

**Board of Respiratory Care
Polysomnography Task Force Meeting
Minutes**

Date: September 3, 2010

Time: 9:00 a.m. C.S.T.

Location: Health Related Boards
Iris Conference Room
227 French Landing Drive
Heritage Place, Metro Center
Nashville, TN 37243

Members Present: Colleen Schabacker, RRT, RC Board Member, Task Force Chair
Candace Partee, RRT, RC Board Member
Gene Gantt, RRT, RC Board Member
Roger Major, RRT, RC Board Member
Jeffrey McCartney, M.D., RC Board Member
Keith Lovelady, M.D., Medical Examiners Board Member

Staff Present: Marva Swann, Board Director
Mary Webb, Board Administrator
Anthony Czerniak, Office of General Counsel
Libby Miller, HRB Director

Guests: John Williams, Tennessee Society of Respiratory Care
Brevard Haynes, M.D., Tennessee Sleep Society
David Johnson, RT, Chair of TSRC Government Affairs

Purpose

The task force was established to address concerns presented at the August 19, 2010 rulemaking hearing on Rule 1330-01-.24 regarding the third pathway to become endorsed as a polysomnographic technologist in the State of Tennessee. There were three (3) major concerns:

1. Training is not required to be in an accredited sleep facility

Discussion

Training in an accredited facility only would leave some areas such as rural areas underserved. The Polysomnography Act does not specify that training should be done in an accredited facility. There was concern from some committee members that respiratory therapists were being held to a higher standard. The Polysomnography Act specifies that training be through an accredited program and that graduates be able to pass the BRPT examination. The A-Step program is accredited by the AASM. The point was made that polysomnography is not part of the

respiratory therapy curriculum in Tennessee; but, that respiratory therapists do have greater knowledge than individuals without any prior training.

Ms. Partee made a motion seconded by Mr. Gantt that, based on the information provided; there is no foundation to require training in an accredited facility.

The motion failed due to a tie vote.

2. Training checklist is not signed by physician board certified in sleep medicine

Discussion

Comment was presented that only a board certified sleep physician has a full understanding of the services provided to determine in a respiratory therapist is competent to perform diagnostic testing procedures. The observation was made that there is no provision in the polysomnography statute requiring the physician over the sleep lab be certified in sleep medicine.

Ms. Partee made a motion seconded by Mr. Gantt that, based on the information provided; there is no foundation to require a physician certified in sleep medicine to sign off on training.

The motion failed due to a tie vote.

3. Training should be more than 100 hours.

Discussion

The comment was made that individuals must complete a total of 504 hours of clinical experience to sit for the BRPT exam. It was stressed that 100 hours is the minimum required. More hours can be added if necessary to establish an individual's competency.

Ms. Partee made a motion seconded by Mr. Gantt that based on the information provided; there is no foundation to require more than a minimum of 100 hours of clinical training.

The motion failed due to a tie vote.

The Committee agreed that the concerns be taken back to be addressed at the next meetings of the Boards of Respiratory Care and Medical Examiners.

The meeting convened at 9:07 a.m. and adjourned at 10:53 a.m.