

For Diving and Hyperbaric facilities submitting an initial application for Accreditation, please ensure you advise the Training Accreditation team at ANZCA of your intention to apply by emailing dhm@anzca.edu.au
If you have any questions regarding your application, please contact the Training Accreditation team:
Email: dhm@anzca.edu.au | Phone: +61 03 9510 6299

Section 1: Facility and Infrastructure

1.1 GENERAL AND ADMINISTRATIVE DATA

- Name and position of person completing form:
- Date of completion of form:
- Name of Hyperbaric Facility:
- Address:
- Postal address (if different):
- Country:
- Facility Phone No.
- Facility Fax. No.
- Facility email address:
- Hospital Phone No.
- Hospital Fax. No.
- Name of Medical Director of Hyperbaric Facility (or equivalent):
- Director's Email Address:
- Body responsible for Facility (ie hospital):
- Hospital Chief Executive (or equivalent):
- Director of Medical Services (or equivalent):
- Supervising Nurse of Hyperbaric Unit:

1.2 CURRENT FACILITY ACCREDITATION

Which of the following currently apply to your unit/facility?

ANZCA accredited Hyperbaric Unit?	Yes	No
ANZCA accredited training hospital/facility?	Yes	No
ACEM accredited training hospital/facility?	Yes	No
CICM accredited training hospital/facility?	Yes	No

In the current calendar year, how many trainees are employed in your hyperbaric facility?

Trainee type	No. of trainees
No. of ANZCA trainees	
No. of ACEM trainees	
No. of CICM trainees	
No. of RACGP trainees	
No. of RNZCGP trainees	
Others (list)	
Total	

1.3 FACILITY AND INFRASTRUCTURE

Description	Requirements	Response	
Multiplace chamber	Do you have a multiplace chamber?	Yes	No
	Maximum patient capacity per run in total (no.)		
	Are you able to monitor invasive pressures inside the chamber?	Yes	No
	Are you able to ventilate patients inside the chamber?	Yes	No
Notes:			
Monoplace chambers	Do you have monoplace chambers?	Yes	No
	How many?		
Notes:			
Safety and quality	Does the fire deluge system for your chamber(s) conform to AS/NZS 4774.2 - 2019?	Yes	No
	Does your chamber(s) maintenance schedule conform to AS/NZS 4774.2 - 2019? <i>Provide evidence (copies of maintenance reports for 12 months)</i>	Yes	No
	Do you have emergency protocols and procedures for medical emergencies? <i>Provide evidence</i>	Yes	No
	Do you have emergency protocols and procedures for chamber/ technical emergencies? <i>Provide evidence</i>	Yes	No
	Does your facility have a document or manual for Standard Operating Procedures? <i>Provide evidence (copy of manual)</i>	Yes	No
	Do you have annual pressure test certificates for each hyperbaric chamber? <i>Provide evidence (current certificate)</i>	Yes	No
Notes:			

Section 2: Staffing and Supervision

2.1 SENIOR STAFF

All senior staff providing supervision for the trainee are required to register with the college by completing the form at Attachment A. A separate form will be required for each member of staff who will provide supervision. Supervisors are reminded of their obligations when undertaking this role.

Name:

Primary Specialist Qualification and date (FANZCA, FACEM, FCICM, FRACGP):

ANZCA Cert DHM or Dip Adv DHM and date:

SPUMS Dip. DHM and date:

Hyperbaric sessions/week:

Other professional duty sessions/week:

CPD participation: (specify)

Name:

Primary Specialist Qualification and date (FANZCA, FACEM, FCICM, FRACGP):

ANZCA Cert DHM or Dip Adv DHM and date:

SPUMS Dip. DHM and date:

Hyperbaric sessions/week:

Other professional duty sessions/week:

CPD participation: (specify)

Name:

Primary Specialist Qualification and date (FANZCA, FACEM, FCICM, FRACGP):

ANZCA Cert DHM or Dip Adv DHM and date:

SPUMS Dip. DHM and date:

Hyperbaric sessions/week:

Other professional duty sessions/week:

CPD participation: (specify)

Name:

Primary Specialist Qualification and date (FANZCA, FACEM, FCICM, FRACGP):

ANZCA Cert DHM or Dip Adv DHM and date:

SPUMS Dip. DHM and date:

Hyperbaric sessions/week:

Other professional duty sessions/week:

CPD participation: (specify)

Name:

Primary Specialist Qualification and date (FANZCA, FACEM, FCICM, FRACGP):

ANZCA Cert DHM or Dip Adv DHM and date:

SPUMS Dip. DHM and date:

Hyperbaric sessions/week:

Other professional duty sessions/week:

CPD participation: (specify)

Name:

Primary Specialist Qualification and date (FANZCA, FACEM, FCICM, FRACGP):

ANZCA Cert DHM or Dip Adv DHM and date:

SPUMS Dip. DHM and date:

Hyperbaric sessions/week:

Other professional duty sessions/week:

CPD participation: (specify)

Name:

Primary Specialist Qualification and date (FANZCA, FACEM, FCICM, FRACGP):

ANZCA Cert DHM or Dip Adv DHM and date:

SPUMS Dip. DHM and date:

Hyperbaric sessions/week:

Other professional duty sessions/week:

CPD participation: (specify)

Is cover available for senior staff on leave? Yes No

Relieving and locum staff (ie those without regular HBU duties)

Name:

Primary Specialist Qualification and date (FANZCA, FACEM, FCICM, FRACGP):

ANZCA Cert DHM or Dip Adv DHM and date:

SPUMS Dip. DHM and date:

Hyperbaric sessions/week:

Other professional duty sessions/week:

CPD participation: (specify)

Name:

Primary Specialist Qualification and date (FANZCA, FACEM, FCICM, FRACGP):

ANZCA Cert DHM or Dip Adv DHM and date:

SPUMS Dip. DHM and date:

Hyperbaric sessions/week:

Other professional duty sessions/week:

CPD participation: (specify)

2.2 CURRENT TRAINEES

Name: Primary medical degree:
Primary Specialty: SPUMS Dip. DHM and date:
Contact e-mail address: Contact mobile phone no.

Name: Primary medical degree:
Primary Specialty: SPUMS Dip. DHM and date:
Contact e-mail address: Contact mobile phone no.

Name: Primary medical degree:
Primary Specialty: SPUMS Dip. DHM and date:
Contact e-mail address: Contact mobile phone no.

Name: Primary medical degree:
Primary Specialty: SPUMS Dip. DHM and date:
Contact e-mail address: Contact mobile phone no.

Name: Primary medical degree:
Primary Specialty: SPUMS Dip. DHM and date:
Contact e-mail address: Contact mobile phone no.

Other junior staff / overseas trained staff

Name: Primary medical degree:
Other qualifications? Country of origin:
Notes:

Name: Primary medical degree:
Other qualifications? Country of origin:
Notes:

2.3 OTHER STAFF

Staff description		Number
Nursing staff	How many full-time equivalent (FTE) nursing staff are rostered to work in your Hyperbaric facility?	
	How many of these nurses have been trained according to AS/NZS 4774.2 - 2019?	
Notes:		
Technician staff	How many full-time equivalent (FTE) hyperbaric technicians are rostered to work in your Hyperbaric facility?	
	How many of these technicians have been trained according to AS/NZS 4774.2 - 2019?	
Notes:		
Administrative staff	How many full-time equivalent (FTE) administrative/secretarial staff are available to your Hyperbaric facility?	
	If none, what are the arrangements for administrative staff?	
Notes:		

2.4 SUPERVISOR OF TRAINING IN DHM

Does the SOT work in this facility? Yes No (provide details of evidence of agreement to supervise.)

Name:

Primary medical degree and date:

Cert DHM or Dip
Adv DHM and date:

Primary Specialty and date:

SPUMS Dip.
DHM and date:

E-mail address:

Mobile phone no.

2.5 ROSTER DETAILS

Please attach 3 months of recent rosters for Doctor, Nursing and Technical staff on call. If DHM trainees are currently on the roster, ensure it shows the frequency of on call, and the level of supervision for trainees.

Section 3: Profile of work

3.1 AVERAGE NUMBER OF ROUTINE SESSIONS PER WEEK

Record the average number of routine sessions covered by the facility each week, counted in half days (e.g. morning and afternoon sessions from Monday to Friday counts as 10 sessions).

3.2 LIST THE NUMBER OF CASES SEEN IN YOUR HYPERBARIC FACILITY IN THE LAST 12-MONTH PERIOD

Condition	No. Cases	Condition	No. Cases
Decompression illness		Necrotising Soft Tissue Infection	
Diving related injuries (Non-DCI)		Carbon Monoxide toxicity	
Diver retrievals		Other elective treatments	
Emergency patients		Diving Medical Assessments	
Delayed radiation injuries		Transcutaneous oximetry assessments	
Problem wounds		Total number of hyperbaric patients per year	
Acute ischaemic conditions		Total number of hyperbaric treatments per year	

3.3 NUMBER OF COMPLEX/CRITICAL PATIENTS TREATED IN YOUR HYPERBARIC FACILITY PER YEAR

Indicator	No. Cases/year
Patients requiring invasive monitoring during treatment	
Ventilated patients	
Patients requiring a medical practitioner inside chamber during treatment	

3.4 ACCESS TO CLINICAL DIAGNOSTIC EQUIPMENT

Do you have timely access to:	Y/N	
Audiology	Yes	No
Tympanometry	Yes	No
Transcutaneous oxygen analysis	Yes	No
Respiratory function testing facilities	Yes	No

3.5 WHAT RESEARCH ACTIVITY IS THE FACILITY INVOLVED IN?

Please attach documentation

Section 4: Teaching and Learning

4.1 EDUCATION

Accreditation criteria	Requirements	Response
Teaching program	Is there a formal teaching program that meets the needs of trainees (appropriate to size of facility)?	Yes No <i>Provide evidence (copy of program)</i>
Notes:		
Informal teaching	Will trainees receive informal teaching during clinical work, including pre-compression assessment clinics and emergency patient assessment?	Yes No
	Will trainees participate in formal case-based discussions?	Yes No
Notes:		

4.2 TRAINEE FACILITIES

Accreditation criteria	Requirements	Response
Access to private study space for trainees	Is there Internet access?	Yes No
	Are there desks at which to study?	Yes No
	Are these facilities easily accessible from hyperbaric complex?	Yes No
Notes:		
Access to a suitable conference room for QA, clinical review and educational activities	Is there adequate access to facilities?	Yes No
Notes:		
Ready access to appropriate computer facilities for specialists and trainees	Is there adequate access to facilities?	Yes No
Notes:		

Section 5: Clinical Governance

Accreditation criteria	Requirements	Response
Are trainees appointed using a transparent process?	Describe how the trainee will be appointed	
Is there a formal induction/orientation programme for new trainees?	Describe or attach induction document	
Ensure that trainees are adequately indemnified for their supervised practice on both public and private patients	How are trainees indemnified?	
The organization supports the health and well-being of its staff	Does the organization have a policy to prevent bullying and harassment?	
Access to trainees' primary specialty.	Does the trainee have access to clinical sessions in their primary specialty during their DHM training?	
	Does the trainee have access to education in their primary specialty?	
Morbidity and Mortality data collecting	Do you perform an annual audit of treatments?	
	How often do you hold an M & M meeting?	

Accreditation criteria	Requirements	Response
QA activity	Does your Facility undertake Quality Assurance activities e.g. Unit meetings, critical incident or other audits, etc. List and provide evidence	
	Does your unit collect hyperbaric-specific Clinical Indicators? <i>Please provide evidence.</i>	
CPD/CME	Provide evidence of CPD activities undertaken by staff in your facility.	

Attachment A

Diploma of Advanced Diving and Hyperbaric Medicine

Registration to provide supervision

I,

(Initial)

- commit to contribute to the training of candidates for the Diploma of Advanced Diving and Hyperbaric Medicine
- am aware and familiar with the relevant training documents promulgated by ANZCA
- am involved in a process of ongoing CPD

Signature:

Date: