I.B.1.c)	specify the duration and content of the educational experience; and, (Detail)

I.B.1.d)	state the policies and procedures that will govern fellow education during the assignment. (Detail)

I.B.2.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS). (Core)

II. **Program Personnel and Resources**

II.A. **Program Director**

II.A.1.	There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. (Core)

II.A.1.a)	The program director must submit this change to the ACGME via the ADS. (Core)

II.A.2.	Qualifications of the program director must include:

II.A.2.a)	requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee; (Core)

II.A.2.a).(1)	The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. (Detail)

II.A.2.a).(2)	The program director must have at least three years of participation as an active faculty member in an ACGME-accredited education program. (Detail)

II.A.2.b)	current certification in the subspecialty by the American Board of Family Medicine, Internal Medicine, Neurology, Otolaryngology, Pediatrics, or Psychiatry, or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)

II.A.2.c)	current medical licensure and appropriate medical staff appointment. (Core)

II.A.3.	The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas. (Core)

The program director must:

II.A.3.a)	prepare and submit all information required and requested by the ACGME; (Core)
II.A.3.b)	be familiar with and oversee compliance with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures; (Detail)
II.A.3.c)	obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the ACGME, including: (Core)
II.A.3.c).(1)	all applications for ACGME accreditation of new programs; (Detail)
II.A.3.c).(2)	changes in fellow complement; (Detail)
II.A.3.c).(3)	major changes in program structure or length of training; (Detail)
II.A.3.c).(4)	progress reports requested by the Review Committee; (Detail)
II.A.3.c).(5)	requests for increases or any change to fellow duty hours; (Detail)
II.A.3.c).(6)	voluntary withdrawals of ACGME-accredited programs; (Detail)
II.A.3.c).(7)	requests for appeal of an adverse action; and, (Detail)
II.A.3.c).(8)	appeal presentations to a Board of Appeal or the ACGME. (Detail)
II.A.3.d)	obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses: (Detail)
II.A.3.d).(1)	program citations; and/or, (Detail)
II.A.3.d).(2)	request for changes in the program that would have significant impact, including financial, on the program or institution. (Detail)
II.A.3.e)	ensure that fellows' service responsibilities are limited to patients for whom the teaching service has diagnostic and therapeutic responsibility; (Core)
II.A.3.f)	dedicate an average of 20 hours per week of his or her professional effort to the fellowship, with sufficient time for administration of the program; (Detail)

II.A.3.g)	have a reporting relationship with the program director of the sponsoring core residency program to ensure compliance with the ACGME's accreditation standards; (Core)
II.A.3.h)	be available at the primary clinical site; and, (Detail)
II.A.3.i)	participate in academic societies and educational programs designed to enhance his or her educational and administrative skills. (Detail)

II.B.   Faculty

II.B.1.   **There must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows.** (Core)

II.B.2.   **The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in the education of fellows.** (Core)

II.B.3.   **The physician faculty must have current certification in the subspecialty by the American Board of Family Medicine, Internal Medicine, Neurology, Otolaryngology, Pediatrics, or Psychiatry, or possess qualifications judged acceptable to the Review Committee.** (Core)

II.B.4.   **The physician faculty must possess current medical licensure and appropriate medical staff appointment.** (Core)

II.B.5.   **The physician faculty must meet professional standards of ethical behavior.** (Core)

II.B.6.   **The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.** (Core)

II.B.6.a)	The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)
II.B.6.b)	Some members of the faculty must also demonstrate scholarship by one or more of the following: (Detail)
II.B.6.b).(1)	peer-reviewed funding; (Detail)
II.B.6.b).(2)	publication of original research, case reports, or review articles in peer-reviewed journals or chapters in textbooks; (Detail)
II.B.6.b).(3)	publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, (Detail)

Frequently Asked Questions: Sleep Medicine
Review Committee for Internal Medicine, Neurology, Pediatrics, or Psychiatry
ACGME

Question	Answer
Sponsoring Institution	
Is the sponsoring institution for a sleep medicine fellowship required to have residencies in family medicine, internal medicine, neurology, pediatrics, and psychiatry. *[Program Requirement: I.A.1]*	No. Although a sponsoring institution is not required to have key faculty members and residencies in each of these disciplines, the program must demonstrate that fellows are able to acquire the experience and knowledge from each of these disciplines as they relate to the practice of sleep medicine. The Review Committee will closely examine whether fellows receive adequate education in all of the aforementioned disciplines.
Can more than one sleep medicine program, even if from a different sponsoring institution, utilize the same facilities for program education? *[Program Requirement I.A.2]*	With the exception of pediatric facilities (i.e., sleep laboratory, clinic, or hospital), facilities used by one sleep medicine program cannot be used as an essential component of another sleep medicine program. The Review Committee believes that sharing of facilities will lead to dilution of the clinical experience by the host program. In the case of pediatric facilities, the Committee recognizes that there may be a shortage of pediatric resources in certain geographical areas. Therefore, more than one sleep medicine program can utilize the same pediatric facility provided the pediatric facility can demonstrate that there is a sufficient volume of patients and/or polysomnograms to support the number of fellows utilizing the facility, and that there are adequate numbers of supervising faculty members. Documentation of patient and/or laboratory volume, as well as the number of fellows and faculty members using the facility, must be supplied with submission of the application.
Program Personnel and Resources	
Are the program director and key clinical faculty members of a sleep medicine fellowship required to hold current Board certification by a member board of the American Board of Medical Specialties (ABMS)? *[Program Requirements: II.A.2.b) and*	Yes. The Review Committee requires that the program director and key clinical faculty members be certified in sleep medicine. Only certification in sleep medicine by a member board of the ABMS will be acceptable. For all ACGME-accredited internal medicine sponsored programs, at least one key clinical faculty member must be certified in internal medicine or one of its subspecialties by the American Board of Internal Medicine.

Question	Answer
II.B.9.a).(2)]	
Is a sleep medicine fellowship required to have faculty members from family medicine, internal medicine, neurology, otolaryngology, pediatrics, psychiatry, and pulmonology? *[Program Requirement II.B.7]*	Programs are advised to use the ACGME's Accreditation Data System (ADS) to document the presence of appropriate faculty members and consultative expertise in family medicine, internal medicine, pulmonology, psychiatry, pediatrics, neurology, and otolaryngology, particularly expertise in the specialty as it relates to sleep medicine.
Must the sleep laboratory used by the program be accredited by the American Academy of Sleep Medicine? *[Program Requirement II.D.2.e)]*	Yes. Sleep centers at the primary clinical site must be accredited by the American Academy of Sleep Medicine. The Review Committee does not recognize any alternative accreditation. Programs will be asked to supply a copy of their accreditation certificate with their application.
What is the minimum volume of clinical encounters expected for each fellow? *[Program Requirements: II.D.5.a)-c)]*	Based on a review of clinical volumes in current training programs, and on recommendations of the Sleep Medicine Advisory Committee, the Review Committee has determined that a program should have the following minimum clinical activity per year for each fellow: • Total patient encounters 580 • New adult patients 100 • Follow-up adult patients 150 • New pediatric patients 40 • Follow-up pediatric patients 40 • Inpatient consultations 10
Educational Program	
Can rotations or experiences outside of the program count towards the 11-month inpatient and outpatient clinical experience required? *[Program Requirement: IV.A.3.a)]*	No. Credit for sleep experience during pulmonary disease and critical care medicine or other education cannot be given for the 11-months of clinical experience required in a sleep medicine fellowship.
How does the Review Committee expect programs to fulfill the requirement for clinical experience in evaluation and follow-	The Review Committee expects fellows to have experience with clinical conditions encountered in inpatients that relate to sleep, sleep disorders, or sleep medicine. The minimum number of required consultations during a one-year fellowship should be at

Question	Answer
up of hospitalized sleep disorder patients? *[Program Requirement: IV.A.3.c)]*	least 10 per fellow. However, programs are *not* expected to perform polysomnography for inpatients.
Must continuity clinics be held weekly? *[Program Requirement: IV.A.3.e).(1).(a)]*	No. The Review Committee expects that fellows have the opportunity to follow patients for an extended period of time. While a weekly half-day clinic at the same location for 12 months is preferable, the following formats are acceptable: • two six-month continuous blocks, each representing a different educational experience or at a different location; or, • two clinics, each representing a different educational experience or at a different location, occurring on alternate weeks for 12 months. Switching continuity clinics more frequently than every six months is not permitted.
What is the maximum amount of time during the fellowship that can be devoted to research? *[Program Requirement: IV.B]*	The Review Committee expects that no more than 25 percent of a program's curriculum be devoted to non-clinical activities (including research), and that each fellowship provide clinical and didactic experiences for the fellows to acquire expertise as a specialist in sleep medicine. Although a research experience is not required of all fellows, programs may include research in the fellowship.

APPENDIX I

Review Committee for Internal Medicine Calculation of Minimum Key Clinical Faculty (KCF) and KCF Scholarship Participation/Productivity				
Sleep Medicine				
Minimum 2 KCF or 1:2 faculty-fellow ratio for programs with 5 or more fellows				
Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority of Minimum KCF (50%)	PARTICIPATION KCF with at Least 1 Pub Past 3 Years [259]	PRODUCTIVITY Pubs All KCF Past 3 Years (1/yr x 3 yrs) [259]
5	3	2	2	6
6	3	2	2	6
7	4	2	2	6
8	4	2	2	6
9	5	3	3	9
10	5	3	3	9
11	6	3	3	9
12	6	3	3	9
13	7	4	4	12
14	7	4	4	12
15	8	4	4	12
16	8	4	4	12

- Publication = research publication, review article, or editorial in a peer-review journal (PRJ), funded peer-review grant, or book chapter
- As of September 2007, scholarly case reports acceptable if indexed in Pub Med, and copy submitted with PIF
- Peer-review publication = indexed in Pub Med (or Medline); if not in Pub Med, program director must supply evidence of peer review
- In press or accepted for publication counts; submitted or in preparation does not count
- Abstract, illustration, letter to the editor, presentation, or publication in non-PRJ does not count
- Peer-reviewed funding (NIH, NCI, or other government-funded or national-foundation funded) counts
- Industry, pharmaceutical, or other non-peer-review grant does not count
  - Exception: pharmaceutical studies in which the KCF is the overall PI (lead investigator) for all sites will be accepted as counting as one product of scholarship
- 1 paper = 1 paper; do not count multi-author papers more than once
- Count the last three calendar years prior to PIF submission; if site visit is in September 2008, count publications from 2005, 2006, and 2007 as well as 2008
- Contribute to participation: only American Board of Internal Medicine (ABIM)-certified KCF
- Contribute to productivity:
  - certified KCF
  - additional sub-specialty KCF (above minimum required, certified or non-certified)
  - non-physician faculty members and faculty members in other specialties IF:
    - contribute to fellow education
    - devote at least 10 hours/week to the program