

Specialty Training Committee in Respiratory and Sleep Medicine

Criteria for Accreditation of Advanced Training Sites in Adult Sleep Medicine

1. Purpose of Accreditation of Sites

1.1 To ensure training posts provide high quality clinical training by meeting necessary predetermined standards

These standards provide the basis for adequate clinical training, and cover:

- (i) facilities for training, including procedural work and laboratory facilities
- (ii) supervision of training
- (iii) amount and breadth of clinical experience required for training
- (iv) educational opportunities
- (v) infrastructure

1.2 To Facilitate Approval of Training Programs

Site accreditation is an essential prerequisite for approval of individual advanced training programs at each site. Site accreditation will allow determination of:

- (i) the duration of training that can be carried out in an individual site
- (ii) the number of trainees that can be adequately trained in a department at any one time
- (iii) recommendations for improving training at the site.

1.3 To Provide Information

Site accreditation will allow more information to be generally available for trainees, supervisors and others regarding:

- (i) facilities for training
- (ii) supervision of training
- (iii) mix of clinical and procedural experience available
- (iv) education opportunities
- (v) infrastructure

1.4 To Assist Trainees to

- (i) apply to a site suitable to their current training needs

2. Standards for Assessment

2.1 General Guidelines

- (i) The accreditation process wishes to encourage diversity in training opportunities and to ensure good clinical experience. Below is a general guideline which will satisfy STC requirements.
- (ii) A sleep medicine training network (group of training sites sharing trainees) seeking accreditation for advanced training must demonstrate that it has suitable staff, workload and facilities available to the trainee to permit advanced training. There are six general standards with various criteria listed relating to each standard. Each criterion will be applied by the Accreditation Team to determine if each standard has been achieved. Documentation for each criterion will be required. The process seeks “substantial compliance” with the standards. It is recognised that local conditions may preclude absolute compliance with every standard. Sleep Medicine training networks will be encouraged to develop links with other sites to achieve accreditation standards.
- (iii) The network must be affiliated with a university hospital (regularly teaches medical students).
- (iv) A network must be able to provide at least 12 months of core training in order to be considered suitable for accreditation. The network must be able to provide this core training to an individual in continuous **blocks of at least 6 months**.
- (v) Accreditation will be granted for a period of five years, notwithstanding the next paragraph. Sites may be granted only limited periods of accreditation subject to further review.
- (vi) An annual proforma will be sent to the network director outlining:
 - a) Current accreditation status: full/ provisional/ not accredited
 - b) Number of accredited Adult Sleep Medicine advanced trainee positions
 - c) Year accreditation is due for renewal
 - d) Requirement to notify the STC of any substantial deficiencies or changes in circumstances (see (vii) below).
 - e) A copy of the current *Criteria for Accreditation of Advanced Training Sites in Adult Sleep Medicine* will also be provided.
- (vii) Accredited networks **must notify the Chair of the STC of any substantial change of circumstances within their network** which may lead to failing to meet the criteria for accreditation. Networks will generally be given a maximum of twelve months to demonstrate that the criteria for accreditation have been regained, otherwise **accreditation status will be withdrawn** (see 4.3).
- (viii) These standards shall apply for the accreditation of sleep medicine networks for core sleep medicine training.

2.2 Standards

Sleep Medicine Training

Standard 1

Each training site in the network shall provide appropriate supervision for advanced training.

Criteria:

- a) Each trainee must have two supervisors who are sleep physicians within the service with a substantial time commitment to the practice of sleep medicine. The supervisors should attend relevant professional and/or scientific meetings to keep abreast of developments in the field. On site supervision must generally be available for more than 75% of standard working hours. Where only part-time training is being offered, then a reduction in supervision availability may be considered where appropriate. The service or network should have at least one consultant with special interest and expertise in non-respiratory sleep disorders
- b) A sleep medicine physician shall be available on site to supervise sleep study reporting. All final reports shall be checked by a sleep medicine specialist unless the trainee has been deemed competent and the supervisor accepts responsibility.
- c) The sleep medicine physician(s), who is/are the supervisor(s) of the trainee, shall ensure that the trainee is involved in the daily running of the Sleep Service, including supervision of inpatient and outpatient management, undertaking procedures and report generation, organisation of Departmental clinical meetings, and supervision of any junior resident medical staff.
- d) The supervisor(s) must have participated in a RACP supervisor workshop.
- e) The supervisor(s) will meet regularly with the trainee to provide formative assessment at a minimum of 4 times per year, with formal documentation of training progress and goals. The supervisor(s) will assist the trainee to ensure completion of assessment tasks, at the direction of the STC, and meet RACP requirements for supervision.

Standard 2

The Sleep Medicine network shall have sufficient workload of clinical material for advanced training, encompassing a broad range of sleep disorders, including respiratory and non-respiratory disorders.

Criteria:

- a) As a general guide to satisfy the STC requirements, the direct case load requirements for the network should be a **minimum of 550 patients per advanced trainee per year** to be eligible for accreditation. A network of training sites may combine to provide an adequate number and range of cases where the spread of cases is uneven between sites. The Sleep Medicine service or network would be expected to have expertise in the breadth of sleep

disorders including access to a patient caseload where a primary or major component of the patient's presentation is a non-respiratory sleep disorder (e.g. insomnia, movement disorder, nocturnal epilepsy, circadian rhythm disorder, behavioural sleep disorder or parasomnia).

Although the categories of patients within the total caseload may be varied and flexible within each network, the following are suggested as a general guide to the number of patients to be directly managed by the advanced trainee during core sleep training:

- **500 cases overall**
- **150 new case referrals**, of which 30 should be for a non-respiratory sleep disorder
- **50 cases involving positive airway pressure therapy** (see section b below specifically relating to requirements for patients with respiratory failure)

The inpatient load will vary by site and the above numbers are a guide meant to deal particularly with training in NIV implementation and complex CPAP implementations.

- b) It is essential that trainees be involved in all aspects of the management of patients requiring **inpatient NIV or CPAP implementation** for ventilatory failure and sleep hypoventilation. Sites must be providing this service for selected patients with ventilatory failure. There should be sufficient workload such that each trainee can institute NIV therapy in a **minimum of 20 patients** over the course of core sleep training and have direct ongoing responsibility for these cases.
- c) Services providing core training in Sleep Medicine to Advanced Trainees of Internal Medicine sub-specialties other than Respiratory Medicine (e.g. Neurology) must provide adequate exposure to Respiratory Medicine. Trainees need exposure to common respiratory disorders including obstructive lung disease and respiratory manifestations of neuromuscular disease. This should include:
- (i) Involvement in outpatient Respiratory Clinics. Trainees should conduct the equivalent of one Respiratory Clinic per week over the course of the sleep medicine training period under the supervision of a Respiratory Physician.
 - (ii) Trainees should be directly involved in management of inpatients under the supervision of a Respiratory Physician, including the management of acute respiratory failure.
 - (iii) Supervised reporting of respiratory physiology tests. Trainees should report a minimum of 100 complex Respiratory Function Tests during the period of core Sleep Medicine Training.

Standard 3

The sleep medicine network shall have direct access to appropriate additional clinical services necessary for the practice of sleep medicine.

Criteria:

- a) The training network shall provide access to clinical expertise in respiratory medicine, neurology, clinical psychology, psychiatry and cardiology within the network centres. The trainee should have the opportunity to participate in multidisciplinary clinics and/or

meetings relevant to the practice of sleep medicine. This will provide the trainee with the opportunity to develop skills in relevant aspects of these specialties through interactions relating to patient care.

- b) The training network shall have access to ear, nose and throat surgery, and dentistry (where available) within the network centres, and trainees be involved in aspects of these disciplines as they pertain to the management of sleep disorders.
- c) The training network shall have access to acute respiratory high acuity care, either through the provision of a respiratory high dependency unit within the network or through close liaison with an intensive care unit within the network centres. The trainee shall receive significant exposure to the interface between the intensive care and non-invasive management of acute ventilatory failure together with the ambulatory management of chronic ventilatory failure using nocturnal NIV.
- d) The training network shall have access to complex respiratory function testing in an accredited laboratory, arterial blood gas analysis, neurophysiology EEG and EMG testing and radiology services including upper airway CT scanning.
- e) It is desirable that appropriate multidisciplinary clinics or meetings shall be run in conjunction with specialists from one or more of the following relevant disciplines, including psychology, neurology, psychiatry and ENT/oromaxillary facial surgery.

Standard 4

The Sleep Medicine network shall provide a sleep laboratory with adequate workload and breadth of clinical material for advanced training.

Criteria:

- a) The workload of the laboratory or network shall be **600 Level 1 studies per year** (or equivalent to a 4-bed laboratory working at or near capacity), encompassing an extensive range of testing procedures, including Level 1 diagnostic polysomnography (PSG), MSLT, MWT, continuous transcutaneous CO₂ measurement and Level 1 CPAP and NIV studies.
- b) It is desirable that the sleep laboratory or network should offer some of the following: ambulatory sleep studies, extended EEG and video monitoring for nocturnal epilepsy and parasomnias, oesophageal pressure measurement, overnight oesophageal pH, ventilatory control studies, and continuous BP monitoring.
- c) As a general guide to satisfy the STC's requirements, the following is considered the minimum workload of the laboratory or network to be eligible for accreditation:
 - **Diagnostic PSG: 400 studies/annum**
 - **CPAP titrations: 200 studies/annum**
 - **NIV: 30 studies/annum**
 - **MSLT and/or MWT: 30 studies/annum**

These numbers represent the minimum of each study type. The total number of sleep investigations performed by the service shall be 600/annum (Standard 4, Criteria a)

- d) The network shall provide formal instruction/training in PSG which will include physiologic principles, instrumentation and scoring. The advanced trainee shall be involved in the sleep staging and respiratory scoring of PSG studies. As a guide to satisfy the STC's requirements, the trainee should personally **stage and score a minimum of 25 studies** per year under direct supervision. At least **five (5)** of these studies should be included in the **laboratory proficiency testing program** with the other scorers in the service and formally assessed for sleep stage agreement (or concordance) and scoring of respiratory events.
- e) The network shall ensure that the advanced trainee is involved in all aspects of the daily operation of the sleep laboratory, including adequate exposure to quality assurance and calibration, and that the trainee regularly reports sleep studies under the supervision of a sleep medicine physician or scientist. The trainee should be involved in **the set up and calibration of physiological signals** in at least 5 studies.
- f) As a general guide to satisfy the STC's requirements, the trainee shall report a minimum of **500 studies** of various types under supervision. It is important that a representative and balanced variety of the above tests be reported, including more complex or less common tests such as **NIV implementation (minimum of 20), MSLT and MWT (minimum of 20)**. Trainees should have exposure to reporting of unattended sleep studies (Level 2-4, depending upon availability). Trainees shall be experienced in reporting all the above tests by the end of their training.
- g) The sleep laboratory shall be accredited by the ASA laboratory accreditation process.

Standard 5

The Sleep Medicine network shall provide a suitable infrastructure for advanced training.

Criteria:

- a) The network shall ensure that the trainee attends regularly scheduled sleep-medicine specific and interdisciplinary clinical meetings. The trainee shall present and discuss selected cases and topics at these meetings. The trainee shall do a minimum of 12 formal sleep-medicine presentations, of which 3 should be physiology topics.
- b) The network shall facilitate the involvement of the advanced trainee in undergraduate and post-graduate teaching. The network will facilitate the participation of the trainee in educational programs integral to the advanced training curriculum.
- c) The network shall have access to major sleep journals and texts, as well as access to computerised literature search facilities. A medical library (or equivalent) with access to the internet is expected.

Standard 6

The network shall have suitable research facilities for advanced training.

Criteria:

- a) The network shall have an active research program (as demonstrated by regular research presentations on sleep medicine topics at national and/or international meetings, and by publication of peer reviewed original research) preferably in non-respiratory as well as respiratory sleep disorders. The network shall provide the opportunity for the trainee to be actively involved in research, e.g. be responsible for a small project or a component of an existing research program.

Standard 7

The network shall have a program of quality assurance activities.

Criteria:

- a) The network shall have an active program of audit and quality improvement (as demonstrated by regular audit activities and meetings focussed on quality improvement in sleep services).
- b) The network shall provide opportunities for the trainees to be involved in **at least one audit activity project** during their advanced training.
- c) The quality assurance activities should be adequately structured to prepare the trainee for the Continuing Professional Development program of the RACP.

3. Method of Accreditation

Site Survey (Application for Accreditation)

- (i) Sites that wish to be accredited for training must complete a structured survey regarding the staffing, workload and facilities available at the site(s). The survey will provide details regarding the site's compliance with the standards set out in section 2.
- (ii) There will be one survey per site which should be completed by the Head of the Department or training network which is seeking accreditation. The survey should be completed in consultation with the trainee supervisor(s) if not the Head of Department.
- (iii) Where more than one site is involved in accreditation of a network, each site will need to complete a separate survey.
- (iv) On receipt of the completed survey at the College, it will be reviewed by the Chair of the STC. If the details supplied are adequate, a site visit will be arranged. Otherwise, further details will be sought.

Site Visits

- (i) A site visit(s) will be undertaken for each site that submits a satisfactory survey.

- (ii) The site visit will be undertaken by nominees of the STC in Respiratory and Sleep Medicine and will be organised by the College. Each visit will include at least one member of the STC. The site visit will be approved and financed by the College.
- (iii) The site visit will be organised at a time determined by the STC, in consultation with the site(s) to be visited.
- (iv) In general, site visits will be scheduled to run over a half day period.
- (v) At the site visit, the survey will be reviewed by the accreditation team with the Head of the Department. The review process will involve:
 - Interview with Head of Department.
 - Interview(s) with trainee supervisor(s).
 - Interview with trainee(s).
 - Discussion of trainee assessment process, including review of formative assessment records and trainee log books.
 - Review of training program details, including department schedules, rosters and any other appropriate documentation, including orientation and training activities.
 - Review of Departmental statistics and activity reports that support the details provided in the survey regarding clinical and procedural activity.
 - Review of Department facilities as relevant to the standards.
 - Inspection of Department sleep laboratory, with review of accreditation documentation, activity statistics and reporting process. Laboratory Manager should be available for interview.
 - Review of the Department's teaching and research program, including documentation of trainee involvement in these programs.
 - It is the responsibility of the Head of Department to ensure that the appropriate documentation and personnel are available at the time of the site visit. If it is uncertain as to what documentation is required, this should be clarified with the STC prior to the visit.
 - In general, the focus of the site visit is to validate the details supplied in the survey, and to provide suggestions to the site for mechanisms to improve their advanced training program.

Trainee Interviews

Trainee interviews will be undertaken at the time of the site visit. The information provided is considered important and will be de-identified in the formal accreditation report.

4. Accreditation Process

4.1 Mechanisms for Arranging Site Visits and Reports

- (i) The STC Application for Accreditation Survey will be forwarded to sites prior to the end of the calendar year, for completion and return to the STC by **1 February**. The site should notify the STC of the preferred day/s of the week for the accreditation visit to take place, along with any dates that are not suitable. In the event that the site does not provide this information, the STC will nominate two dates for the visit that the site can choose from.

- (ii) Sites will be on a rotating schedule of accreditation once every five years. The survey for re-accreditation will be forwarded to the site by the College at the end of the fourth year of accreditation. This will permit the site visit to be made in the fifth year of accreditation. Ideally, the final report and decision will be made by the STC by July, prior to trainee recruitment for the subsequent year.
- (iii) The yearly schedule of visits will be organised by the Chair of the STC in conjunction with the Lead in Accreditation. Each accreditation team will comprise two members, one of whom must be a member of the STC. In general, each team will comprise one interstate member and one member from the same state (but not network) as the site being surveyed. The accreditation team will be constituted by the Chair of the STC and Lead in Accreditation. Accreditation team members should declare any conflict of interest.
- (iv) Each individual visit will be organised by the accreditation team STC member in conjunction with the College. The College will be responsible for travel arrangements and reimbursement of costs.

4.2 Mechanisms for Accrediting New Sites

- (i) A new site is one which is not accredited, and has not had an advanced trainee within the last 5 years.
- (ii) Where there is proposed to be a new trainee, the STC will immediately forward an accreditation survey. Provisional accreditation *may* be granted on the basis of the survey, but will need to be followed by a site visit in a timely fashion (in general, no longer than 6 months).
- (iii) Where there is no trainee and no immediate likelihood of a trainee, the accreditation survey will be forwarded for completion. A site visit will be organised for the next regularly scheduled series of site visits in the appropriate region. If standards are met, accreditation will be granted following the site visit.
- (iv) In general, new sites fulfilling accreditation criteria will be given accreditation for five years. Accreditation may be given for a lesser period of time as specified by the STC, if the site visit identifies issues that require resolution over a shorter time frame than five years. Full five-year accreditation may then be granted to the site after a successful follow-up site visit.

4.3 Removal of Accreditation

- (i) Where significant deficiencies are identified by the site visit, accreditation will only be recommended for one year, to allow rectification of the deficiencies. If at a subsequent site visit significant deficiencies still exist, then accreditation may be withdrawn or extended for no more than a further one year period.

- (ii) Where accreditation is removed following a site visit, a current trainee (or one employed to train at the site) will not have approval or accreditation of their current training program removed or compromised by this process.
- (iii) Training for the approved year may be completed at the site or transferred to an appropriately accredited site if available. Further training beyond the year at that site will not be permitted.

5. Reporting Process

5.1 Content of Report

- (i) Following the site visit, a report should be prepared by the accreditation team using the STC proforma. The content should include:
 - Method of assessment.
 - Criteria used.
 - Deficiencies identified.
 - Strengths identified
 - A recommendation for full accreditation, a specified duration of accreditation, or to withdraw accreditation.
 - A recommendation on suitability of the site for core training where previous advanced training has occurred in an Internal Medicine specialty other than Respiratory Medicine.
 - A recommendation for maximum time of training that an individual trainee may train at the site. If a recommendation is made to limit the duration of training at a site, then an individual training program will not be renewable beyond the maximum time specified.
 - A recommendation for the number of trainees able to simultaneously train at the site.
 - General comments concerning the results of the assessment, and recommendations for changes or improvements.

5.2 Consideration of Report

The report should be considered by the STC, who will make a decision on its recommendations. The decision will be conveyed to the CPT and the Board of the Australasian Sleep Association (through the Executive Officer).

5.3 Distribution of Report

The STC then advises the site of the decision and their accreditation status. A copy of the report will be sent to:

- (i) the site/department/network for information
- (ii) supervisors at the site.

5.4 College Database

The College database is updated accordingly, and a permanent record of the survey, report and decision is kept on file.

5.5 Website

A list of accredited sites is placed on the College website and ASA website, to be available to trainees and supervisors.

6. Accreditation Cycle

The site is reviewed every five years. The site is required to report to the STC on any changes during the five year cycle, in which case a site visit may need to be organised before the end of the cycle. If a site wishes to change any of the accreditation decisions prior to the end of the five year cycle, they must notify the STC who will organise a site visit, if appropriate, prior to the end of the cycle.

7. Accreditation of Overseas Advanced Training Sites

7.1 Where a trainee wishes to undertake training overseas, the STC will attempt to establish the suitability of the site prior to approval of the trainee's program. Overseas sites will only be acceptable for a maximum of 50% of any core sleep medicine training.

7.2 Suitability will be established by a combination of:

- (i) Completion of the accreditation survey by the site and proposed supervisor.
- (ii) Interview with the trainee.
- (iii) Telephone interview with the proposed supervisor.
- (iv) Enquiries of local Fellows with knowledge of the facilities.

Not all the above methods are required to be utilised.

7.3 The STC will consider the details obtained and make a decision as to suitability for accreditation for a one year period, and communicate this decision to the trainee and the proposed supervisor.

7.4 A report on the training, staff, workload and facilities should be sought from the trainee upon completion of their training program, to assist in future accreditation of this site for trainees wishing to undertake overseas training at the site.

7.5 Trainees are encouraged to discuss any plans for overseas experience with their supervisors and the STC well before accepting a position. Acceptance of an overseas position does not automatically guarantee STC approval of the site for advanced training.

8. Appeals Process

The College appeals process will apply. This entails reconsideration by the STC, review by the CPT and appeals to a duly constituted Appeals Committee.