


**ATS  
FELLOWS  
CORNER**


## HOW NEW ACGME RULES AFFECT PULMONARY FELLOWS & THE FUTURE OF SLEEP MEDICINE

In the past, all pulmonary and critical care fellows had to do to become board-eligible in sleep medicine was to commit some extra study time to the subject. This is no longer the case, as the Accreditation Council for Graduate Medical Education (ACGME) now oversees the certification of sleep medicine fellowship programs, as well as the training that sleep fellows must undergo to sit for board exams, as mandated by the American Board of Internal Medicine (ABIM). Below, ATS members weigh in on what this means for physicians who are new to the fields of pulmonary, critical care and sleep medicine—and how a mandated formal training program in sleep medicine has changed their options.

**Q: When and why did the ACGME take ownership of certifying sleep programs? How were these programs certified in the past?**

**A:** Previously, sleep medicine fellowship training programs were accredited by the American Academy of Sleep Medicine and the board certification exam was administered by the American Board of Sleep Medicine (ABSM), which was not officially recognized as an accrediting body by the American Board of Medical Specialties (ABMS). Many sleep professionals thought that autonomy was vital to further advances in the field, and applied to the ABMS—which oversees all board certification organizations—to have the discipline officially recognized as an independent specialty, rather than as an add-on or an after-thought during another fellowship program.

After much discussion, the ABMS recognized sleep as a specialty area and the ABIM agreed to serve as the home board for the multi-disciplinary sleep medicine specialty exam starting in 2005 and the first sleep medicine board certification examination was administered in 2007. Today, there are 71 accredited training programs in the U.S.

“To be eligible to sit for boards in official ABMS-recognized subspecialties, fellows are generally required to train for an additional year to prepare for the certification exam they wish to take,” said former ATS President David H. Ingbar, MD, who directs the Pulmonary, Allergy and Critical Care Division at the University of Minnesota. “Efforts to shorten the sleep training time for pulmonary fellows—based on the overlap of material knowledge and experience—were not successful in reducing the 12-month dedicated training requirement imposed by the ABIM.”

**Q: Other than autonomy, were there other reasons that sleep specialists pushed for ABMS recognition?**

**A:** Yes—unfortunately, some pulmonary/critical care and neurology programs were using the revenue generated by sleep medicine to “subsidize the remainder of the division’s activities using sleep as a ‘cash cow,’ rather than a primary scientific focus,” said Atul Malhotra, MD, who directs the Sleep Disorders Research Program at Brigham and Women’s Hospital.

A number of organizations—including the American Board of Family Medicine, the American Board of Pediatrics, the American Board of Psychiatry and Neurology and the American Board of Otolaryngology—lobbied for the American Board of Medical Specialties to recognize sleep medicine as an independent specialty and establish the new sleep medicine board certification exam, which is administered by the ABIM to candidates from all boards.

**Q: Prior to the new ACGME rules, how were sleep programs different from the traditional pulmonary and critical care fellowships? How did pulmonary and critical care fellows go about getting involved in sleep, without committing a lot of extra time?**

**A:** Prior to the current system, accreditation of sleep programs was done by the American Academy of Sleep Medicine, rather than ACGME, and the American Board of Sleep Medicine (ABSM) had multiple pathways through which individuals could become eligible to sit for its sleep board exam—based in varying degrees on training and experience. Under this “rogue board” system, pulmonary fellows were able to document that their three-year fellowship included significant sleep experience and training. Usually, with some additional time in practice, they were allowed to sit for the ABSM exam.

“Pulmonary and critical care fellows would commonly ‘double-dip,’ using research or clinical time in sleep medicine to qualify for both the American Board of Medical Specialties training exams in pulmonary/critical care and ABSM exam in sleep medicine,” explained Dr. Malhotra, who also serves as associate professor of medicine at Harvard Medical School. “The result was highly variable training in sleep medicine.”

However, the old system did allow for simultaneous research and clinical training in sleep, which did have some advantages, added David P. White, MD, chief medical officer at Philips Respironics and clinical professor of sleep medicine at Harvard Medical School.

**Q: In light of the new rules, how much experience will I be able to get in sleep medicine without doing a formal fellowship?**

**A:** This varies considerably from program to program. “Some programs allow fellows to use elective time to supplement their sleep training,” said Dr. Ingbar. “Since the ABIM pulmonary board exam includes a significant fraction of sleep medicine questions—five to ten percent—it is generally expected that pulmonary trainees will receive some formal training and experience in sleep medicine, especially for sleep-related breathing disorders.”

There are no limits on the amount of sleep training that is allowed during a pulmonary and critical care fellowship, as long as the various rotations are all completed. That said, none of the sleep training done during an American Board of Medical Specialties (ABMS) pulmonary/critical care fellowship counts toward being eligible to sit for the ABMS sleep medicine exam.

“ACGME fellowships in pulmonary/critical care and sleep medicine are generally independent, although some provisions are present to combine them on an individual basis,” said Dr. Malhotra, who chairs the ATS Assembly on Sleep and Respiratory Neurobiology. “However, attempts to combine them in a four-year program would generally occur at the expense of research training. The field of sleep medicine currently has a major shortage of young investigators, which makes the loss of research training highly problematic.”

That being said, the quantity of sleep training in current pulmonary/critical care fellowships is highly variable, with little to no sleep training in many programs, noted Dr. White.

**Q: Have these requirements increased or decreased the number of trainees who are doing a sleep fellowship, as well as one in pulmonary and critical care?**

**A:** Unfortunately, few pulmonary-focused trainees are applying for academic sleep medicine fellowships because, based on the new requirements, doing so would mean doing a seventh, eighth or even ninth year of postgraduate training, depending on the length of your residency and fellowship.

“Due to the nature of training in other disciplines, physicians who specialize in internal medicine, neurology or pediatrics could apply for sleep training during their fourth or fifth year of training,” said Dr. Malhotra. “Thus, many of the top sleep programs are not currently receiving strong applications from individuals who trained in pulmonary/critical care medicine. Trainees who want to go into clinical practice within one year of their residency can apply for a sleep medicine fellowship with no research requirements or aspirations. But only rare physicians are willing to undergo further clinical and research sleep fellowship training, having graduated from medical school seven years earlier.”

That’s why individual program directors are reporting that physicians who finished training in general internal medicine, family medicine, neurology and pediatrics now make up the majority of the applicant pools for sleep medicine fellowship training programs, added Ulysses J. Magalang, MD, professor of internal medicine and director of the Sleep Disorders Program at The Ohio State University.

**Q: What does the future hold?**

**A:** What will happen over time is not yet clear. With the initiation of a new ABIM-sponsored sleep medicine board and a window of time for individuals to “grandfather” in to sitting for the exam, there has been a large number of physicians (both trainees and those in practice) sitting for the examination. “Looking forward, however, one might expect that the requirements of an extra year of training will

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## APPLY FOR THE PULMONARY HYPERTENSION ASSOCIATION PROOF OF CONCEPT RESEARCH GRANTS



**Submission Deadline**  
**MARCH 15, 2011 at 9 a.m. Eastern Time**  
 (2 grants available)

The Pulmonary Hypertension Association (PHA) is supporting this program through funding from Pfizer, Inc. PHA has contracted with the ATS for administrative services for this program.

The grant's target audience is investigators who are interested in pulmonary hypertension research.

The program will support new research projects that are in the early exploratory and developmental stages and have the potential to lead to advances in the scientific understanding of PH. Proposed projects should result in preliminary data that will enable the investigator to apply for support for a larger, hypotheses-driven research project.

Applicants may request up to \$25,000 in direct costs for one year to be used for salaries and/or supplies to conduct this research. Additionally, the grant will cover 10 percent of indirect (facilities and administrative) costs. Investigators based in the U.S. and abroad are encouraged to apply.

For more information, visit the ATS Web site at <http://thoracic.org/research/pha-proof-of-concept-research-grants/index.php>. To apply, visit [proposalCENTRAL](https://proposalcentral.altum.com) at <https://proposalcentral.altum.com>.

For more information on PHA research programs, visit the PHA Web site at [www.phassociation.org/medicalprofessionals/research](http://www.phassociation.org/medicalprofessionals/research). ■

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significantly decrease the number of pulmonary/critical care trainees seeking certification in sleep medicine," said Dr. Ingbar.

Some physicians are also lobbying for the creation of either a three-year pulmonary/sleep fellowship or a four-year pulmonary/critical care/sleep fellowship. "The problem with the existing regulations is that the 12 months of dedicated training in sleep has to be distinct from other fellowship training and is not allowed to be 'intermingled,' which makes it even more odious for folks specializing in pulmonary/critical care," he continued.

There may be other changes on the horizon, as sleep medicine training programs do not currently participate in the National Resident Matching Program, which means the timing of the application process and interviews can be highly variable, added Dr. Magalang. "There is a movement among sleep program directors to participate in the match," he said.

#### Q. Where can I get more information?

A. The ABIM and ABMS have formal criteria regarding the existing sleep fellowship rules. Program directors from various sleep medicine fellowship programs can also provide more detailed information. "The leadership of the ATS Assembly on Sleep and Respiratory Neurobiology is very concerned about these issues and would be happy to engage in a dialogue regarding potential solutions," said Dr. Malhotra.

In anticipation of these changes to the certification process, the ATS produced a statement on curriculum and competency assessment tools for sleep disorders in pulmonary fellowship training programs in 2005, which is another good resource. To read this document in full, please visit [www.thoracic.org/statements/resources/respiratory-disease-adults/curriculum0805.pdf](http://www.thoracic.org/statements/resources/respiratory-disease-adults/curriculum0805.pdf). ■

## CONFERENCES, COURSES & MEETINGS

Activities sponsored or endorsed by the ATS and its chapters are listed in **bold**.

DATE & PLACE	TITLE	CONTACT
December 5 to 8 Dubai, United Arab Emirates	"International Scientific Conference," sponsored by the World Allergy Organization	<a href="http://www.worldallergy.org">www.worldallergy.org</a>
December 6 to 18 Bangkok, Thailand	"Human Resources Development and Management," sponsored by the International Union Against Tuberculosis and Lung Disease	<a href="mailto:imdp@theunion.org">imdp@theunion.org</a> <a href="http://www.union-imdp.org">www.union-imdp.org</a>
December 10 to 11 Pittsburgh, Pennsylvania	"Pittsburgh International Lung Conference: Understanding the Interface Between Asthma, Host Defense and Mucosal Immunity"	<a href="http://www.pittsburghlungconference.com">www.pittsburghlungconference.com</a>
December 11 to 15 Philadelphia, Pennsylvania	"50 <sup>th</sup> Anniversary American Society for Cell Biology Annual Meeting"	<a href="http://www.ascb.org/meetings">www.ascb.org/meetings</a>
December 15 to 17 Durham, United Kingdom	"Cross-Themed Meeting," sponsored by the Physiological Society	<a href="mailto:sbarnsley@physoc.org">sbarnsley@physoc.org</a> <a href="http://www.physoc.org/ct2010">www.physoc.org/ct2010</a>
January 14 to 16, 2011 San Antonio, Texas	"Venovenous ECMO for Adult Respiratory Failure," sponsored by the Extracorporeal Life Support Organization	<a href="http://www.else.med.umich.edu/Meetings.html">www.else.med.umich.edu/Meetings.html</a>
January 19 to 21, 2011 Paris, France	"39 <sup>th</sup> International Congress of Intensive Care Medicine," sponsored by the Société de Réanimation de Langue Française	<a href="http://www.srlf.org">www.srlf.org</a>
January 15 to 19, 2011 San Diego, California	"Critical Care Congress," sponsored by the Society of Critical Care Medicine	<a href="http://www.sccm.org/ANNUAL_CONGRESS/Pages/default.aspx">www.sccm.org/ANNUAL_CONGRESS/Pages/default.aspx</a>
January 20 to 23, 2011 Leavenworth, Washington	"21 <sup>st</sup> Annual Washington Thoracic Chest Conference & Winter Lung Day," sponsored by the Washington Thoracic Society	<a href="mailto:chapters@thoracic.org">chapters@thoracic.org</a>
January 28 to 29, 2011 Pearl River, New York	"New York State Thoracic Society Annual Scientific Assembly"	<a href="mailto:chapters@thoracic.org">chapters@thoracic.org</a>
January 29, 2011 Carmel, California	"9 <sup>th</sup> Annual Conference of the California Thoracic Society: The Diagnosis and Management of Pulmonary Hypertension; The Diagnosis and Management of Cystic Fibrosis and Non-CF Bronchiectasis in the 21 <sup>st</sup> Century"	<a href="mailto:sjamieson@calthoracic.org">sjamieson@calthoracic.org</a>
February 2 to 5, 2011 Keystone, Colorado	"The 33 <sup>rd</sup> Annual National Jewish Health Pulmonary and Allergy Update at Keystone"	<a href="http://www.nationaljewish.org/education/pro-ed/events/keystone.aspx">www.nationaljewish.org/education/pro-ed/events/keystone.aspx</a>
February 16 to 21, 2011 New Delhi, India	"17 <sup>th</sup> Annual Congress of the Indian Society of Critical Care Medicine" and the "International Critical Care Congress 2011"	<a href="mailto:congress@criticare2011.org">congress@criticare2011.org</a> <a href="mailto:info@criticare2011.org">info@criticare2011.org</a> <a href="http://www.criticalcare2011.org">www.criticalcare2011.org</a>
February 17 to 20, 2011 Sunriver, Oregon	"Oregon Thoracic Society 49 <sup>th</sup> Annual Chest Disease Conference"	<a href="http://oregonthoracic.com/ots/about/cdc">http://oregonthoracic.com/ots/about/cdc</a>
March 3 to 6, 2011 San Diego, California	"ATS State of the Art Courses in Sleep and Pulmonary/Critical Care"	<a href="http://www.thoracic.org">www.thoracic.org</a>