

## JANUARY 2018

EDITORIAL REVISION – NOVEMBER 2019

VERSION 1.2

### DEFINITION

Sleep Disorder Medicine is that area of enhanced competence within medicine concerned with the study, investigation, diagnosis, and management of sleep disorders.

### GOALS

Upon completion of training, a diplomate is expected to function as a competent specialist in Sleep Disorder Medicine, capable of an enhanced practice in this area of focused competence (AFC), within the scope of Developmental Pediatrics, General Internal Medicine, Neurology (adult or pediatric), Otolaryngology-Head and Neck Surgery, Psychiatry, or Respiriology (adult or pediatric).

The AFC trainee must acquire a working knowledge of the theoretical basis of the discipline, including its foundations in science and research, as it applies to practice.

The discipline of Sleep Disorder Medicine includes responsibility for:

- Assessment of patients with sleep-wake complaints;
- Management of patients with sleep disorders;
- Management of patients with sleep-related breathing disorder in the peri-operative period;
- Interpretation of sleep investigations;
- Management of the sleep laboratory; and
- Advancement of the discipline of Sleep Disorder Medicine.

**Note: All submitted cases or clinical material must be de-identified to preserve patient privacy. This requires the removal of key identifiers, including but not limited to name, birth date, date of consultation, and location (e.g., hospital/clinic, city). In some cases, even without these identifiers, a patient could be identified by other information included in the case or clinical material (e.g., if the patient has a very rare condition, or lives in a remote area with a limited population size). In these instances de-identification may not be sufficient to ensure patient privacy. In such exceptional cases it would be advisable to obtain patient consent for the submission.**

COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)

**Note: For all candidates, the cases included may be across the full range of age.**

**Note: All reports submitted in the portfolio must include an attestation from the reporting physician that the report was not altered from the AFC trainee's interpretation.**

**Note: Teaching file studies refer to cases for which the candidate has reviewed the sleep study data for an investigation done at some time in the past, and has provided an interpretation for review with a supervisor, in a simulation of the interpretation and review of a case that is managed in real time. This may include cases identified through chart review as well as those generated by a supervisor or program.**

Sleep Disorder Medicine diplomates must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, the diplomate must be able to address ethical issues and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity in a professional manner.

At the completion of training, the AFC trainee must demonstrate evidence of acquisition of the competencies listed on the following pages.

This portfolio pertains to an applicant with entry certification/attestation in (check one):

**Adult**

**Pediatric**

In the view of the AFC Program Committee, this candidate has acquired the competencies of the diploma program as prescribed in the *Competency Portfolio* and is competent to practice as a diplomate.  **YES**  **NO**

**COMMENTS**

COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)

<b>1. Assessment of patients with sleep-wake complaints</b>		
<b>Milestones</b>	<b>Standards of Assessment</b>	<b>Documents to be Submitted</b>
<p>1.1. Perform a comprehensive initial consultation for patients with a sleep-wake complaint</p>	<p>The documents must include a history of the complaint, sleep history and collateral history, medication history, summary of other medical issues, a relevant physical exam, relevant investigations, and plan for further investigation and/or management.</p> <p>The submission must demonstrate an appropriate differential diagnosis, judicious selection of additional investigations, an appropriate appreciation of educational issues and/or vocational/occupational safety issues, and appropriate timing of further testing and follow-up.</p> <p>The case mix must include at least one each of the following:</p> <ul style="list-style-type: none"> <li>• sleep-related breathing disorder (SBD)</li> <li>• insomnia</li> <li>• circadian rhythm sleep-wake disorders</li> <li>• central disorders of hypersomnolence</li> <li>• sleep-related movement disorders</li> <li>• parasomnias</li> <li>• sleep disorder related to a medical comorbidity</li> <li>• sleep disorder related to a psychiatric comorbidity</li> </ul> <p>In addition the case mix must include:</p> <ul style="list-style-type: none"> <li>• At least one SBD case other than obstructive sleep apnea (OSA)</li> </ul>	<p>Ten consultation letters</p>

*COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)*

	<ul style="list-style-type: none"> <li>• At least one case that addressed an occupational/vocational/educational safety issue (e.g., driving)</li> <li>• At least one case with an appropriate decision to use level 3 home sleep testing</li> </ul>	
1.2. Identify patients who are performing critical safety activities (e.g., driving) and respond appropriately	<p>The observation must document the ability to deliver information that is sensitive to the potential emotional distress, understandable, and encourages discussion and clarification of concerns.</p> <p>The observation must also include completion of relevant reporting of the issue as per provincial, federal, or territorial regulations.</p>	Attestation of supervisor of direct observation of communication and reporting to appropriate authority

<b>2. Management of patients with sleep disorders</b>		
<b>Milestones</b>	<b>Standards of Assessment</b>	<b>Documents to be Submitted</b>
2.1. Develop and implement management plans for patients with sleep-related breathing disorder	<p>The documents must include a brief summary of the case, a report of the sleep investigations, and synthesis of all investigations. There must be a discussion of treatment options, as well as the financial acceptability and patient acceptance of the options. If positive airway pressure (PAP) therapy is prescribed, the document must include the prescription, including the type and initial setting for PAP. The plan for patient follow-up and monitoring must be included.</p> <p>The submissions must demonstrate consideration of the breadth of treatment options, disclosure of the options, appropriate selection of initial therapy, and an appropriate plan for follow-up and monitoring.</p>	Five case summaries

*COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)*

	<p>The case mix must include:</p> <ul style="list-style-type: none"> <li>• At least one patient with obstructive sleep apnea</li> <li>• At least one patient with another type of sleep-related breathing disorder (SBD)</li> <li>• At least one patient that was prescribed PAP</li> <li>• At least one patient that is treated with another modality</li> <li>• At least one patient with a neuromuscular disorder</li> </ul>	
<p>2.2 Develop and implement management plans for patients with insomnia</p>	<p>The documents must include a brief summary of the case, including assessment of any co-morbid conditions, a report of the sleep investigations, and synthesis of all investigations. There must be a discussion of treatment options, as well as the financial acceptability and patient acceptance of the options. A plan for follow-up and monitoring must be included.</p> <p>The submissions must demonstrate consideration of the breadth of treatment options, disclosure of the options and appropriate referral for management of co-morbid disease and/or plan for treatment, follow-up and monitoring.</p> <p>The case mix must include different etiologies of insomnia and patients of different ages. At least one of the patients must have been managed with behavioural therapy.</p>	<p>Three case summaries</p>
<p>2.3 Develop and implement management plans for patients with circadian rhythm sleep-wake disorders</p>	<p>The documents must include a brief summary of the case, a report of the sleep investigations if applicable, synthesis of all investigations, discussion of treatment options and patient acceptance of the options, and the plan for follow-up and monitoring.</p>	<p>Two case summaries</p>

*COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)*

	<p>The submissions must demonstrate consideration of the breadth of treatment options, appropriate selection of initial therapy, and an appropriate plan for follow-up and monitoring.</p> <p>The submission must include at least one patient considered for treatment with phototherapy.</p>	
	<p>The document must include the specific recommendations for accommodation.</p> <p>The submission must demonstrate appropriate protection of the patient’s privacy and confidentiality, an understanding of the workplace/school scheduling and limitations, and clarity of the recommended accommodations for a non-medical audience.</p>	<p>One letter or report to an employer/school requesting accommodation for a patient with disordered chronobiology</p>
<p>2.4 Develop and implement management plans for patients with central disorders of hypersomnolence</p>	<p>The documents must include a brief summary of the case, a report of the sleep investigations if applicable, synthesis of all investigations, discussion of treatment options, and a plan for follow-up and monitoring.</p> <p>The submissions must demonstrate consideration of the breadth of treatment options, appropriate selection of initial therapy, and an appropriate plan for follow-up and monitoring.</p> <p>The case mix must include:</p> <ul style="list-style-type: none"> <li>• At least one patient with narcolepsy with cataplexy</li> <li>• At least one patient with another cause of central disorders of hypersomnolence</li> </ul>	<p>Two case summaries</p>
<p>2.5 Develop and implement management plans for patients with sleep-related movement</p>	<p>The documents must include a brief summary of the case, a report of the sleep investigations if applicable, synthesis of the investigations, discussion of treatment options, and a plan for follow-up and monitoring.</p>	<p>Two case summaries</p>

*COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)*

<p>disorders</p>	<p>The submissions must demonstrate consideration of co-morbidities, exacerbating factors and the breadth of treatment options, appropriate selection of initial therapy, and the plan for follow-up and monitoring.</p> <p>The case mix must include:</p> <ul style="list-style-type: none"> <li>• One patient with restless leg syndrome that is refractory to first line therapy</li> <li>• One patient with another cause of sleep-related movement disorder</li> </ul>	
<p>2.6 Develop and implement management plans for patients with parasomnias</p>	<p>The documents must include a brief summary of the case, a report of the sleep investigations if applicable, synthesis of the investigations, discussion of treatment options, and a plan for follow-up and monitoring. Guidance provided to the primary care physician regarding prescribing of psychotropic medications must be included, as relevant.</p> <p>The submissions must demonstrate discussion of safety issues, consideration of secondary causes and the breadth of treatment options, appropriate selection of initial therapy, and an appropriate plan for follow-up and monitoring.</p> <p>The case mix must include:</p> <ul style="list-style-type: none"> <li>• one patient with rapid eye movement (REM) parasomnia</li> <li>• one patient with non-REM parasomnia</li> </ul>	<p>Two case summaries</p>
<p>2.7 Develop and implement management plans for patients with two or more coexisting sleep disorders</p>	<p>The document must include a brief summary of the case, a report of the sleep investigations if applicable, synthesis of the investigations, discussion of treatment options, and a plan for follow-up and monitoring.</p> <p>The submission must demonstrate consideration of the competing approaches to treatment and</p>	<p>One case summary</p>

*COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)*

		<p>treatment priorities, and a clear rationale for the chosen treatment plan.</p> <p>The submitted case may be for any combination of sleep disorders (e.g., sleep apnea and insomnia).</p>	
2.8	<p>Develop and implement treatment plans for patients with sleep disorders and coexisting medical and/or psychiatric illness</p>	<p>The document must include a brief summary of the case and the relevant co-morbidities, a report of the sleep investigations if applicable, and the plan to manage the coexisting conditions.</p> <p>The submission must demonstrate consideration of the bidirectional relationship between sleep disorders and other medical and/or psychiatric conditions. It must demonstrate an appropriate plan to manage that interaction which may include direct treatment of both conditions, appropriate referral to another physician, and/or appropriate communication with other treating physicians.</p> <p>The case may be any combination of conditions for which there is an interaction on adherence or response to therapy, or an impact of the sleep disorder on the underlying condition (e.g., sleep apnea and seizures, insomnia and addiction).</p>	<p>One case summary</p>
2.9	<p>Assess response to therapy and modify treatment</p>	<p>The documents must include a reassessment of the patient's symptoms, adherence and response to therapy, adverse or side effects, as well as an assessment for other emerging sleep disorders and a plan for ongoing management.</p> <p>The submissions must demonstrate an integration of the patient's symptoms with the evaluation of treatment efficacy, and appropriate modification of treatment to optimize outcomes.</p> <p>The case mix must include one patient that requires referral to</p>	<p>Three follow-up notes</p>



*COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)*

	another health professional, and one patient for whom there is a switch to another form of treatment.	
2.10 Monitor and adjust the treatment of patients on PAP therapy	<p>The documents must include a summary of the case and the patient's response to treatment, as well as any side effects. The adherence and efficacy records must be included. There must be a plan for reassessment if necessary.</p> <p>The submissions must demonstrate an integration of the patient's symptoms with the adherence records, an evaluation of treatment efficacy, and modification of the prescription to optimize therapy and/or change to other treatment.</p> <p>The case mix must include:</p> <ul style="list-style-type: none"> <li>• One patient in which the initial treatment was adjusted</li> <li>• One patient in which there was a change to another treatment</li> </ul>	Three follow-up letters and accompanying adherence records
2.11 Work effectively with the inter-professional team	<p>The collated results must include contributions from at least four respondents. Respondents may include other physicians, respiratory therapists, polysomnography technologists, psychologists, nurse educators, and other health professionals.</p> <p>The collated feedback must demonstrate the applicant's satisfactory ability to communicate, collaborate, and interact professionally with other team members.</p>	Collated results of multisource feedback

COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)

<b>3. Management of patients with sleep-related breathing disorder in the peri-operative period</b>		
<b>Milestones</b>	<b>Standards of Assessment</b>	<b>Documents to be Submitted</b>
3.1. Assess and treat patients with sleep related breathing disorder who are undergoing surgical procedures	<p>The document must include a case summary, a description of the upcoming surgery, and recommendations for treatment.</p> <p>The submission demonstrates an understanding of the effects of peri-operative care and the peri-operative period on sleep-related breathing disorder and appropriate recommendations for treatment and ongoing monitoring.</p>	One case summary

<b>4. Interpretation of sleep investigations</b>		
<b>Milestones</b>	<b>Standards of Assessment</b>	<b>Documents to be Submitted</b>
4.1. Assess the quality of the preliminary polysomnogram (PSG) scoring provided by the PSG technologist	<p>Satisfactory completion of American Academy of Sleep Medicine (AASM) inter-scorer reliability module <a href="http://www.aasmnet.org/isr">www.aasmnet.org/isr</a></p> <p>Module completion must have been recent – at least within the previous three years as documented on the certificate.</p>	Certificate of completion of the AASM inter-scorer reliability module
4.2. Provide clinical interpretation of diagnostic and treatment polysomnograms	<p>The reports must include an assessment of the quality and validity of the study, an evaluation of sleep architecture, breathing and movement, and provide a final clinical impression.</p> <p>The submissions must demonstrate an understanding of the limits of the quality of the test on the diagnostic interpretation, and provide clear, concise, and accurate information on the results of the study.</p>	Five reports

*COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)*

	<p>The case mix must include:</p> <ul style="list-style-type: none"> <li>• Two diagnostic reports of SBD</li> <li>• Two treatment reports of SBD</li> <li>• One other diagnosis</li> </ul>	
	<p>The logbook must document at least 200 studies.</p> <p>The case mix must include the full range of indications for testing and diagnoses, including diagnostic, split night, and titration.</p>	<p>A Royal College Sleep Disorder Medicine logbook of polysomnogram interpretations, with attestation from program director</p>
<p>4.3. Multiple sleep latency/ maintenance of wakefulness tests (MSLT/MWT)</p>	<p>The reports must include an assessment of the quality and validity of the study, evaluate sleep architecture and provide a final clinical impression. The preceding PSG must be submitted along with the report.</p> <p>The submissions must demonstrate an understanding of the limits of the quality of the test on the diagnostic interpretation, and provide clear, concise and accurate information on the results of the study.</p> <p>The case mix must include at least one patient with narcolepsy.</p>	<p>Two reports with preceding PSG</p>
	<p>The logbook must document at least 25 studies. For applicants from a pediatric entry discipline, the logbook may include studies from a teaching file.</p> <p>The case mix must include the full range of indications for testing and diagnoses.</p>	<p>A Royal College Sleep Disorder Medicine logbook of MSLT/MWT interpretations, with attestation from program director</p>
<p>4.4. Actigraphy</p>	<p>The reports must include an assessment of the quality and validity of the study, comment on the results, and provide a final clinical impression.</p> <p>The submissions must demonstrate an understanding of the limits of the quality of the test on the diagnostic interpretation, and provide clear,</p>	<p>Two reports, consult letters, or progress notes that include a summary of the data</p>

*COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)*

	<p>concise, and accurate information on the results of the study.</p> <p>The case mix must include one case of insomnia and one case with a disorder of chronobiology.</p>	
4.5 Home oximetry	<p>The submissions must include the clinical information provided with the request for the test.</p> <p>The reports must include an assessment of the quality and validity of the study, and provide a final clinical impression.</p> <p>The submissions must demonstrate an understanding of the limits of the quality of the test on the diagnostic interpretation, and provide clear, concise and accurate information on the results of the study.</p>	Two reports
4.6 Home sleep monitoring	<p>The submissions must include the clinical information provided with the request for the test.</p> <p>The reports must include an assessment of the quality and validity of the study, and provide a final clinical impression.</p> <p>The submissions must demonstrate an understanding of the limits of the quality of the test on the diagnostic interpretation, and provide clear, concise, and accurate information on the results of the study.</p>	Two reports
	<p>The logbook must document at least 25 home sleep tests. For applicants from a pediatric entry discipline, the logbook may include studies from a teaching file.</p> <p>The case mix must include the full range of indications for testing and diagnoses.</p>	A Royal College Sleep Disorder Medicine logbook of home sleep monitoring interpretations, with attestation from the program director

*COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)*

<b>5. Management of a sleep laboratory</b>		
<b>Milestones</b>	<b>Standards of Assessment</b>	<b>Documents to be Submitted</b>
5.1. Triage requests for sleep studies	<p>The documents must include the request and the assignment of urgency (e.g., based on patient safety, critical occupations, and co-morbidities).</p> <p>The documents must demonstrate appropriate designation of timing for testing (based on perceived acuity).</p> <p>The case mix must include:</p> <ul style="list-style-type: none"> <li>• Three requests designated as urgent</li> <li>• Three requests designated as elective</li> <li>• One request for a test that was designated as not indicated /inappropriate request</li> </ul>	Seven triaged requests
5.2. Participate in the regulatory and quality assurance activities of the sleep laboratory	<p>The critique may be focused on a review of a standard operating procedure (SOP) or regulation at the AFC trainee's centre related to technologist supervision/practice.</p> <p>The submission must demonstrate knowledge of current standards and must include appropriate references.</p>	Critique of a standard operating procedure or regulation, no more than one page
	<p>The submission must describe and critique an existing, or design a new, peer review process in the sleep laboratory.</p> <p>The submission must document key elements and opportunities for risk mitigation and/or treatment optimization.</p>	Description and critique of an existing peer review process in the sleep laboratory, or design of a new process, no more than one page

COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)

6. Advancement of the discipline of Sleep Disorder Medicine		
Milestones	Standards of Assessment	Documents to be Submitted
6.1. Educating others about Sleep Disorder Medicine	<p>The submissions must demonstrate a thorough understanding of the topic and the ability to explain SDM topics to non-experts.</p> <p>The submissions must identify the target audience.</p> <p>One of the submissions must be an instructional session for technologists regarding PAP titration.</p> <p>One for another audience.</p>	<p>Two educational activities</p> <p>Acceptable formats include:</p> <ul style="list-style-type: none"> <li>• Electronic or online material</li> <li>• Presentation slides or notes</li> <li>• Newsletter or bulletins</li> </ul>
	<p>The teaching summary must demonstrate evidence of teaching on topics related to SDM, formal or informal, with documentation of satisfactory teaching evaluations.</p> <p>The audience may include students, residents, physicians, technologists, other health care professionals, or the general public.</p>	<p>Teaching summary over the past year</p> <p><b>AND</b></p> <p>Collated participant evaluations or supervisor evaluation of at least two teaching activities</p>
6.2. Complete a scholarly project in Sleep Disorder Medicine	<p>The submissions must demonstrate completion of a scholarly project relevant to SDM. This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• a completed manuscript suitable for submission to a peer reviewed journal</li> <li>• a published abstract</li> <li>• a research proposal (including submission for ethics approval)</li> <li>• a learning module or curriculum or other educational innovation</li> </ul>	One completed scholarly project

COMPETENCY PORTFOLIO FOR THE DIPLOMA IN  
SLEEP DISORDER MEDICINE (JANUARY 2018)

	<ul style="list-style-type: none"><li>• a summary of the literature on a topic suitable for publication or as background to a research proposal or policy document</li></ul>	
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*This document is to be reviewed by the AFC Committee in Sleep Disorder Medicine by December 2021.*

**APPROVED** – Specialty Standards Review Committee – December 2017

**EDITORIAL REVISION** – Office of Specialty Education – October 2018

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