DRAFT - Technician and Medical Practitioner Competency Tables - Final Draft (2020-06-24)

Physician Training/Competency level(s) for referral, interpretation, and follow-up of Level 1 and Level 3 sleep studies.

Level 1 – Polysomnography – Physician Competency

Core Duty	Details	Qualification Required	Reference
Referral	Directly for a Level 1 Sleep Study	Sleep Medicine Specialist or other Physician, at the discretion of the Medical Director at each Level 1 facility.	SMAC
Referral	Directly to a Sleep Specialist	Specialist, General Practitioner and Nurse Practitioner.	SMAC
Interpretation	- Identifying and addressing study outcomes.	Current: - Recognition from the American Board of Sleep Medicine. - Designation from the American Academy of Sleep Medicine. - Recognition from the Royal College of Physicians and Surgeons (RCPS) of Canada in Sleep Disorder Medicine. Transition to RCPS Qualification (Recommended 5-year timeframe): Current Recognized Sleep Specialists: May be eligible to apply for RCPS designation through Practice Eligibility. Practice eligibility is awarded at the discretion of the RCPS and is based on Practitioner submission detailing education/experience. New Sleep Specialists: Require RCPS Fellowship Training in Sleep Medicine to become a recognized Sleep Specialist.	ABSM AASM RCPS SMAC
Follow-Up (unequivo test result	cal diagnosis/treatment is within the	Referring Practitioner.	SMAC
Follow-Up (equivoca test result	-Test outcome is unclear/equivocal and/or treatment is beyond the scope of the Referring	Sleep Medicine Specialist and/or Referring Practitioner.	SMAC

Level 3 – Home Sleep Apnea Study – Physician Competency

Core Duty	Details	Qualification Required	Reference
Referral	Directly to a level 3 facility.	Specialist, General Practitioner and Nurse Practitioner.	SMAC
Interpretation	- Identifying and addressing study outcomes.	THIS COMPETENCY ASPECT BEING DETERMINED BY THE COLLLEGE OF PHYSICIANS AND SURGEONS OF B.C.'S DIAGNOSTIC ACCREDITATION PROGRAM AS PART OF ITS DEVELOPMEN OF LEVEL III TESTING STANDARDS	
> Follow-Up	 Test outcome is clear/unequivocal, and diagnosis is within the scope/understanding of the Referring Practitioner. Sleep report sent to Referring Practitioner for follow-up care. 	Referring Practitioner (can be Nurse Practitioner)	SMAC
➤ Follow-Up	-Test outcome is unclear/equivocal and/or treatment is beyond the scope of the Referring Practitioner, then patient must be referred to a Specialist or direct to a Level 1 Sleep Study (if link is established) - Sleep report sent to Level 1 facility/sleep specialist for further testing/consultation	Must be a Sleep Medicine Specialist or appropriately qualified Referring Practitioner.	SMAC

Technician Training/Competency level(s) for instructing, facilitating, and scoring Level 1 and Level 3 sleep studies.

Level 1 – Polysomnography – Technician Competency

Core Duty	Details	Qualification Required	Reference
Facilitation	- Patient hookup.	RPSGT - Yes	BRPT
	- Equipment monitoring.	CPSGT – Yes, under the supervision of an RPSGT	SMAC
	- Lab safety	RT - No	
Scoring	- Recording multiple physiologic signals (EEG, EMG, EOG, ECG) and -	RPSGT – Yes	BRPT
	Respiratory Signals.	CPSGT – Yes, under the supervision of an RPSGT	SMAC
	- Generating a sleep study report.	RT - No	

Level 3 – Home Sleep Apnea Study – Technician Competency

Core Duty	Details	Qualification Required	Reference
Instruction	- Dispensing of equipment.	RPSGT - Yes	BRPT
	- Patient instruction.	CPSGT – Yes	NCFRT
		RT – Yes	BCSRT
		Generalist Staff – Yes, at the discretion and under the	CTS
		supervision of Medical Director.	SMAC
Scoring	- Identifying and addressing study outcomes.	RPSGT – Yes	CTS
	- Generating a sleep study report.	CPSGT – Yes, under the supervision of an RPSGT	BRPT
		RT – Yes, with additional sleep training (i.e PSGT or	NCFRT
		Sleep Disorders Specialty – SDS)	BCSRT
			SMAC
			NBRC
			AASM

Reference Organizations:

American Academy of Sleep Medicine (AASM): A leading voice in the sleep field, the AASM sets standards and promotes excellence in sleep medicine health care, education, and research. The AASM has a combined membership of 10,000 accredited member sleep centers and individual members, including physicians, scientists, and other health care professionals.

American Board of Sleep Medicine (ABSM): An independent, non-profit, self-designated board whose certificates are recognized throughout the world as a credential signifying a high level of competence for sleep medicine physicians.

Board of Registered Polysomnographic Technologists (BRPT): An independent, non-profit certification board that cultivates the highest professional and ethical standards for sleep health professionals by providing the leading internationally recognized credential in sleep technology – the Registered Polysomnographic Technologist (RPSGT) credential.

British Columbia Society of Respiratory Therapists (BCSRT): The purposes of the society are to: promote and advance the interests of respiratory therapists in British Columbia; to represent the respiratory therapists and profession in British Columbia to the public, governments, news media, educational institutions, other health care professions and the health care industry. The society released a position statement paper on the abilities of an RRT within the sleep medicine service-delivery environment.

Canadian Society of Respiratory Therapists (CSRT): The national professional association for Respiratory Therapists for provinces that have not established a regulatory authority (i.e. British Columbia). They award the RRT Credential, maintain a national standard of practice and represent the profession on medical, government, education and advisory bodies.

Canadian Thoracic Society (CTS): Is an association that promotes lung health by enhancing the ability of healthcare professionals through leadership, collaboration, research, learning and advocacy, and providing best respiratory practices in Canada.

National Board for Respiratory Care (NBRC): An American-based credentialing body for Respiratory Care. They currently offer seven different credentials for Respiratory Care, including the Sleep Disorders Specialist (SDS).

National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB): The Alliance membership consists of organizations who have been given the legislative authority by provinces or territories for regulating the practice of respiratory therapy in that jurisdiction, and the Canadian Society of Respiratory Therapists (CSRT) representing the unregulated provinces. There are currently eight regulatory bodies for respiratory therapy in Canada: the College and Association of Respiratory Therapists of Alberta(CARTA), the College of Respiratory Therapists of Ontario (CRTO), the Manitoba Association of Registered Respiratory Therapists (MARRT), the Nova Scotia College of Respiratory Therapists (NSCRT), the New Brunswick Association of Respiratory Therapists (NBART), the Newfoundland and Labrador College of Respiratory Therapists (NLCRT), the Saskatchewan College of Respiratory Therapists (SCRT) and l'Ordre professionnel des inhalothérapeutes du Québec (OPIQ).

The CSRT has a credentialing process that is available as the entry to practice standard in non-regulated jurisdictions.

National Competency Framework for the profession of Respiratory Therapy (NCFRT): A practical tool for use by educators and accreditation bodies for the design and maintenance of educational programs. It is used by regulators and examiners to build entry to practice assessment tools and continuing quality assurance programs. Of note, this framework is used by the NARTRB to accredit the RT program at Thompson Rivers University.

Royal College of Physicians and Surgeons (RCPS): The Canadian organization which sets the standards for speciality medical education. They have developed competency training requirements for area focused competence in sleep disorder medicine.

Sleep Medicine Advisory Committee (SMAC): An advisory body to the Ministry of Health's Surgical and Diagnostic Branch as they undertake a detailed review of the service delivery environment for the provision of Sleep Medicine services in B.C.