



**The Royal Australasian College of Physicians  
Specialty Training Committee in Respiratory and Sleep Medicine**

**Criteria for Accreditation of Advanced Training Sites in Paediatric 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) The site should be able to provide the trainee with breadth of clinical experience necessary to fulfil the objectives of the advanced training curriculum in paediatric sleep medicine. Where a single site is unable to meet standards then a group of sites may form a network to enable standards of training to be met. 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 seven 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/site must be affiliated with a university hospital (regularly teaches medical students).
- (iv) A network/site must be able to provide a total of at least 12 months of core training in order to be considered suitable for accreditation. The network/site must be able to provide this core training to individuals 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) 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. An annual proforma will be sent to the network director which asks for a report concerning any deficiencies or changes in circumstances. 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).
- (vii) These standards shall apply for the accreditation of sleep medicine networks for the 1-2 years of core sleep medicine training.

### **2.2 Standards**

#### **Standard 1**

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

## Criteria:

- a) A full-time paediatric sleep medicine physician (or equivalent in fractional or visiting sleep medicine paediatricians). The primary supervisor of the trainee should have at least a 50% time commitment to the practice of sleep medicine, and 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 paediatrician shall be available on site to supervise sleep study reporting. All final reports shall be checked by a sleep medicine specialist.
- c) The sleep medicine paediatrician(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) will meet regularly with the trainee to provide formative assessment. 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 the broad range of paediatric sleep disorders, including respiratory and non-respiratory disorders.

## Criteria:

- a) As a general guide to satisfy the STC requirements, the direct case load requirements per advanced trainee per year should be a total of 400 patients for the network 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 non-respiratory 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 such as insomnia, nocturnal epilepsy, circadian rhythm disturbance, behavioural sleep disorder, disorders of hypersomnolence or parasomnias. 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:
  - Sleep Medicine Inpatients: 50 cases (including inpatient consultations)
  - Sleep Medicine Outpatient Consultations: 350 cases, of which 150 cases should be new referrals. At least 50 cases should involve CPAP/ NIV therapy. At least 50 of the new referrals should be for non-respiratory sleep disorders.

The inpatient load will vary by site and the above numbers are a guide only and meant to deal particularly with training in NIV implementation and difficult 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 CPAP/NIV therapy in a minimum of 20 patients over the course training and have direct responsibility for these cases in an ongoing way.
- c) Services providing core training in Sleep Medicine to Advanced Trainees of paediatric subspecialties other than Respiratory Medicine (eg Neurology) must provide adequate exposure to Respiratory Medicine. Trainees need exposure to common respiratory disorders including cystic fibrosis, restrictive lung diseases and respiratory manifestations of neuromuscular disease. This should include:
  - (i) Involvement in outpatient Respiratory Clinics.
  - (ii) Trainees should be directly involved in management of inpatients under supervision by a Respiratory Paediatrician, including the management of acute respiratory failure and neonatal cases of sleep-disordered breathing.
  - (iii) Supervised reporting of respiratory physiology tests. Trainees should report a minimum of 100 Respiratory Function Tests during the period of core Sleep 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 paediatric respiratory medicine, neurology, neonatology, psychology, psychiatry, developmental paediatrics and cardiology within the network centres. The trainee should have the opportunity to participate in multidisciplinary clinics and/or meetings. This will provide the trainee with the opportunity to develop skills in relevant aspects of these specialties through interactions relating to patient care. Where possible, the network should provide access to clinical expertise in obesity and pharmacology.
- b) The training network shall have access to ear, nose and throat surgery, orthopaedic surgery and craniofacial surgery (where available) within the network centres and trainees should 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 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, neurophysiology EEG and EMG testing and radiology services including upper airway CT scanning.
- e) It is desirable that appropriate multidisciplinary clinics 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 shall be at least 400 studies per year (or equivalent to a 2-bed laboratory working at or near capacity), encompassing an extensive range of testing procedures, which should include full diagnostic polysomnography, MSLT, MWT, continuous transcutaneous CO<sub>2</sub> measurement, CPAP and nasal ventilation PSG studies and may extend to oesophageal pressure measurement and overnight oesophageal pH. Exposure to ambulatory sleep studies is ideal, including overnight oximetry, actigraphy and limited channel studies.
- b) As a general guide to satisfy the STC's requirements, the following is considered the minimum workload of the laboratory for the network to be eligible for accreditation:
  - PSG: 400 studies/annum
  - CPAP titrations: 50 studies/annum
  - NIV: 15 studies/annum
  - MSLT and/or MWT: 12 studies/annum
- c) The network/site 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 50 studies during training, under direct supervision.
- d) The network/site 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 paediatrician.
- e) As a general guide to satisfy the STC's requirements, the trainee shall report studies under supervision on a minimum of 200 patients during training. 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, MSLT and MWT. Trainees should review studies with reference to raw data on an epoch by epoch basis. Trainees shall be experienced in reporting all the above tests by the end of their training.

- f) The sleep laboratory shall be accredited by the ASA/ NATA laboratory accreditation process (only provisional site accreditation will be granted to sites that have made application for laboratory accreditation).

### **Standard 5**

The Sleep Medicine network shall provide a suitable infrastructure, and access to appropriate educational opportunities for advanced training.

#### **Criteria:**

- a) The network/site 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.
- b) The network/site shall facilitate the involvement of the advanced trainee in undergraduate and post-graduate teaching where possible. The network will facilitate the participation of the trainee in educational programmes integral to the advanced training curriculum.
- c) The network/site 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 eg 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 the quality assurance activities of the service and the trainee should conduct 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. Methods of Assessment**

#### **Survey**

- (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/site 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, or 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 (as approved by the Board of the Australasian Sleep Association), 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).
  - 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 SAC 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 may be undertaken at the time of the site visit, but they will not comprise part of the formal accreditation report.

## **4. Assessment Process**

### **4.1 Mechanisms For Arranging Site Visits And Reports**

- (i) The STC Accreditation Survey will be forwarded to sites prior to the end of the calendar year, for completion and return to the STC.
- (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, with a final report and decision 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. Each accreditation team will comprise two members, one of whom must be a member of the STC and approved by the Board of the Australasian Sleep Association. 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. 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 reimbursements 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 a paediatric 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 (though 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, 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 one year of any core 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.