

# Clinical Ethics Fellowships

## PREFACE

Historic developments are happening with the professionalization of the bioethics field. Hundreds of ethicists have health care ethics certification. Legendary bioethicist Ellen Fox introduces COPACET, the accreditation of clinical ethics fellowship programs, and differentiates accreditation from certification. Then, a workgroup emanating from the 2023 Catholic Healthcare Innovation in Ethics Forum (CHIEF) conference shares the resources they developed after nearly a year of meetings. Readers can use this to create or refine their own fellowships, hopefully, to become accredited later. In times of diminishing finances, accreditation represents a way to add financially efficient bench strength to clinical ethics programs.

## COPACET AND THE FUTURE OF CLINICAL ETHICS ACCREDITATION

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Over the past two decades, clinical ethicists have become integral to healthcare teams across the United States and Canada. These professionals bring expertise in navigating complex ethical dilemmas, supporting patients, families, and clinical teams during moments

of deep uncertainty. As this role has grown in visibility and importance, so too has the need for consistent, high-quality training for those entering the field.

That is the driving force behind **COPACET (the Council on Program Accreditation for Clinical Ethicist Training)**. This new nonprofit organization is dedicated to promoting ethics excellence in health care by developing an accreditation process for **Clinical Ethicist Training Programs (CETPs)**. COPACET was founded to help ensure that clinical ethicists are consistently well-prepared for their critical role in healthcare organizations, and well trained to practice with the competence, clarity, and compassion that high-stakes ethical situations demand.

## WHY ACCREDITATION MATTERS

Unlike licensure, certification, and credentialing, which apply to individuals, accreditation applies to educational institutions and programs. The purpose of accreditation is twofold: to ensure quality and promote continuous improvement. For CETPs, accreditation represents a public commitment to high educational standards. For prospective trainees, it offers transparency and accountability. And for hospitals and health systems, it provides assurance that the clinical ethicists they employ have been trained to

nationally recognized standards.

This is especially important in a field where training varies widely. In a recent empirical study of CETPs, Fox and Wasserman<sup>1</sup> found significant differences across programs in many areas, including program goals, expectations, and core components. While variation may be expected in an evolving discipline, the lack of consistency poses real risks to care quality, workforce preparedness, and public trust. Recognizing these concerns, nearly 80% of CETP directors surveyed said they would likely seek accreditation if it were available.<sup>2</sup> COPACET is now making that possible.

By establishing clear expectations for program outcomes, COPACET seeks to improve the quality and consistency of CETPs and the availability of well-trained ethicists, thereby elevating clinical ethics across healthcare systems. For Catholic hospitals and other mission-driven organizations, this work builds on long-standing commitments to human dignity, compassionate care, and moral leadership. COPACET offers a path for religious and secular institutions alike to advance clinical ethics training nationally.

Importantly, COPACET's work also supports the Agency for Healthcare Research and Quality (AHRQ)'s vision for high-reliability healthcare – systems that consistently minimize harm while promoting safety, effectiveness, and responsiveness. By fostering shared standards, strengthening accountability, and embedding continuous learning into clinical ethics practice, accreditation reinforces the foundational elements of high-reliability organizations. In doing so, it helps ensure that clinical ethicists are prepared to contribute meaningfully to

the broader pursuit of safe, effective, and trustworthy healthcare systems.

## ACCREDITATION THAT SUPPORTS GROWTH AND SUSTAINABILITY

In addition to enhancing quality and consistency, COPACET accreditation offers an important **secondary benefit**: the potential for **federal reimbursement of training costs** by the Centers for Medicare and Medicaid Services (CMS).

Through what is known as “pass-through funding,” CMS provides reimbursement to hospitals for the costs of operating approved clinical training programs in dozens of health professions—from nursing and pharmacy to chaplaincy and occupational therapy. Until now, CETPs have not qualified for this support because there has been no national accreditation mechanism available. COPACET aims to change that. Once CETPs are accredited based on COPACET standards, they will be eligible to apply for CMS pass-through funding under federal regulations (42 CFR § 413.85).

While funding is not the primary motivation for accreditation, it can significantly impact a hospital's ability to sustain and grow CETPs. For institutions that have long wanted to invest in ethics training but lacked resources, CMS funding could provide the means to do so—thereby helping to build a stronger pipeline of well-trained clinical ethicists.

## FROM VISION TO INFRASTRUCTURE: COPACET'S RAPID PROGRESS

The idea for COPACET began to coalesce at the 2022 Clinical Ethics UnConference in Atlanta, where ten clinical ethicists formed a workgroup to explore the feasibility of accrediting CETPs. Over the following 18 months, the workgroup commissioned a study of CETPs in the U.S. and Canada, examined CMS funding eligibility, and explored potential accreditation pathways.

The workgroup ultimately partnered with the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the nation's largest accreditor of healthcare training programs. CAAHEP oversees over 2,500 accredited programs in 32 health science fields, ranging from surgical technology to diagnostic medical sonography. By affiliating with CAAHEP, COPACET gained access to a well-established accreditation infrastructure with proven processes and external legitimacy.

Before applying to CAAHEP, the workgroup secured sponsorship from two national organizations: the Catholic Health Association (CHA) and the Association of Bioethics Program Directors (ABPD), bringing together both mission-based and scholarly leadership.

In early 2024, a Steering Committee developed COPACET's governance structure and selected its name—a nod to the word copacetic, which conveys that things are “as they should be.” While COPACET's initial accreditation program will focus on clinical ethics fellowship programs, COPACET's name refers to CETPs more broadly (Council on Program Accreditation for Clinical Ethicist Training) since COPACET's accreditation program might someday expand to include other types of CETPs.

A national call for Board Member nominations yielded 38 exceptional candidates, of whom 13 were selected to serve. By the fall of 2024, COPACET had incorporated as a nonprofit public charity, gained CAAHEP approval as a Committee on Accreditation, and received 501(c)(3) recognition from the IRS.

## BUILDING ACCREDITATION STANDARDS WITH THE FIELD, FOR THE FIELD

COPACET's work continues to progress quickly. At its inaugural Board meeting in January, three committees were launched:

- The **Curriculum Committee** is defining specific learning outcomes that all accredited clinical ethics fellowship programs will be required to meet.
- The **Policies and Procedures Committee** is drafting essential CAAHEP-required documents: accreditation standards and guidelines, program review policies, and a self-study template.
- The **Governance Committee** is focusing on financial sustainability, Board membership, and community engagement.

Stakeholder input has been a key part of this development process. COPACET has already conducted a series of focus groups with members of the clinical ethics community and released draft standards for public comment in October 2025.

## WHAT WILL THE STANDARDS LOOK LIKE?

COPACET's standards must align with CAAHEP's required framework. This includes requirements for fair practices, outcome

measures, ethical standards, and program transparency. CETPs must also demonstrate that graduates achieve profession-specific learning outcomes, but programs will be free to determine how those outcomes are achieved. Instead of prescribing a rigid curriculum, COPACET standards will support curricular innovation, enabling programs to tailor their instructional methods to local strengths and resources.

## COMPLEMENTARY TO THE HEC-C CREDENTIAL

Some may ask how COPACET accreditation relates to the **Healthcare Ethics Consultant-Certified (HEC-C)** program. In brief, the two are distinct but complementary.

The HEC-C program certifies individuals—specifically, it validates an individual’s knowledge and skills in healthcare ethics consultation. Those who hold this credential are not necessarily professional clinical ethicists. Instead, they may be clinicians who serve on ethics consultation teams in a volunteer capacity, for whom clinical ethics is not their primary professional role.

COPACET, by contrast, accredits programs that specifically prepare trainees for a paid job as a clinical ethicist – a professional role with a scope of practice that extends far beyond ethics consultation. In addition to serving as an ethics consultant, the clinical ethicist serves as an ethics leader in a healthcare organization by, for example, assisting healthcare executives with organizational ethics issues, designing and delivering education for multiple healthcare audiences, developing and implementing clinical ethics policy, and carrying out systems-

level ethics initiatives.

Together, HEC-C and COPACET provide complementary tools for strengthening the field—one by credentialing individuals in ethics consultation, the other by accrediting training programs that prepare trainees to be professional clinical ethicists.

## SUPPORTING COPACET'S MISSION

COPACET has accomplished a great deal already by transforming a shared vision into an operational infrastructure with legal status, institutional backing, and a national platform. Now the real work begins: defining standards and designing and implementing the accreditation process.

On behalf of COPACET's Board of Directors, I invite you to contribute to this important new effort. During this critical formative phase, broad input and participation from the clinical ethics community will be vital to the initiative’s success.

Establishing an accreditation process that is robust, evidence-based, fair, transparent, and stakeholder-informed will require countless hours of research, consultation, and collaboration from experts across the country. While our team is dedicated and passionate, the financial burden of this endeavor is significant. COPACET is currently tax-deductible donations from individuals and organizations to support its work. We also need volunteers to assist with our work, especially those who can help with administrative support, fundraising, and website design.

## ADVANCING ETHICS IN HEALTHCARE, TOGETHER

COPACET is more than a new accreditation body. At its heart, it represents a shared commitment to excellence and accountability for the field of clinical ethics. Now is the time for educators, institutions, and ethics professionals to help position clinical ethics as a nationally recognized and rigorously trained profession. COPACET offers a unique and powerful opportunity to shape the future of clinical ethics—and health care delivery—for generations to come.

To find out more about how you can support COPACET, visit <https://copacet.org> or email us at [support@copacet.org](mailto:support@copacet.org). 📧

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### ENDNOTES

1. Fox E, Wasserman JA. Clinical ethics fellowship programs in the U.S. and Canada: A descriptive study of program characteristics and practices. *Am J Bioeth.* 2024; Aug 20:1-16. doi:10.1080/15265161.2024.2388723. Epub ahead of print.
2. Fox E, Wasserman JA. Clinical ethics fellowship programs in the U.S. and Canada: Program directors' opinions about accreditation and funding. *AJOB Empir Bioeth.* 2024; 16(1), 1–9. doi:10.1080/23294515.2024.2388516. Epub ahead of print.