

Standards of Accreditation for Areas of Focused Competence Programs in Sleep Disorder Medicine

Publication date: July 1, 2020



INTRODUCTION

The *Standards of Accreditation for Areas of Focused Competence (AFC) Programs in Sleep Disorder Medicine* are a national set of standards maintained by the Royal College of Physicians and Surgeons of Canada for the evaluation and accreditation of Sleep Disorder Medicine AFC programs. The standards aim to provide an interpretation of the *General Standards of Accreditation for Areas of Focused Competence Programs* as they relate to the accreditation of AFC programs in Sleep Disorder Medicine, and to ensure these programs adequately prepare AFC trainees to meet the health care needs of their patient population(s) upon completion of training.

The standards include requirements applicable to AFC programs and learning sites and have been written in alignment with the standards organization framework used in the general standards that aims to provide clarity of expectations, while maintaining flexibility for innovation.

These standards are intended to be read in conjunction with the *General Standards of Accreditation for Areas of Focused Competence Programs*, as well as the discipline-specific documents for Sleep Disorder Medicine. In instances where the indicators reflected in the *General Standards of Accreditation for Areas of Focused Competence Programs* have been modified within this document to reflect a discipline-specific expectation, the indicator as reflected in this document takes precedence.

STANDARDS

DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the AFC program, which support and provide structure to meet the general and discipline-specific standards of accreditation for AFC programs.

STANDARD 1: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the AFC program, teachers and trainees.

Refer to Standard 1 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

Element 1.2: There is an effective and functional AFC program committee to support the AFC program director in planning, organizing, evaluating, and advancing the AFC program.

Requirement(s)	Indicator(s)
1.2.1: The AFC program committee is composed of appropriate key AFC program stakeholders.	1.2.1.1 (modified): Major academic and clinical components and relevant learning sites are represented on the AFC program committee, including representatives from at least two of the entry disciplines and from each of the training sites.

DOMAIN: EDUCATION PROGRAM

The *Education Program* domain includes standards focused on the planning, design, and delivery of the AFC program, with the overarching outcome to ensure that the AFC program prepares trainees to be competent for practice in the discipline.

STANDARD 2: Trainees are prepared for independent practice in the AFC discipline.

Refer to Standard 2 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs* in addition to the indicators detailed below.

Element 2.1: The AFC program is designed to facilitate trainees' attainment of the required competencies.

*STANDARDS OF ACCREDITATION FOR AREAS OF FOCUSED COMPETENCE
PROGRAMS IN SLEEP DISORDER MEDICINE
JULY 2020*

Requirement(s)	Indicator(s)
<p>2.1.1: The AFC program’s design and delivery is based on the standards of training for the AFC discipline.</p>	<p>2.1.1.6: The AFC program provides access to the American Academy of Sleep Medicine inter-scorer reliability module, www.aasmnet.org/isr.</p> <p>2.1.1.7: The academic curriculum includes formal teaching covering the breadth of the discipline, including the main topics of insomnia, sleep related breathing disorders, central disorders of hypersomnolence, circadian rhythm, sleep-wake disorders, parasomnia, and sleep related movement disorders.</p> <p>2.1.1.8: If the pediatric patient volumes do not provide the described volume of sleep laboratory studies, the program establishes and maintains a teaching file of sleep study cases with raw data for interpretation by the AFC trainee and review with supervisor.</p> <p>2.1.1.9: The AFC program provides trainees with appropriate resources, time, and supervision to complete a scholarly research, quality assurance, or educational project.</p> <p>2.1.1.10: The AFC program provides trainees with opportunities for consultative and ongoing care for acutely ill inpatients with sleep disordered breathing.</p>

Element 2.2: There is an effective, organized system of trainee assessment.

Requirement(s)	Indicator(s)
<p>2.2.1: The AFC program has a planned, defined and implemented system of assessment.</p>	<p>2.2.1.4: Trainees maintain the Royal College Sleep Disorder Medicine Logbook.</p>

DOMAIN: RESOURCES

The *Resources* domain includes standards focused on ensuring that the AFC program’s clinical, physical, technical, financial, and human resources are sufficient for the delivery of the education program and, ultimately, to prepare trainees for practice in the discipline.

STANDARD 3: The delivery and administration of the AFC program is supported by appropriate resources.

Refer to Standard 3 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs* in addition to the indicators detailed below.

Element 3.1: The AFC program has the clinical, physical, technical, and financial resources to provide all trainees with the educational experiences needed to acquire all competencies.

*STANDARDS OF ACCREDITATION FOR AREAS OF FOCUSED COMPETENCE
PROGRAMS IN SLEEP DISORDER MEDICINE
JULY 2020*

Requirement(s)	Indicator(s)
<p>3.1.1: The patient population is adequate to ensure that trainees attain required competencies.</p>	<p>3.1.1.1 (modified): The AFC program provides access to the volume and diversity of adult and pediatric patients and sleep laboratory investigations appropriate to the AFC discipline consistently for all trainees. This includes patients with:</p> <ul style="list-style-type: none"> ○ Insomnia; ○ Sleep related breathing disorders; ○ Central disorders of hypersomnolence; ○ Circadian rhythm sleep-wake disorders; ○ Parasomnia; and ○ Sleep related movement disorders. <p>3.1.1.2: The patient population includes a sufficient number of evaluations in the sleep clinic as well as in the sleep laboratory.</p> <p>3.1.1.3 (exemplary): <i>There is a sufficient volume of inpatient consultations to provide experience in the assessment and management of patients that are acutely ill.</i></p> <p>3.1.1.4: The sleep laboratory performs at least 300 overnight polysomnograms, 100 ambulatory polysomnograms, 25 multi-sleep latency/maintenance of wakefulness tests, and 25 actigraphy tests each year.</p>
<p>3.1.2: Clinical and consultative services and facilities are effectively organized and adequate to ensure that trainees attain the required competencies.</p>	<p>3.1.2.5: The AFC program has access to ambulatory clinics providing initial assessment as well as ongoing management.</p> <p>3.1.2.6: The AFC program has access to resources to provide residents with opportunities for perioperative consultations for patients with sleep disordered breathing. This may include a peri-operative assessment clinic, sleep clinic, inpatient, and/or post-anesthesia care unit setting.</p> <p>3.1.2.7: The AFC program has access to a sleep laboratory that provides all of the following: polysomnography; multiple sleep latency tests; maintenance of wakefulness tests; actigraphy; and positive airway pressure therapy.</p> <p>3.1.2.8: The sleep laboratory is accredited by the provincial regulatory body, as applicable.</p> <p>3.1.2.9: The polysomnographic technologists in the sleep laboratory have appropriate qualifications.</p> <p>3.1.2.10: The AFC program has access to home sleep monitoring.</p> <p>3.1.2.11: The AFC program has access to consultative services in dentistry, otolaryngology-head and neck surgery, and/or oral maxillofacial surgery.</p> <p>3.1.2.12: The AFC program has access to cognitive behavioural therapy for insomnia.</p> <p>3.1.2.13 (exemplary): <i>There is access to a service in developmental pediatrics.</i></p> <p>3.1.2.14: The AFC program has access to respiratory therapists as well as companies providing home positive airway pressure (PAP) therapy.</p> <p>3.1.2.15: The AFC program has access to a pulmonary function testing laboratory, and the full spectrum of medical imaging services and diagnostic laboratory services, including drug testing and genetic testing.</p>

STANDARDS OF ACCREDITATION FOR AREAS OF FOCUSED COMPETENCE
PROGRAMS IN SLEEP DISORDER MEDICINE
JULY 2020

	3.1.2.16: The AFC program has access to echocardiography as well as electroencephalography (EEG).
3.1.4: There is appropriate liaison with other programs and teaching services to ensure that trainees experience the breadth of the discipline.	<p>3.1.4.2: The university sponsors an accredited program in at least one of the entry disciplines. The entry disciplines include Developmental Pediatrics, General Internal Medicine, Neurology (adult or pediatric), Otolaryngology-Head and Neck Surgery, Psychiatry, and Respiriology (adult or pediatric).</p> <p>3.1.4.3 (exemplary): <i>The university sponsors accredited programs in all of the entry disciplines.</i></p> <p>3.1.4.4: There is a liaison with services in adult and pediatric respirology, adult and pediatric neurology, and psychiatry.</p>

Element 3.2: The AFC program has the appropriate human resources to provide all trainees with the required educational experiences.

Requirement(s)	Indicator(s)
3.2.1: Teachers appropriately implement the curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.	<p>3.2.1.1 (modified): The number, credentials, competencies, and scope of practice of the teachers are adequate to provide the breadth and depth of the discipline, including required clinical teaching, academic teaching, appropriate research, and assessment and feedback to trainees. Teaching faculty include representation from at least two of the entry disciplines.</p> <p>3.2.1.4: The AFC director has Royal College certification, or equivalent acceptable to the Royal College, in one of the entry disciplines and at least 5 years of practice experience in sleep disorder medicine.</p> <p>3.2.1.5 (exemplary): <i>The AFC director has experience in the leadership of a sleep program and/or a sleep laboratory.</i></p>

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL

The *Learners, Teachers, and Administrative Personnel* domain includes standards focused on safety, wellness, and support for learners and teachers.

STANDARD 4: Safety and wellness are promoted throughout the learning environment.

Refer to Standard 4 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

STANDARD 5: Trainees are treated fairly throughout their progression through the AFC program.

STANDARDS OF ACCREDITATION FOR AREAS OF FOCUSED COMPETENCE
PROGRAMS IN SLEEP DISORDER MEDICINE
JULY 2020

Refer to Standard 5 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

STANDARD 6: Teachers effectively deliver and support all aspects of the AFC program.

Refer to Standard 6 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

DOMAIN: CONTINUOUS IMPROVEMENT

The *Continuous Improvement* domain includes standards focused on ensuring a systematic approach to the evaluation and improvement of the AFC program.

STANDARD 7: There is continuous improvement of the educational experiences to improve the AFC program and ensure trainees are prepared for independent practice in the discipline.

Refer to Standard 7 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

Approved – Specialty Standards Review Committee (December 2017)