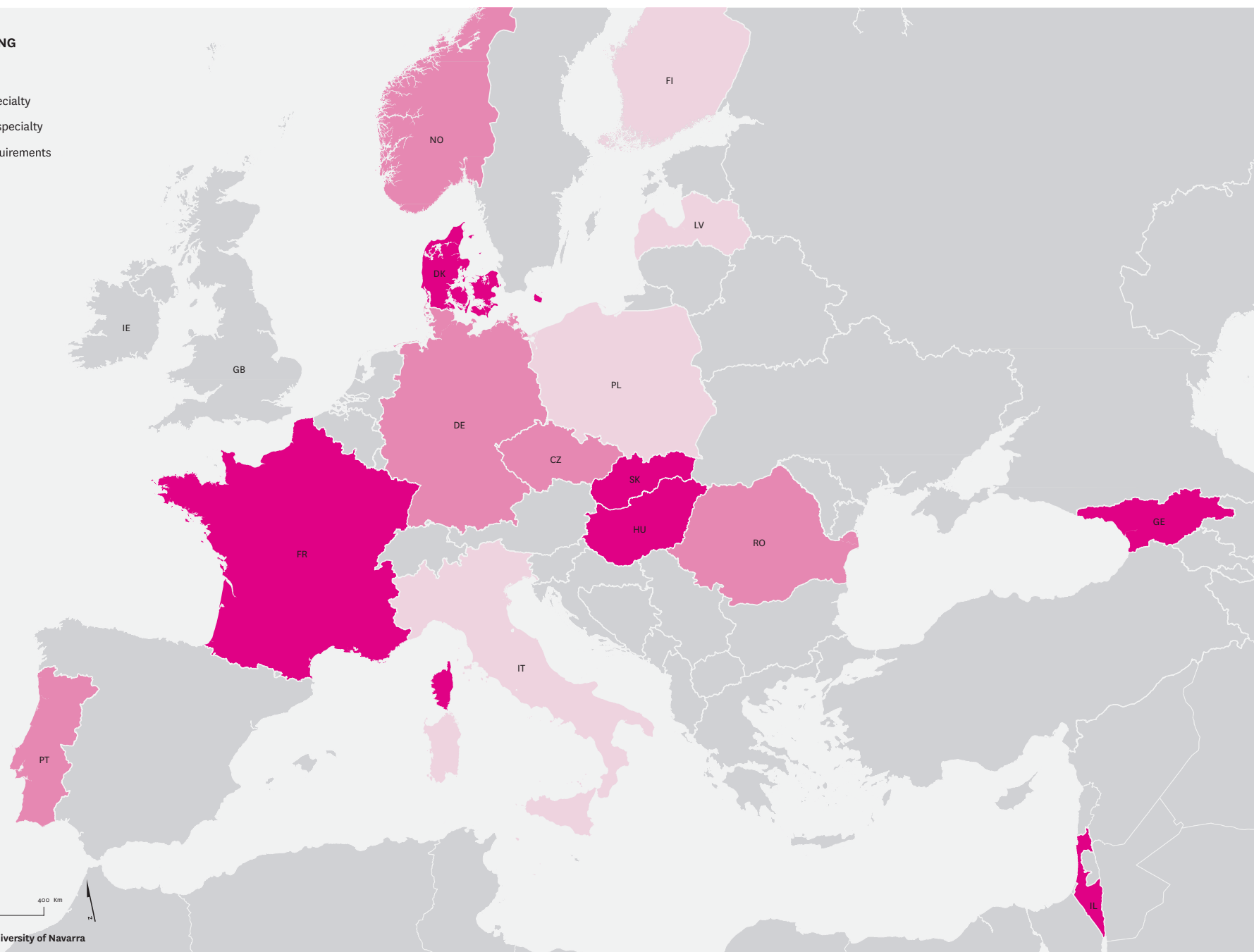


Notes: **Italy:** The programme consists in 1830 hours involving lessons and internship during 24 months, with 120 credits required divided in 55 credits Theoretical Training, 50 Credits Clinical Practice and 5 Credits as the final thesis which is a research project. **Ireland:** The process consists of a basic Medical Degree that takes 4-6 years, followed by 1 year as an intern, followed by 2 years basic specialist training (or 3-4 years General Practice Training), followed by 4 years Higher Specialist Training. **Romania:** Training takes 12 weeks over a period of 18 months. The 12-week course is divided into eight weeks devoted to theoretical content (240 hours) and four weeks devoted to clinical practice. **UK:** The process in UK It consists in a basic Medical Degree (MBBS) that takes five years, followed by two Foundation Years (FY), Core Medical Training (CT) year 1 and 2 follows and from CT 3 to CT 6 (four years), the doctor is admitted to palliative medicine training.



**PREVIOUS TRAINING
REQUIRED**

-  Concrete specialty
-  Any clinical specialty
-  Different requirements



0 200 400 Km

ATLANTES program, ICS, University of Navarra



Components of the programme: practice, theory and research

Analysing all the POS-PM together, we find varying emphasis on clinical practice in palliative care, theoretical teaching and research. The majority of countries developed a program focused more on clinical practice, meaning a rotation in different PC settings officially accredited by the programme.

Specialisation training required in the UK and Ireland takes 7 and 8 years respectively. Finland, France, Israel, Norway and Poland require 2 years (after a previous specialisation). Exceptions include Germany, Portugal and Hungary (1 year), Italy (3 months), Slovakia (5 months), Romania (1 month). Latvia (320 hours), and Georgia (100 hours). Training in the US is based on a one year clinical rotation. Canadian doctors spend two years in clinical practice and Australia requires three years. Only three countries (Romania, Latvia and Czech Republic) have developed a more theoretical program.

Generally, theory, which is still a considerable part of all the programs, is organized in modules or courses. According to most of the program descriptions, the themes coincide with typical subjects within the discipline, including: pain and symptom management, opioids and pharmacology, psychological and psychosocial issues, ethical issues, communication, team-working, organization in PC, last hours, normative and legal issues, oncology, non-oncological diseases. Other topics taught in some of the programs include: community palliative care, culture language and religion (Ireland), grief and bereavement. In its theoretical program, Italy included applied teaching from other disciplines, including radiology, psychiatry, public health, etc.

Some countries have mandatory research component in the form of a research project (Finland, France, Italy, Norway, Poland). Latvia requires 80 hours of research work. Australia requires three projects, Canada one project, Denmark one research project, one written exam, four written assignments, while Portugal requires three published projects/articles.

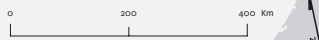
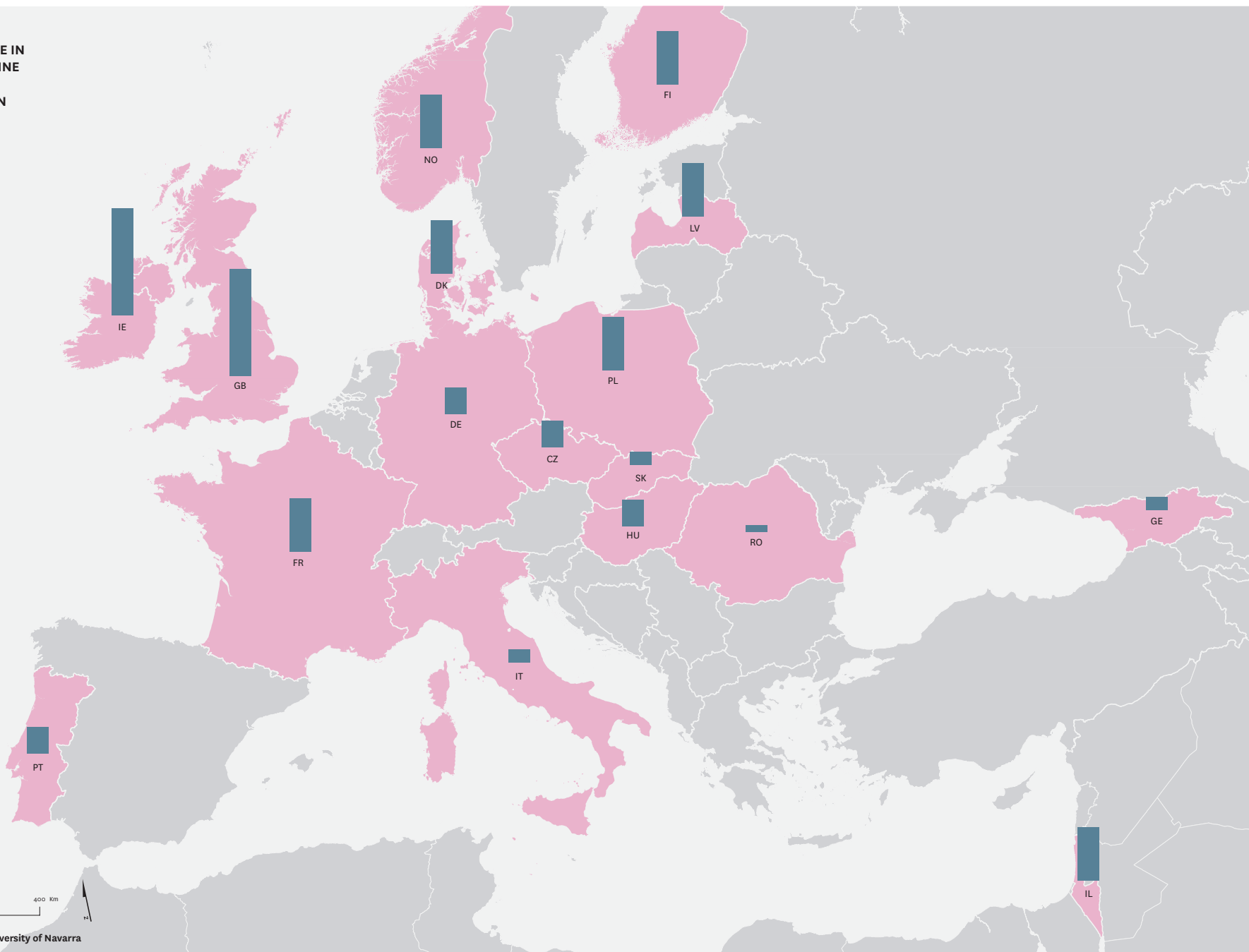
COUNTRY	CLINICAL PRACTICE	THEORETICAL TRAINING	RESEARCH
Australia	3 years	NA	3 projects
Canada	2 years	350 hours	1 project
Czech Republic	1 year	12 months	NA
Denmark	2 years	6 weeks	1 project
Finland	2 years	150 to 270 hours	1 project
France	2 years	170 hours	1 project
Georgia	0.5 years	75 hours	NA
Germany	1 year	40 units	NA
Hungary	1 year	80 hours	NA
Ireland	4 years	NA	NA
Israel	2 years	NA	NA
Italy	0.5 years	1500 hours	1 project
Latvia	2 years	400 hours	80 hours
Norway	2 years	180 hours	1 project
Poland	2 years	NA	1 project
Portugal	1 years	400 hours	3 projects
Romania	0.1 years	8 weeks	NA
Slovakia	0.5 years	NA	NA
United Kingdom	4 years	NA	NA
USA	1 year	NA	NA



Students in a Palliative Care lecture.



CLINICAL PRACTICE IN PALLIATIVE MEDICINE IN THE PROCESS OF SPECIALISATION



ATLANTES program, ICS, University of Navarra



Workforce capacity

Germany has the highest number of trained fellows/students. It has a total population of 82 million and, from 2004 to 2012, 6,400 doctors received a POS-PM certification, which amounts to 78.1 trained fellows for every one million inhabitants. These high numbers might be explained by the fact that there is currently an option of attending a 3 weeks course shortening accordingly the year of practical training. This was chosen to give General Physicians the opportunity to get the subspecialty but nowadays it is actually the preferred option for most physicians. Numbers are lower in other countries, which might be influenced by population, seniority and effectiveness (Table 4). For comparison, Poland has 9.7 trained fellows for every one million inhabitants, while the UK has 5.3 and France has 1.6.

COUNTRY	YEAR OF INSTITUTION	TOTAL NUMBER OF FELLOWS TRAINED [UP TO 2012]	TRAINED FELLOWS PER 1 MILLION OF INHABITANTS	TRAINED EACH YEAR	EFFECTIVENESS OF CERTIFICATE
Australia	2004	150	6.4	40	Mandatory
Czech Republic	2004	134	12.7	10	Optional
Finland	2007	84	15.5	40	Optional
France	2008	100	1.6	35	Optional
Georgia	2010	20	4.6	10	Mandatory
Germany	2004	6,400	78.1	UK	Mandatory
Ireland	1995	31	6.8	2-3	Mandatory
Israel	2012	0	0.0	NA	Mandatory
Italy	2012	100	1.6	About 150	Optional
Latvia	2009	100	44.8	About 20	Optional
Norway	2011	43	8.7	5-6	Mandatory
Poland	1999	340	9.7	40	Mandatory
Romania	2000	305	14.3	25	Optional
Slovakia	2012	6	1.1	1-3	Optional
UK	1987	334	5.3	About 50	Mandatory
USA	2006	N/A	N/A	300	Optional

Notes:

Australia and the United States are included for contrast.

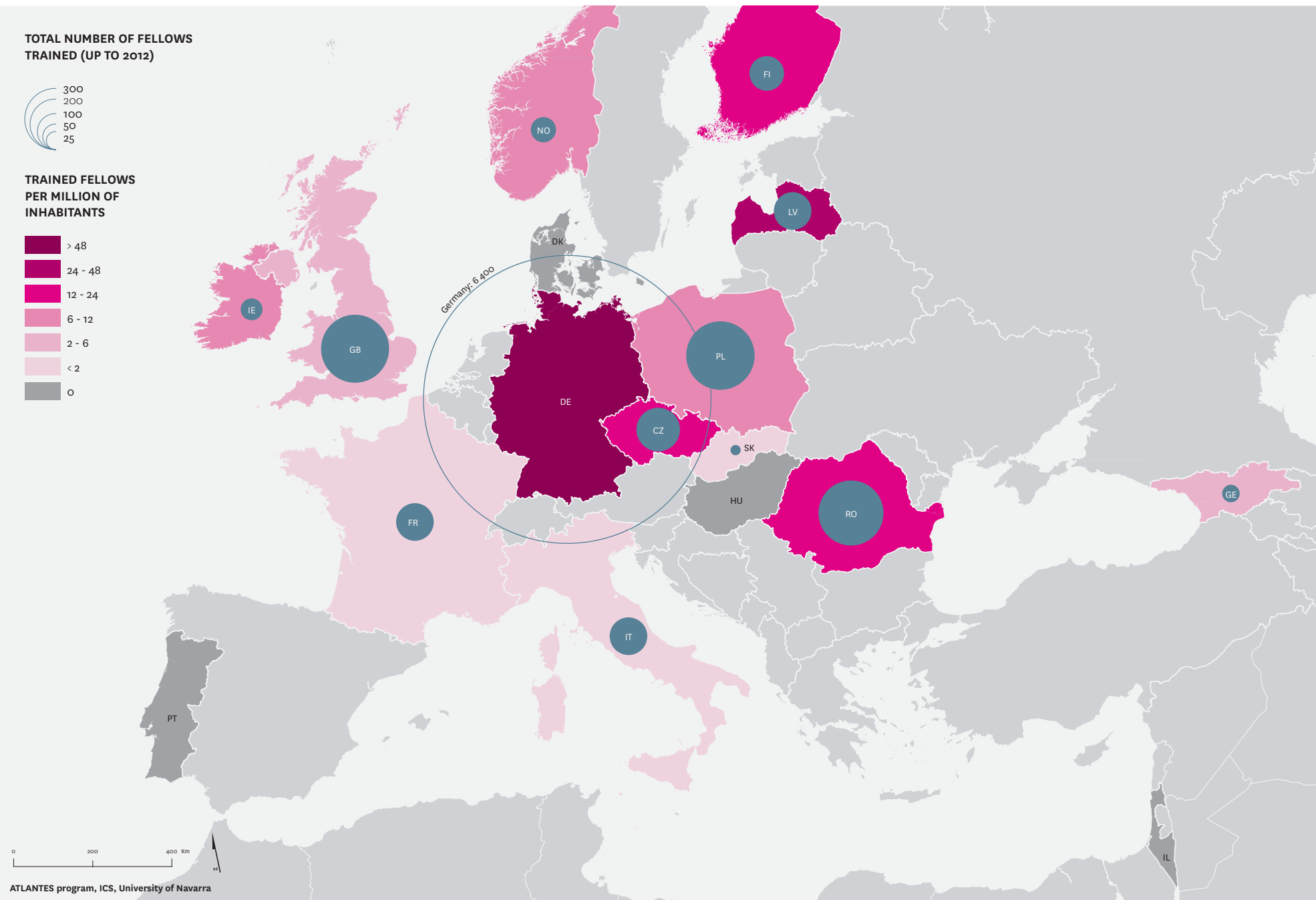
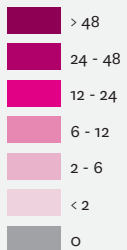
Processes in Denmark, Hungary and Portugal are very recent and therefore no physicians have been trained yet.



TOTAL NUMBER OF FELLOWS TRAINED (UP TO 2012)



TRAINED FELLOWS PER MILLION OF INHABITANTS



ATLANTES program, ICS, University of Navarra





4. Annex I. Some non-European cases





AUSTRALIA



KEY COLLABORATOR: David Currow, Flinders University, Daw Park (david.currow@flinders.edu.au)

MORE INFORMATION: For further information about Palliative Care in **Australia** consult the Australian Medical Council limited: www.amc.org.au/index.php/ar/sme

Specialty in Palliative Medicine | 2004

BACKGROUND

In 1988, a subspecialty in palliative medicine within internal medicine was first established. In 2000, a palliative medicine chapter within the College of Physicians was established and designed to allow other clinicians (from psychiatry, general practice, etc.) to specialise in palliative medicine. This process also allowed a large number of people without formal training in palliative medicine to be grandfathered into a specialist category, causing a major impetus to create specialist recognition through the Australian Medical Council. The programme has most recently been complemented with a clinical diploma for non-specialists.

This programme is no different from any other college programme, except that it has made explicit the opportunity for lateral entry from other specialty areas outside of internal medicine.

MAIN FEATURES

Previous training: A medical degree.

Summary of the Process:

Medical school in Australia varies from four to six years depending on whether it is an undergraduate degree or a post-graduate degree. At least two years post-graduate practice are required before training can begin, two years of general medical training and then three years of specialist training.

Alternatively, practitioners can specialise in another area (general practice, family medicine, oncology, anaesthetics, and psychiatry, all of which take a minimum of seven years) and then an additional period of up to three years of palliative medicine training. There are also three required research projects that may include audits and literature reviews.

Settings for clinical practice: Hospices, hospitals and home

care settings are utilized for clinical practice.

Certifying entity: The Royal Australian College of Physicians.

Real applicability: It is mandatory for some clinical positions. There are likely still a few jobs that do not mandate this, but fellowship-level training is required for staff roles in the public sector. The private sector still exercises a little more flexibility, but this is rapidly diminishing.

In numbers: Every sizeable unit has accreditation. 40 physicians are trained per year and approximately 150 physicians have graduated since 2004.

Information Source
www.amc.org.au/index.php/ar/sm

FELLOW REQUIREMENTS

Applicants must pass the Royal Australian College of Physicians internal medicine examination (or have completed a fellowship in another Learned College), as well as be in possession of a medical degree. An annual fee of 150 Australian dollars has to be paid and the specialisation programme provides some kind of salary or grant to the students.

CENTRE REQUIREMENTS

The centre must conform to national legislation that dictates the performance of the Australian Medical Council and the by-laws and regulations of the College of Physicians. Furthermore, it must have accredited and recognised Clinical Practice Services. As a faculty requirement, a relevant fellowship is also required.

MILESTONES

1988

Palliative medicine was recognised as a medical specialisation by the Ministry of Health.

2000

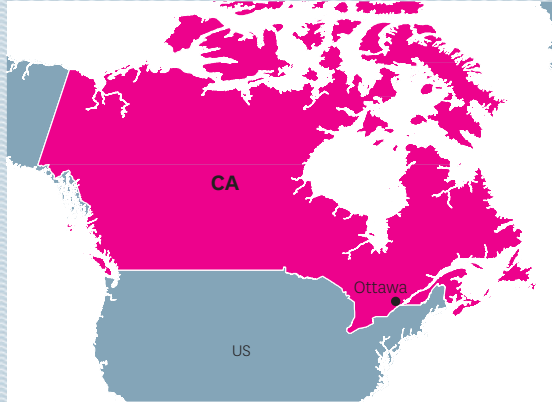
A palliative medicine chapter was created within the College of Physicians and access requirements for other physicians (psychiatry, general practice) were defined. This process also allowed a large number of people without formal training in palliative medicine to be grandfathered into a specialist category, causing a major impetus to create specialist recognition through the Australian Medical Council.

2004

Palliative medicine was recognised as a medical specialty. The programme has more recently been complemented with a clinical diploma for non-specialists.



CANADA



KEY COLLABORATOR: Tara Tucker, Bruyere Continuing Care, Ottawa (ttucker@bruyere.org)

MORE INFORMATION: For further information about Palliative Care in **Canada** consult the information source: Objectives of Training of the Subspecialty of Palliative Medicine version 1.0 (2011)

Subspecialty in Palliative Medicine | In process

BACKGROUND

Currently, twelve Fellowship Programmes (each one year in length) are available in some provinces. Under the current certification process, there are two key elements at play: (1) The Advisory Committee on Palliative Medicine Training (consisting of members from both the College of Family Physicians (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) have long recognised the need for POS. However, the CFPC and the RCPSC were not able to come to an agreement on various details, such as the programme's length, etc. Also, the CFPC was not encouraging its members to specialise. Two factors drove the process, including the fact that the RCPSC started to phase out 'special programmes', of which palliative medicine was one. It was therefore forced to become a specialty or subspecialty. However, many felt that it was not ready to become a five year specialty, so they choose the route of applying for the status of subspecialty. The first request for subspecialty was formally submitted in June 2011. On January 30, 2013, the Executive Committee of Council (ECC) of the RCPSC deferred the final approval of the subspecialty due to concerns that family physicians would not have access to training. Finally, in November of 2013, after further consultation with stakeholders, the RCPSC approved the creation of the subspecialty program in Canada. Universities are now waiting for the Royal College to provide standards documents so that universities can begin to design their programs.

Until now, PM has been accredited as a 'special program' without certification, meaning that every program has been jointly accredited by both Colleges, but it includes neither a licensing exam nor any official designation as a palliative medicine physician.

MAIN FEATURES

Previous training: Medical degree plus specialty training in internal medicine, neurology, paediatrics or anaesthesia (this takes four years after the completion of an undergraduate degree).

Summary of the Process

For family physicians, the process consists in two years of family medicine, plus one year of subspecialisation. For those who already hold a specialty, the process consists in four or five years in that specialty, plus one year of subspecialisation. When the subspecialty is approved, it will take three or four years, plus two years for specialists.

The current special programme is one year in length. When the POS-PM formally begins it will be a total of two years. Clinical practice will be composed of at least three hours per week and there will also be a project (although there is no a specific number of credits specified).

Settings for clinical practice: Hospitals, hospitals and home care settings will be used for the clinical practice. When the POS-PM is in place, teaching will be set into place with varying numbers of rotations. The POS-PM approval is still in progress. It requires rotations

in clinical oncology (both radiation and medical oncology).

Certifying entity: Royal College of Physicians and Surgeons of Canada (RCPSC) will both approve the programme and issue final certification.

Real applicability: It is currently optional, but will be mandatory in the future for academic positions. Many academic centres have begun to require a year of PM training, while some still do not require any. Choosing to set this standard in place is dependent on the individual division of each university.

In numbers: Despite the fact that there are currently 12 established training programmes, it is estimated that in the future there will only be four to six programmes with one or two physicians each. This is because not all centres will be able to accommodate the increased clinical exposure requirements and length of training. There will also be a different funding source which may result in a lower number of trainees.

Information Source: Objectives of Training of the Subspecialty of Palliative Medicine version 1.0 (2011)

FELLOW REQUIREMENTS

- Fellows must have a medical degree, as well as have at least three years of experience in internal medicine, paediatrics, neurology or anaesthesia training (i.e., they may start subspecialty training in the final year of specialty training).
- There is a registration fee (about \$350 per year) paid to the university and the programme provides a salary, with funding coming from the Ministry of Health. Few hospitals, one or two, also offer funding.
- To complete the process, every module will be evaluated with a final evaluation given by the Programme Director. When the subspecialty is officially in place, there will be an examination.

CENTRE REQUIREMENTS

- To be eligible, centres must be universities that have adequate opportunities for clinical experience and that have sufficient academic palliative medicine physicians to run the programme, to teach and to supervise. They must also possess an accredited and recognised Clinical Practice Services and non-malignant palliative care experience. The centre also must have a cancer centre and a palliative medical unit.
- The Director must have completed the year of training in palliative medicine that is currently available, although there is no mandatory experience requirement. He/she must have a university appointment. Professors should be members of both the College of Family Physicians and the Royal College and must have multiple original specialties.

MILESTONES

1990s

Training in palliative medicine for physicians started with a preliminary programme.

2011

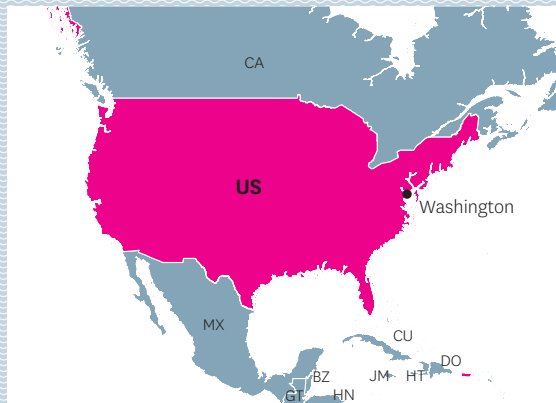
The first request for a subspecialty in palliative medicine was formally submitted.

2013

Approval by the Royal College of Physicians and Surgeons of Canada (RCPSC) to establish the subspecialty program. Standards documents are pending, which will give universities guidance in the creation of their programmes.



USA



KEY COLLABORATOR: Marieberta Vidal, MD Anderson Cancer Center, Houston, Texas (mvidal@mdanderson.org)

MORE INFORMATION: For further information about Palliative Care in the **United States** consult the site: www.aahpm.org/certification/default/abms.html

Hospice and Palliative Medicine Certification | 2006

BACKGROUND

From 1996 to 2006, the American Board of Hospice and Palliative Medicine (ABHPM) administered the Physician Board Certification in Hospice and Palliative Medicine (HPM). During that time, over 2,100 physicians obtained certification from the ABHPM. A directory of physicians certified by the ABHPM can be found at www.abhpm.org. The ABHPM was not recognised by the American Board of Medical Specialties (ABMS), but worked successfully over the course of the decade to persuade the ABMS, the organization that formally recognises and confers specialties and subspecialties in allopathic medicine, to recognise HPM as a medical subspecialty. Although voluntary, this recognition is used by the government, health care systems, and insurers as evidence of high standards. Accreditation is a parallel process to board certification. Accreditation is given to educational programmes, while certification is awarded to individuals. Successful completion of an accredited educational programme is usually a prerequisite for admission to an ABMS board examination. Accreditation of graduate medical education is provided by the Accreditation Council of Graduate Medical Education (ACGME) www.acgme.org.

MAIN FEATURES

Previous training: Completion of a specialty (anaesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynaecology, paediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology or surgery).

Summary of the Process: There are two possible ways to complete the process, varying from a minimum of four years of training to a maximum of six years to be eligible to take the

palliative care board exam. This time difference is explained by the two existing possibilities: the four-year process is comprised of three years of specialty training, plus one year of subspecialty training in palliative medicine, while the six-year process consists of five years of specialty training, plus one year of subspecialty training in palliative medicine.

Settings for clinical practice: Hospices, hospitals, home care

settings, community services, and long-term care facilities

Certifying entity: American Board of Medical Specialties (ABMS).

Real applicability: It is optional for some clinical positions. Having a specialty in palliative care opens doors and helps in obtaining a more prestigious position, especially in the case of new physicians with less than five years of experience. Long-term

experience in the field is still better recognised. Although voluntary, the government, health care systems, and insurers use this recognition as evidence of high standards. Accreditation is a parallel process to board certification.

In numbers: 85 courses are currently well established and approximately 300 physicians are trained each year.

Information Source: Not applicable.

FELLOW REQUIREMENTS

- There is no admission exam, but applicants must have completed an ACGME or American Osteopathic Association (AOA)-accredited residency programme in anaesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynaecology, paediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery.
- Concerning funding, students do not have to pay any kind of admission, annual or other fee and are currently paid a salary provided by the same specialisation programme.
- In order to obtain certification, the fellows must see at least 100 new patients, 25 patients longitudinally in all settings and 25 patients in home care. There is also a final examination at the end of the process.

CENTRE REQUIREMENTS

- A hospice and palliative medicine programme can only obtain accreditation if the sponsoring institution also sponsors an accredited programme (accredited by the Accreditation Council for Graduate Medical Education) in at least one of the following specialties: anaesthesiology, emergency medicine, family medicine, internal medicine,

neurology, obstetrics and gynaecology, paediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology or surgery.

- The institution running the programme is also required to take responsibility for all aspects of the program and have an accredited and recognised Clinical Practice Service.
- Regarding the Director, the review committee evaluates: specialty expertise, documented education, administrative experience, current certification in the subspecialty from the American Board of Specialty, qualifications acceptable to the Review Committee, current medical licensure and an applicable medical staff appointment, clinical practice, involvement in education and scholarly activities.
- Professors must possess current certification in the subspecialty by the American Board of the Specialty acceptable to the review committee. They must come from appropriate medical subspecialties, such as cardiology, critical care medicine, geriatric medicine and oncology. The physician faculty must possess a current medical licensure and an applicable medical staff appointment. At least one other hospice and palliative medicine physician faculty member must devote sufficient professional time to the programme.

MILESTONES

1996

This process started with board certification for physicians practicing HPM, administered by the American Board of Hospice and Palliative Medicine (ABHPM). The ABHPM was not recognised by the American Board of Medical Specialties (ABMS), but worked successfully over the course of a decade to persuade the ABMS to recognize HPM as a medical subspecialty.

2006

Although voluntary, the government, health care systems, and insurers began to use the Hospice and Palliative Medicine Certification as evidence of high standards. Accreditation is a parallel process to board certification and educational programmes administer it, which, at the same time, is accredited by the Accreditation Council of Graduate Medical Education.



5. Annex II. Study Questionnaire



EAPC Task Force Survey: Program of Official Specialisation in Palliative Medicine for Physicians (POS-PM)

QUESTIONNAIRE DETAILS

For the purposes of this survey, we have used the expression “Program of Official Specialisation in Palliative Medicine for Physicians (Abbreviated as POS-PM)”.

This terminology refers to any program (or schedule of training/education) that provides official certification and accredits a higher level of competence to the physician working in the area of palliative medicine. Official certification may be in the form of a title that demonstrates a specific area of expertise (for example, specialist, subspecialist or supra-specialist), or it may be demonstrated in the form of a specific qualification (for example, a diploma).

These forms of certification and accreditation may correspond with similar forms found in other medical disciplines within the same country.

The Questionnaire will collect the most important details about the “Program of Official Specialisation in Palliative Medicine for Physicians (POS-PM)” in several countries.

The dead-line to fill out the questionnaire is scheduled on Wednesday March the 6th 2013.

The estimated time to fill out the Questionnaire having constant access to official documentation is 45 minutes.

We strongly recommend that you collect official documentation before starting to fill out the Questionnaire.

D1: What is the name of the country that you are representing in the survey?

D2: Country Member Details

NAME
INSTITUTION
POSITION
ADDRESS
CITY/TOWN
ZIP/POSTAL CODE
EMAIL ADDRESS
PHONE NUMBER

GENERAL INFORMATION: PROGRAM OF OFFICIAL SPECIALISATION IN PALLIATIVE MEDICINE FOR PHYSICIANS

D3: What is the title for the POS-PM in your country in your original language?

D4: What is the title for the POS-PM in your country in English?

D5: Please, provide complete bibliographic references of the original sources that you are using to fill out the Survey

- Source 1
- Source 2
- Source 3
- Source 4
- Source 5

D6: What year was POS-PM first officially established in your country (if it is in process, please indicate)?

D7: After the first issue have there been institutional modification/changes to POS-PM?

- Yes
- No
- If yes, please describe

D8: Please describe the historical process that led to POS-PM in your country becoming established (e.g. lobbying and advocacy initiatives by universities or other academic institutions, changes to medical categories that resulted in the need for such specialisation, etc.)

D9: POS-PM has been established by:

- University
- Health System
- Ministry of health
- Ministry of education
- College of Physicians (please provide details about members of this organization)
- Medical Council (please provide details about members of this organization)
- Other institutions (please provide details about members of this organization)

D10: Are there other similar Official Certification in your country system (i.e., subspecialties with specific topics, interdisciplinary program officially recognised, etc.)?

- Yes
- No
- If yes, please describe

D11: Is POS-PM mandatory to work in the following areas?

	YES	NO
Private palliative care organizations	<input type="checkbox"/>	<input type="checkbox"/>
Public palliative care organizations	<input type="checkbox"/>	<input type="checkbox"/>

D12: Does gaining official specialisation in palliative medicine result in gaining a better position of employment in the following areas?

- The public sector
- The private sector
- Hospices
- Hospitals
- Other organization (please specify)
- Health System (please specify)
- Government (please specify)
- Ministerial Work Group (please specify)
- Chair of Palliative Medicine in a University
- Other utility (for example, increased prestige - please specify)
- Comments

DETAILS OF THE PROGRAM OF OFFICIAL SPECIALISATION IN PALLIATIVE MEDICINE FOR PHYSICIANS

D13: Which organization is responsible for establishing POS-PM in your country (i.e. University, Hospitals, other training/education organizations, etc.)?

D14: Are there any constraints to establish the POS-PM in the chosen organization (i.e., the program can be created only if there are other connected specialties set by the institution, etc.)?

- Yes
- No
- If yes, please describe







