*Original Article*

# Comparative Analysis of Specialization in Palliative Medicine Processes Within the World Health Organization European Region

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## Abstract

**Context.** Palliative medicine (PM), still in the development phase, is a new, growing specialty aimed at caring for both oncology and non-oncology patients. There is still confusion about the training offered in the various European PM certification programs.

**Objectives.** To provide a detailed, comparative update and analysis of the PM certification process in Europe, including the different training approaches and their main features.

**Methods.** Experts from each country completed an online survey addressing historical background, program name, training requirements, length of time in training, characteristic and content, official certifying institution, effectiveness of accreditation, and 2013 workforce capacity. We prepared a comparative analysis of the data provided.

**Results.** In 2014, 18 of 53 European countries had official programs on specialization in PM (POSPM): Czech Republic, Denmark, Finland, France, Georgia, Germany, Hungary, Ireland, Israel, Italy, Latvia, Malta, Norway, Poland, Portugal, Romania, Slovakia, and the U.K. Ten of these programs were begun in the last five years. The PM is recognized as a "specialty," "subspecialty," or "special area of competence," with no substantial differences between the last two designations. The certification contains the term "palliative medicine" in most countries. Clinical training varies, with one to two years being the most frequent duration. There is a clear trend toward establishing the POSPM as a mandatory condition for obtaining a clinical PM position in countries' respective health systems.

**Conclusion.** PM is growing as a specialization field in Europe. Processes leading to certification are generally long and require substantial clinical training. The POSPM education plans are heterogeneous. The European Association for Palliative Care should commit to establishing common learning standards, leading to additional European-based recognition of expertise in PM. J Pain Symptom Manage 2015;49:861–870. © *2015 Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine.*

***Key Words***

*Palliative medicine, Europe, specialty, specialization, education, medical, graduate/organization and administration*

## Introduction

Palliative medicine (PM), a field currently in the development phase within mainstream medicine, is a new, growing specialty aimed at treating oncology and non-oncology patients.[1] Ten core interdisciplinary competencies for professionals in palliative care have been described.[2] PM is the physician component of the interdisciplinary practice of palliative care. Currently, there

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are some recommendations for developing postgraduate curricula for certification in PM.[3]

The PM specialists bring a holistic approach to medicine; in addition to having knowledge of many different diseases, they can evaluate and manage many symptoms in the physical, psychological, spiritual, and social spheres. The PM skills are mostly nonprocedural, requiring individual and family counseling and psychoeducational skills; indeed, ethical dilemmas, decision making, dying, and death are part of the PM framework. In addition to working in hospitals, the PM physicians work in home care, long-term care facilities, and day care centers.[4] These conditions have led the PM physicians to develop a distinct set of attitudes, with their own standards of practice, literature devoted to the field,[5] and a research foundation. The practice of PM is as challenging, demanding, and complex as that of any other medical field.[6]

Dame Cicely Saunders, who combined clinical care, teaching and research in the late 1950s,[7] set the stage for modern science and the art of caring for patients with advanced disease.[8] Since the development of hospice and palliative care in the U.K., there has been growing interest in establishing PM as a specialty. In 1987, PM became a subspecialty of general medicine, initially on a seven year "novitiate." Once the subspecialty successfully concluded, a specialty in its own right was created.[8] Considerable debate took place both in the U.K. and elsewhere as to whether PM should be considered a specialty or not.[9,10] Most PM professionals understand that considering PM as a speciality is a key condition for integrating palliative care into the health care system. Others think that the right method for integrating PM into the health care system is through generalist palliative care, obviating the need for specialist palliative care. This debate has recently become moot because a more sustainable model involving the combination of generalist palliative care with a palliative care specialist has prevailed.[11]

Doyle[1] enhanced the role of specialty programs in PM both in promoting the growth of palliative care services and in demonstrating that specialist palliative care is integral to good clinical care. The global categorization of palliative care is closely correlated with the country-level status of considering PM a specialty.[8,12] Accordingly, a European study[13] stressed that providing inadequate professional certification remains a barrier to the development of PM as a discipline. Universities also have an active, unavoidable role in the development and formal recognition of PM as a discipline.[14]

The status of PM and its development are poorly documented in the published literature. The first mapping of PM in Europe was performed and reported in a European Association for Palliative Care (EAPC) survey[15] that mentions seven of the 53 countries that have PM as a specialty or subspecialty and another 10 countries where the development of PM is in progress. The recent EAPC Atlas of Palliative Care in Europe 2013[16] shows 15 countries that offer official PM certification programs: Czech Republic, Finland, France, Georgia, Germany, Ireland, Israel, Italy, Latvia, Malta, Norway, Poland, Romania, Slovakia, and the U.K. The authors of the Atlas noted that there is still confusion about the training offered in the various PM certification programs. We aim to provide a detailed, comparative update and analysis of the PM certification process in Europe, including the different training approaches and their main features.

## Methods

This was an online experts survey of the existing programs on specialization in PM (POSPM), followed by expert discussion and comparative analysis. For this research, the working definition of POSPM was understood as the set of conditions for obtaining the maximum level of professional training in PM and official certification that is valid within the entire country. Any specialty, subspecialty, or other terms indicative of an official certification for full-time palliative care physicians were included in this working definition.

### *Country Selection*

We assessed countries within the World Health Organization European Region (53 countries) that permitted POSPM according to the ATLAS of Palliative Care in Europe 2013, plus countries identified in the Atlas as still developing a POSPM. Five additional countries were included in the survey for comparison and as benchmarks: the U.S., Australia, Canada, Portugal, and Spain. The first three countries have recently approved and consolidated POSPM, whereas Portugal and Spain were European countries still defining their POSPM. The study and data collection were closed in January 2014; by then, Portugal had completed the process of defining POSPM. To extend the study at the global level to include all countries with existing POSPM, for example, some Latin American countries (Costa Rica, Venezuela, Colombia, and Brazil)[17] or others from Asia, was beyond the scope of the European Task Force.

### *EAPC Endorsement of the Project*

In October 2012, we outlined the project, main questions, and methods. A dedicated EAPC Task Force, funded by the Accademia delle Scienze di Medicina Palliativa, was formally approved.