

This form is to be used by trainees seeking to undertake a diving or hyperbaric medicine related course that is not included in the preapproved list. Applications will be assessed by the DPA assessor in consultation with the chair of the Diving and Hyperbaric Medicine Sub-Committee.

1 COURSE STANDARDS

Each course is required to address the learning outcomes within section one, diving medicine, or section two, hyperbaric medicine of the ANZCA Advanced Diving and Hyperbaric Medicine Curriculum. Each course must:

1. Be coordinated by a specialist who holds the ANZCA DHM certificate or the ANZCA Diploma of Advanced Diving and Hyperbaric Medicine.
2. Have a detailed course outline which defines the:
 - a. Sessions included in the course.
 - b. Duration of each session.
 - c. Objectives of individual sessions.
3. Be conducted by facilitators who have suitable expertise for the relevant session. A facilitator's guide should be provided to ensure consistency of delivery of the session content.
4. Provide pre-course reading which provides relevant foundation knowledge of the course content.
5. Be deliverable as a continuous course or in parts, and total approximately 60 hours of learning time.
6. Utilise learning methods that are appropriate for the session content. For example, case discussions for the application of clinical knowledge, and hands-on activities for learning practical skills.
7. Incorporate interaction with other participants of the course, such as guided discussion regarding realistic case scenarios.
8. Include an assessment with issue of a certificate of satisfactory completion and a mechanism to provide feedback to participants who may need further development in specific areas.
9. Distribute session and/or course evaluation form/s to monitor participant satisfaction and have a system for implementing suggestions obtained from participants to maintain and improve the quality of the course.
10. Ensure that a record is maintained of previous courses, including the date, venue, names and qualifications of facilitators, names of participants and outcomes of their assessments.

2 CONTACT INFORMATION

ANZCA ID:

Name:

Phone number: Email address:

3 COURSE COORDINATOR INFORMATION

Name:

Phone number: Email address:

DHM qualification:

| | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | ANZCA Diploma of Advanced DHM |
| <input type="checkbox"/> | ANZCA certificate of DHM |

The course is related to:

| | |
|--|---------------------|
| | Diving medicine |
| | Hyperbaric medicine |

Course title: _____

Course provider (name of institution): _____

Approximate total learning time (in hours): _____

What learning methods are utilised in the sessions? _____

In what ways can course participants interact with each other? _____

Does the course include an assessment with issue of a certificate of satisfactory completion? Yes No

In what ways does the course provide feedback to participants who may need further development in specific areas?

Does the course have a system for monitoring participant satisfaction and implementing suggestions obtained from participants to maintain and improve the quality of the course? Yes No

Is a record of previous courses maintained, which includes date, venue, names and qualifications of facilitators, names of participants and outcomes of their assessments? Yes No

Supporting documentation required with this application:

1. Detailed course outline which defines the:
 - a. Sessions included in the course.
 - b. Duration of each session.
 - c. Objectives of individual sessions.
2. Pre-course reading which provides relevant foundation knowledge of the course content.
3. The facilitator's guide for the course.

Send your completed form and accompanying documents to the College:

ANZCA Training Assessment unit
 PO Box 6095, Melbourne, Victoria 3004, Australia
 Email: dhm@anzca.edu.au | Fax: +61 3 8517 5362