



EXPECTATIONS OF PHYSICIANS INTENDING TO PRACTISE SLEEP MEDICINE CHANGING SCOPE OF PRACTICE PROCESS

BACKGROUND

The College is gradually moving toward a system of performance measurement by focusing on a physician's competence in a field of practice rather than simply relying on paper credentials (e.g., specialty certification). The Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy is based on these principles. It states that "a physician's ability to perform competently in his or her scope of practice is determined by the physician's knowledge, skills and judgment, which are developed through training and experience in that scope of practice." The Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy is available at www.cpso.on.ca under Policies.

The policy indicates a physician's scope of practice is determined by the:

- patients the physician cares for,
- procedures performed,
- treatments provided, and
- practice environment.

The Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy applies to *all* physicians (hospital and independent health facility-based) who have either changed their scope of practice to include sleep medicine since June 1, 2003, or intend to change their scope of practice to include sleep medicine in the future.¹ Physicians who were practising sleep medicine prior to the establishment of the policy are not required to report a change in scope of practice.

A Sleep Medicine Working Group, composed of various experts in sleep medicine from a variety of backgrounds, has developed a decision-making framework to assist the College in evaluating requests from physicians who are intending to practise adult and adolescent (age 13 and older) sleep medicine, both in a hospital and an independent health facilities (IHF) setting.

The Working Group's main task was to develop training standards for physicians wishing to practise sleep medicine in Ontario because there are no national standards for training or a Canadian certification process in sleep medicine. If, in the future, a national certification

¹ Physicians who changed their scope of practice to include sleep medicine during the time frame June 1, 2003 to August 31, 2008 that were affiliated with an Independent Health Facility (IHF) would have previously been reviewed and approved by the IHF Sleep Medicine Review Panel.

process in sleep medicine is developed then these standards may need to be revisited. At present, physicians practising sleep medicine are from a variety of disciplines, including respirology, psychiatry, neurology, internal medicine, otolaryngology, and family practice.

IHF RECOMMENDATIONS ON TRAINING

The IHF recommendations on training required for sleep medicine for physicians who began practice in this area after 1996 include:

→ a minimum of 12 months full-time or equivalent clinical training in the assessment, diagnosis, treatment and polysomnographic evaluation of patients with a broad range of primary and secondary sleep disorders in a recognized postgraduate training centre providing evidence of when it occurred and verification by the supervising physician;

or

→ successful completion of the certification examination of the American Board of Sleep Medicine or equivalent;

or

→ experience obtained from the assessment, diagnosis and treatment of patients with a broad range of primary and secondary sleep disorders and the interpretation of polysomnograms under the supervision of a physician in a sleep disorder facility who meets the criteria in this document. A minimum of 2,000 hours experience and training must be obtained and can occur in a time frame of between 12 and 36 months. Physicians must provide documented evidence of this training.

The minimum number of hours of experience required is based upon the amount of time that a trainee would spend in a fellowship of one year's duration.

In the United States, since 2006, certification in sleep medicine is offered through several boards of the American Board of Medical Specialties (ABMS). Prior to 2006, physicians could seek specialist certification through the American Board of Sleep Medicine, however, this organization no longer provides exams in sleep medicine. The ABMS boards that currently offer certification in sleep medicine are the:

→ American Board of Family Medicine

→ American Board of Internal Medicine

→ American Board of Pediatrics

→ American Board of Psychiatry and Neurology

→ American Board of Otolaryngology

The Working Group has relied heavily on the Accreditation Council on Graduate Medical Education (ACGME) Program Requirements for Graduate Medical Education in Sleep Medicine

document dated 2004. The Working Group drew elements from this document to determine the components of a training program in sleep medicine and is appended to assist trainees in understanding the required *content* of a training program in sleep medicine. The following recommendations represent the minimal training requirements in terms of program structure for physicians wishing to practice sleep medicine.

While the change in scope of practice process generally involves training, supervision and assessment, all of these components *may not* apply in every case; in arriving at a decision, the College will review each physician's individual circumstances.

MINIMUM TRAINING REQUIREMENTS FOR SLEEP MEDICINE

The following sets out the College's expectations of physicians who wish to practise adult and adolescent (age 13 and older) sleep medicine. Note that additional training (beyond what is outlined in this document) is required for physicians who wish to practise sleep medicine in relation to:

1. neonatal and pediatric patients, and
2. patients with complex health issues, e.g., patients with Down Syndrome, developmentally delayed adolescents, complicated respiratory failure patients who require mechanical ventilation, etc.

To be eligible to practise sleep medicine in Ontario, physicians must have adequate training and experience. One of the following pathways may be taken in order to demonstrate to the College that the physician has appropriate and adequate training and experience in sleep medicine. Note that with the exception of Pathway 1, all pathways require a degree of supervision and typically a College-directed assessment at some point following the completion of the training.

1. **PATHWAY 1 – Accredited Fellowship Pathway***
 - a. Completed an ACGME-accredited training program in sleep medicine in the United States, and successfully completed the specialty certification examination in sleep medicine administered by either the American Board of Internal Medicine, or prior to 1997 administered by the American Board of Sleep Medicine².
 - b. Completed an academic fellowship program accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) for the Area of Focused Competence in Sleep Disorder Medicine.

*Note that physicians who have successfully completed the ABMS Sleep Medicine examination through the practice-eligible route will be considered as Pathway 1 physicians.

² Physicians who have completed acceptable training in sleep medicine in the United States but are unable to access the American Boards of Medical Specialties' certification examination in sleep medicine may be considered under Pathway 2.

OR

2. **PATHWAY 2 – Academic NON-Accredited Fellowship Pathway**
 - a. Completed a training program sponsored by an accredited Canadian medical school department or division with a duration equivalent to 12 months of full-time clinical training. The program must be structured such that there is:
 - i. A designated program director;
 - ii. Standard, written training objectives;
 - iii. A formal, regular evaluation process;
 - iv. A mechanism to report the program’s assessment of the individual’s competence at the end of the program;
 - v. All mandatory components (Section A) contained within the attached document entitled “Components of Sleep Medicine Training Programs in Ontario”;
 - vi. A mechanism to document all training experiences including the number and types of all sleep studies interpreted equivalent to that which is contained in the CPSO IHF Sleep Medicine Checklist.
 - b. The program must be completed in less than 36 months.

OR

3. **PATHWAY 3 – NON-Academic, NON-Accredited Fellowship Pathway**
 - a. Completed a personalized training program in sleep medicine with a duration equivalent to 12 months of full-time training. The program must be structured such that it:
 - i. Contains all mandatory components (Section A) contained within the attached document entitled “Components of Sleep Medicine Training Programs in Ontario”;
 - ii. Has a minimum of two supervisors, acceptable to the College, who agree to report on the content of the training no less than quarterly. The supervisors agree to be the most responsible physician (MRP) for all patient assessments for the duration of the training program;
 - iii. A formal, regular evaluation process;
 - iv. Written objectives of training;
 - v. A mechanism to report the supervisors’ assessment of the individual’s competence at the end of the program;
 - vi. A mechanism to document all training experiences including the number and types of all sleep studies interpreted equivalent to that which is contained in the CPSO IHF Sleep Medicine Checklist.
 - b. The program must be completed in less than 36 months.
 - c. The proposed program, including supervisors, must be evaluated by the College to ensure that they are acceptable before the physician embarks on the training.

OR

4. **PATHWAY 4 – Significant Practice Experience in Sleep Medicine**³

- a. The physician must have clinical practice experience in a jurisdiction in North America in sleep medicine for the immediate past five years, in which at least 50% of their clinical time has been spent assessing patients, interpreting sleep studies and managing patients with sleep disorders.
- b. The physician must provide evidence of the amount and quality of their sleep medicine practice through the provision of a letter of support from the director of every sleep lab in which they worked during that five-year period. The letters of support should attest to the physician’s competency in the components contained within the attached document entitled “Mandatory Components of Sleep Medicine Training Programs in Ontario”.
- c. The College will evaluate the evidence for its acceptability.

SUPERVISION AND ASSESSMENT REQUIREMENTS FOLLOWING THE COMPLETION OF TRAINING

Once training in any of the above pathways is complete, the physician may be required to undergo a period of supervised practice, followed by a College-directed assessment prior to being approved for the change in scope of practice. These requirements are outlined in the table below.

PATHWAY	IS SUPERVISION REQUIRED AFTER TRAINING IS COMPLETED? (training outlined in the pathways)	LEVEL OF SUPERVISION	DURATION OF SUPERVISION	ASSESSMENT REQUIRED?
Pathway 1: Accredited Fellowship Pathway	NO ⁴	N/A	N/A	NO

³This category applies to physicians with significant experience from other jurisdictions and to physicians who have some training in sleep medicine, but not enough to satisfy the other pathways.

⁴ Physicians who have completed a US fellowship program in sleep medicine are expected to have successfully completed the certification exam in sleep medicine administered by either the American Board of Internal Medicine, or prior to 1997 the American Board of Sleep Medicine; otherwise, they will be considered a Pathway 2 candidate.

PATHWAY	IS SUPERVISION REQUIRED AFTER TRAINING IS COMPLETED? (training outlined in the pathways)	LEVEL OF SUPERVISION	DURATION OF SUPERVISION	ASSESSMENT REQUIRED?
Pathway 2: NON-Accredited Academic Pathway	YES ⁵	LOW	6 MONTHS	DISCRETIONARY
Pathway 3: NON-Academic, NON-Accredited Pathway	YES	MODERATE then DISCRETIONARY (after assessment)	3 MONTHS DISCRETIONARY	YES – The College-directed assessment to take place after three months of moderate supervision; re-assessment could be directed if there is a period of additional supervision.
Pathway 4: Physicians with significant practice experience	YES	MODERATE then DISCRETIONARY (after assessment)	3 MONTHS DISCRETIONARY	YES – The College-directed assessment to take place after three months of moderate supervision; re-assessment could be directed if there is a period of additional supervision.

⁵ Physicians who have completed a Canadian fellowship program that is not accredited by the RCPSC are required to undergo a six-month period of supervision; this six-month period of low-level supervision serves as a proxy for the ABSM examination when a RCPSC accredited fellowship program has not been completed. Some Canadian fellowship programs are accredited by the American Academy of Sleep Medicine. In these cases, physicians are encouraged to submit evidence of this accreditation and if they wish, should contact the ABMS to clarify their eligibility to take the ABMS sub-specialty exam in Sleep Medicine – last offering is 2011.

COMPONENTS OF SLEEP MEDICINE TRAINING PROGRAMS IN ONTARIO⁶

(Based on ACGME Program Requirements for Graduate Medical Education in Sleep Medicine)

A. MANDATORY COMPONENTS OF TRAINING PROGRAMS

The following components must be included in all physicians' training programs in sleep medicine.

1. Technical and Other Skills

Trainees must have formal instruction, clinical experience, and demonstrated competence at the completion of education in the following:

- A) the indications for and potential pitfalls and limitations of diagnostic tests and the interpretation of the results in the context of the clinical situation. These diagnostic tests must include the following:
 - a. polysomnography, scoring and interpretation of polysomnograms and recognition of artifacts, including:
 - i) performance and interpretation of CPAP titrations,
 - (ii) performance and interpretation of bilevel titrations,
 - (iii) performance and interpretation of adaptive servoventilation studies.
 - b. multiple sleep latency testing;
 - c. maintenance of wakefulness testing;
 - d. evaluation of polysomnograms that involve treatment, including dental devices, positive airway pressure therapy, etc.;
 - e. compliance reports for use of positive airway pressure therapy or other devices.
- B) skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency and maintenance of wakefulness tests.
- C) scoring and interpretation of polysomnograms and recognition of artifacts.
- D) consultative skills in sleep medicine in a variety of medical, surgical, and psychiatric settings.

⁶ 'Components of Sleep Medicine Training in Ontario' is based on the ACGME Program Requirements for Graduate Medical Education in Sleep Medicine, however, the ACGME program requirements were modified by CPSO Sleep Medicine Working Group on Change in Scope of Practice: October 14, 2010 to suit the needs of this document.

2. Foundational Knowledge of Sleep

Trainees must have formal instruction in, and demonstrate comprehensive knowledge of:

- A) fundamental mechanisms of sleep, major theories in sleep medicine, and the generally accepted facts of basic sleep mechanisms:
 - a. Basic neurological sleep mechanisms;
 - b. Chronobiological mechanisms;
 - c. Respiratory physiology during sleep and pathophysiology;
 - d. Cardiovascular physiology during sleep and pathophysiology;
 - e. Sleep across the life span.
- B) airway anatomy.
- C) nosology for sleep disorders: The International Classification of Sleep Disorders.
- D) etiopathogenic characterization of sleep disorders.
- E) pharmacology of sleep (i.e., medication effects on sleep).

3. Clinical Assessment Skills

Trainees must have sufficient clinical experience as outlined in the Checklist of Clinical Sleep Training Experience that is attached (Appendix 1). Trainees must have formal instruction in, and demonstrate comprehensive knowledge of clinical manifestations of the following aspects of sleep disorders:

- A) evaluation of patients presenting with excessive sleepiness.
- B) evaluation of patients presenting with difficulty initiating or maintaining sleep.
- C) evaluation of patients presenting with parasomnias.
- D) biological rhythm disorders.
- E) medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g., the relationship between hypertension and snoring).
- F) biological, psychological, social, economic, ethnic, and familial factors which significantly influence the evaluation and treatment of sleep disorders.
- G) the nature of the interactions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment.

4. Diagnostic Skills

Trainees must have formal instruction in, and demonstrate comprehensive knowledge of, diagnostic strategies in sleep disorders.

- A) etiologies, prevalence, diagnosis, and treatment of all sleep disorders in the current nosology of sleep medicine.
- B) the use, reliability, and validity of the generally accepted techniques for diagnostic assessment.

5. Treatment of Sleep Disorders

Trainees must have formal instruction in, and demonstrate comprehensive knowledge in, the treatment of sleep disorders.

- A) treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, and position education.
- B) treatment of Central Sleep Apnea.
- C) treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy.
- D) treatment approaches for narcolepsy and idiopathic CNS hypersomnolence.
- E) treatment approaches for parasomnias.
- F) treatment of circadian rhythm disorders.
- G) treatment of obesity hypoventilation syndrome.

6. Other Aspects of Sleep Medicine

Trainees must have formal instruction in, and demonstrate comprehensive knowledge in, the following other aspects of sleep medicine.

- A) legal aspects of sleep medicine.
- B) critically appraising the professional and scientific literature and applying new contributions to management and care of patients.

B. COMPONENTS OF PROGRAMS THAT ARE DESIRABLE BUT NOT MANDATORY

The following components of training programs in sleep medicine are desirable but not mandatory for consideration of the training program. These components are important aspects of sleep medicine but are areas in which the absence of formal training will not affect the trainee's ability to practice in a safe manner. Many of these components of practice will be learned as the trainee transitions to independent practice.

1. Technical and Other Skills

Trainees should have formal instruction, clinical experience, and demonstrated competence at the completion of education in the following:

- A) certification in cardiopulmonary resuscitation.
- B) Actigraphy.
- C) imaging studies, magnetic resonance imaging.
- D) relating to patients and their families, as well as other members of the health care team, with compassion, respect, and professional integrity.
- E) scoring and interpretation of full montages with additional EEG leads for seizure detection.

2. Foundational Knowledge of Sleep

Trainees should have formal instruction in, and demonstrate comprehensive knowledge of:

- A) Endocrine physiology during sleep and pathophysiology.
- B) Gastrointestinal physiology during sleep and pathophysiology.

3. Clinical Assessment Skills

Trainees should have formal instruction in, and demonstrate comprehensive knowledge of clinical manifestations of the following aspects of sleep disorders:

- A) pediatric and neonatal sleep medicine.
- B) SIDs.
- C) related respiratory distress.

4. Diagnostic Skills

Trainees should have formal instruction in, and demonstrate comprehensive knowledge of, diagnostic strategies in sleep disorders.

- A) administration and interpretation of psychological tests.

5. Other Aspects of Sleep Medicine

Trainees should have formal instruction in, and demonstrate comprehensive knowledge in, the following other aspects of sleep medicine.

- A) ambulatory monitoring methodology.
- B) financing and regulation of sleep medicine.
- C) medical ethics and its application in sleep medicine.
- D) research methods in the clinical and basic sciences related to sleep medicine.
- E) administrative and management skills of facilities in which sleep studies are performed.

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