

Milestone Achieved: The Specialty of Sleep Medicine

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In the first issue of the JCSM we acknowledged our past -- the article by Shepard et al¹ described the history and evolution of Sleep Medicine. In this issue we mark the achievement of another milestone in the development of this field and look to the future. On June 30, 2005, the Accreditation Council for Graduate Medical Education (ACGME) began accepting applications for fellowship training programs in Sleep Medicine. In addition, the American Board of Medical Specialties (ABMS) has approved the creation of a Board certification examination in Sleep Medicine, to be offered conjointly by the American Board of Internal Medicine, American Board of Psychiatry and Neurology and the American Board of Pediatrics. The American Board of Otolaryngology is in the process of becoming a co-sponsor as well. The first examination will likely be offered in 2007. Together, the establishment of ACGME accredited fellowship programs and an ABMS Board in Sleep Medicine constitute formal recognition of Sleep Medicine as an independent subspecialty.

These accomplishments are the result of more than a decade of effort. It would be impossible to acknowledge all of the people who have been instrumental in making this happen. It has taken vision, dedication and a concerted effort on the part of scientists, academicians, clinicians and sleep organizations to reach this goal. Together, and in a short period of time, the sleep community has shed light on a previously little understood aspect of the human experience, identified clinical problems in that system and created a body of knowledge, clinical skill set and treatment options that require specialized training to master. All of us should take a moment to appreciate what we have accomplished, pat each other on the back and celebrate this achievement. But then it is time to look to the future. The question that faces us now is, "Where do we go from here?"

To further the maturation of the field we need to develop in several areas.

- We need to increase the number of qualified clinicians and researchers working in the field of sleep medicine.
- We need to develop the academic framework that will foster advances in research to better understand the function and process of sleep and develop new methods of treating sleep disorders.
- We need to increase public awareness of the importance of sleep, the health impact of sleep disorders and the availability of effective treatments.
- It is essential to ensure the availability of well trained and competent technologists.
- We need to make sure that our representative organizations continue to meet the needs of their members.

There are concrete steps we can take to achieve these goals.

Despite the rapid growth in the number of Board-certified sleep specialists (Figure 1), there is still a shortage of clinicians trained in sleep medicine. The creation of ACGME Sleep Medicine fellowships establishes a mainstream medical pathway to certification. A key feature is the maintenance of the multi-disciplinary nature of the field, shown by the ability to enter the fellowship from a variety of primary specialties. A significant change will be the ability to enter a Sleep Medicine fellowship directly after completing an Internal Medicine residency. There are currently 45 Sleep Medicine fellowship programs accredited by the American Academy of Sleep Medicine (AASM). An important first step in increasing the number of sleep medicine practitioners is for all current AASM fellowship programs to apply for ACGME fellowships. A second step is to promote development of new fellowship programs. Any current program directors or institutions interested in developing a new ACGME accredited sleep fellowship program should contact the AASM or the Fellowship Training Committee for assistance in the application process. The next step is the recruitment of fellows for these programs. This requires the active encouragement and mentoring of new trainees. I encourage all current sleep specialists to identify promising and interested candidates.

The final step in the development of qualified specialists is board certification. The American Board of Sleep Medicine (ABSM) will continue to support the current board certification, however no further testing will likely occur after 2006. There will be a five year window during which all current physician Diplomates of the ABSM as well as any physician with certification from one of the sponsoring boards and at least one year of experience practicing Sleep Medicine can take the ABMS board. After that time the only pathway to take the ABMS exam will

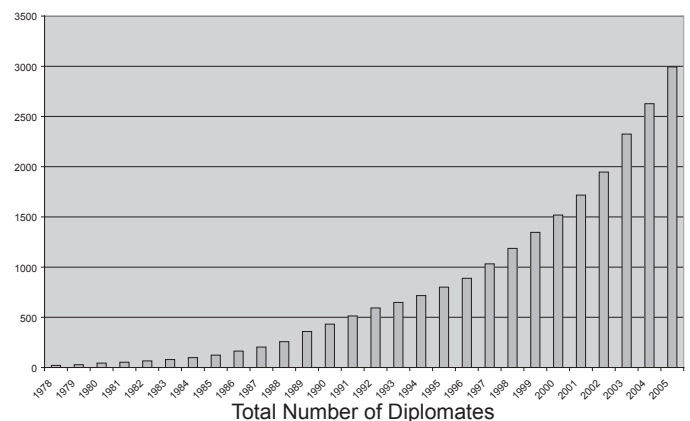


Figure 1—ABSM Diplomates 1978-2005

be to successfully complete an ACGME-accredited sleep medicine fellowship program. The new examination is a major step in the recognition of our field as one with an independent body of knowledge and unique skill set requiring specialized training. Although I know that no one, myself included, is eager to take another board examination, I encourage all current physician Diplomates of the ABSM and all qualified practitioners who consider themselves sleep specialists to take the new examination. To be taken seriously as an independent field there must be enough certified practitioners to justify that designation. It is anticipated that, as with other fields, board certification will be important for hospital privileges and reimbursement issues at some point in the future. How our old board will fit into those matters is not clear. To assist in this transition the AASM will develop board review programs and materials to aid sleep specialists in preparation for the ABMS examination.

As with sleep clinicians, there is a critical shortage of basic and clinical researchers working specifically in the area of sleep. The Research Task Force of the Sleep Disorders Research Advisory Board² has identified this shortage of dedicated researchers as one of the major roadblocks to the development of the field. This Task Force also identified the critical areas requiring investigation, providing a roadmap for new investigators looking for exciting and needed areas of study. The AASM has developed a mentoring program to connect new investigators with established sleep researchers who are willing to provide some guidance. Information on this program, developed by the AASM Research Committee with assistance from the Sleep Research Society (SRS), can be found at www.aasmnet.org. Another key step is having an academic environment that supports and develops new investigators. A few academic sleep centers exist but there are not enough to adequately fuel the field. More often sleep researchers reside in departments or divisions that may not promote the independent study of sleep. What are the impediments to establishing academic units in sleep medicine and how can they be overcome? The AASM, SRS, the National Sleep Foundation and the NIH National Center for Sleep Disorders Research are co-sponsoring an Institute of Medicine investigation into this area and the results of this study should be available in 2006. Hopefully this will provide institutions with guidance on both the importance of academic sleep units as well as methods of achieving them.

The more we learn about sleep the more we recognize the great impact sleep deprivation and sleep disorders have on the health and well being of the general population. We have also seen an explosion of interest in sleep by the general public and popular media. Despite this, investigators still find high rates of undiagnosed sleep disorders and our society continues to engage in work and recreation schedules that promote sleep deprivation (about 15% of the American workforce is engaged in shift work).³ More and more public policy debates will hinge on sleep-related issues (i.e., drowsy driving regulations and healthcare personnel work hour limitations). Improving the sleep education of the general public will be vital to ensuring appropriate reasoned debate. The AASM continues to make public education one of its strategic goals. The AASM produces sleep education brochures for the public and encourages its members to be available to educate the public through its speakers list. In March of this year the AASM launched a public education website, www.sleepeducation.com, to provide the general public with information on sleep disorders, availability of treatments and the location of qualified sleep spe-

cialists. And starting this summer the AASM will launch a public education campaign using print, radio and television public service announcements.

Another critical area for development is ensuring that, in addition to an adequate number of clinicians and researchers, there are adequate numbers of well trained technologists capable of performing the tests required for diagnosis and treatment of patients with sleep disorders. The shortage of qualified technologists is one of the limiting factors to expansion of the field. The development of the field of polysomnographic technology has lagged behind that of Sleep Medicine. Technologists have come from a variety of fields, including electroneurodiagnostics, respiratory therapy and cardiopulmonary technology. However, there is now a unique body of knowledge required to be a sleep technologist and knowledge of the parent fields is not sufficient, without additional training, to be a sleep technologist. The training of technologists, to date, has been primarily on-the-job training (OJT), without standardization or requirements for credentialing. There are both discouraging and encouraging developments in this area. Of concern have been efforts by respiratory therapists to legislatively limit the ability of polysomnographic (PSG) technologists to work within their scope of practice. The AASM has been actively working to oppose these efforts and has had success in states such as New Jersey and Illinois in obtaining needed protection for PSG technologists. Most encouraging are efforts to promote standardized training and credentialing for PSG technologists. The AASM, Association of Polysomnographic Technologists (APT) and the Board of Registered Polysomnographic Technologists (BRPT) have sponsored a Committee on Accreditation of Education for Polysomnographic Technologists (CoA PSG) that began accrediting college-track programs in PSG technology this summer. Until these programs can provide sufficient numbers of technologists, OJT will still be required. The AASM, with the endorsement of the APT and BRPT, is developing a standardized OJT program for technologists that will include accredited didactic training, ongoing programmed training modules and competency testing. Progression and certification of technologists will be required. This two-track approach, development of college based PSG technology programs and standardized OJT, should ensure well trained and competent technologists to match the demands of the field.

The last area to explore is whether or not our organization is structured and functioning in a way that promotes and supports our new recognition as an independent field. Throughout this article I have described programs the AASM has initiated to meet the perceived needs of the field. We continue to be dependent on the numerous volunteers, generous with their time and expertise, and dedicated staff who make these programs possible. The AASM Board of Directors recently completed a new three year strategic plan and has recommitted the organization to being the leader in setting standards and promoting excellence in Sleep Medicine health care, education and research. I think the initiatives I have outlined demonstrate this commitment. But the organization also needs to promote the idea of an independent subspecialty and mirror that idea in its internal structure. One of Sleep Medicine's strengths has always been its multi-disciplinary nature and we need to continue to foster that. However, now that we are an independent field we need to promote sleep medicine as our primary identification. And our organization should reflect that. Along these lines we are exploring the reorganization

of our Sections to reflect disease-oriented rather than specialty-oriented interests. These interest areas would be drawn from the classification scheme of the ICSD-2, which was published this summer. This structure would bring our organization more in line with other specialty organizations and promote our identification as an independent subspecialty. We are also seeking to improve communication between the Sections and the leadership and to give the Sections greater responsibilities and influence. We hope to complete this reorganization by the next APSS meeting.

The formal recognition of Sleep Medicine is a great milestone and we should all celebrate this achievement. We have come far and done it quickly and responsibly. Now our job is to develop, expand and advance the field. This is an exciting challenge and one we are positioned to accept.

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