



ANZCA
FPM

The ANZCA Advanced Certificate in Diving and Hyperbaric Medicine (Adv Cert in DHM) Accreditation handbook

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Accreditation of Diving and Hyperbaric Medicine Facilities

1. Overview

ANZCA directly accredits suitable Diving and Hyperbaric Medicine facilities for training time towards the **ANZCA Advanced Certificate in Diving and Hyperbaric Medicine (Adv Cert in DHM)** using a five-year accreditation cycle.

The Adv Cert in DHM is a twelve-month course that contains five main elements: course work, research, practical experience, workbook and examination. Facilities wishing to apply to be accredited to offer DHM training can obtain all accreditation documentation by either contacting the ANZCA Training Accreditation unit via dhm@anzca.edu.au or by visiting the ANZCA website.

2. The Diving and Hyperbaric Medicine Program

- 1 The training program may be completed at one accredited training facility, or it may involve a rotation between more than one accredited facilities, such that the program provides an appropriate range of experience of diving and hyperbaric medicine.
- 2 For a single facility to satisfy the experience requirements of trainees, each trainee must be exposed to more than one hyperbaric medical practitioner as defined by AS/NZS 4774.2-2019.
- 3 Trainees may be full or part-time but their work must include both elective and acute/emergency clinical duties. Part-time work is supported by the College and subject to the requirements of College [regulation 37.18](#).
- 4 There must be adequate supervision of trainees by specialist diving and hyperbaric medical practitioners as outlined in the Handbook for Advanced Diving and Hyperbaric Medicine Training. Diving and hyperbaric medical practitioners must be familiar with the College's training program.
- 5 When a facility appoints diving and hyperbaric medical practitioners, it should seek the advice of a properly constituted Sub-Committee capable of evaluating the applicants.
- 6 A supervisor of training in diving and hyperbaric medicine may be appointed on the advice of the director of the facility. This appointment follows the usual process for appointment of supervisors of training (see section 14.2 Handbook for Advanced Diving and Hyperbaric Medicine Training).
- 7 The facility must agree to review by the DHM Subcommittee on behalf of the College.
- 8 Posts in facilities accredited for training in diving and hyperbaric medicine by the College must be advertised with that accreditation being noted.
- 9 The facility must agree to notify the DHM Sub-Committee (through the director or supervisor of training) of any changes that might affect training. Importance is placed on changes such as alterations in workload and decreases in the number of hyperbaric medical practitioners working in the department.
- 10 The facility has at least 0.5 full-time equivalent diving and hyperbaric medical practitioners for each trainee.
- 11 Diving and hyperbaric medical practitioners must be participating in a continuing professional development program such as that provided by ANZCA or an equivalent.
- 12 In addition to matters noted above, the hospital and department will take note of and comply with all relevant College documents, and relevant Australian and New Zealand standards.

3. Accreditation principles

The following principles (regulation 36.26) underpin the accreditation process.

- 3.1. Approved Adv Cert in DHM training may be undertaken only in an ANZCA accredited facility under regulation 36.
- 3.2. Accreditation requires an accreditation review undertaken on behalf of the DHM subcommittee with subsequent DHM subcommittee approval.
- 3.3. An ANZCA accredited facility must meet training requirements as specified in the ANZCA Handbook for Advanced Diving and Hyperbaric Medicine Training, regulation 36 and the ANZCA Handbook for Advanced Diving and Hyperbaric Medicine Accreditation.
- 3.4. An ANZCA accredited DHM facility will be accredited for (regulation 36.26.2 and 36.26.3):
 - a) Specified durations of approved training, being either a maximum of 44 weeks FTE training time towards the Adv Cert in DHM or a maximum of 22 weeks FTE training time towards the Adv Cert in DHM.
 - b) Accreditation applies to the facility and does not specify the number of trainees that can work in the facility, unless this is limited by supervisory capacity.
- 3.5. Accredited facilities must agree to re-accreditation by ANZCA when requested by the DHM subcommittee or ANZCA Council.
- 3.6. The accredited DHM facility must agree to notify the DHM subcommittee of any changes that might affect training, such as alterations in workload and increases or decreases in the number of senior staff and trainees working in the facility.

The following details the accreditation process, including the criteria used, the data required and the processes to be followed.

4. Accreditation descriptors

There are three (3) accreditation descriptors to promote the shared mental model of accreditation across all training programs of the college:

Accreditation purpose: To ensure minimum standards while also promoting best practice through information sharing and allowing sufficient flexibility in how standards are met to encourage innovation.

Accreditation philosophy: Accreditation is a critical aspect of ensuring that the [name of training program] meets and exceeds the expectations set forth by our governing and regulatory bodies, health services and professionals, and the broader community.

Accreditation definition: The process by which a credible, external body objectively assesses the best practice principles of a training site to implement the education program and provide assurance that it produces graduates that are competent to practise safely and effectively as specialist practitioners.

5. Initial accreditation application process

- New DHM facilities wishing to apply for accreditation of the Adv Cert in DHM should obtain and complete the Accreditation Data Form. The completed form should be submitted to dhm@anzca.edu.au.
- There are two application periods per annum with closing dates in February and October.

- The facility's accreditation data submission will be reviewed at the next upcoming DHM subcommittee meeting following the application period closing dates.

6. Ongoing reaccreditation

- Each facility due for reaccreditation (based on the five-yearly accreditation cycle), will be contacted the year prior to their accreditation expiry and provided with the relevant instructions for all data required and other information to assist with the process.
- Feedback from trainees will be requested as part of the reaccreditation process and will be used to determine compliance as specified in Table 1 'Criteria underpinning each DHM accreditation standard'.
- There are two reaccreditation periods per annum with closing dates in February and October. Each facility will be informed of their reaccreditation period closing date when first contacted by the College.
- The facility's reaccreditation data submission will be reviewed at the next DHM subcommittee meeting following the nearest period closing dates.
- If reaccreditation is not being sought, written confirmation by the Director must be provided to the DHM subcommittee via dhm@anzca.edu.au.

Accreditation will be granted on the basis of a paper-based/on-line datasheet with supporting documentation. This may be supplemented by pre-arranged site visits which will be conducted as required. The site visit would include a physical tour of the facility and interviews with staff and trainees and a review of the most recent documentation submitted by that facility.

7. Outcome of the application for accreditation

Following the DHM subcommittee's review of the application, the outcome is communicated to the department. The potential outcomes are:

- **Accreditation not approved (for initial accreditation applications only)**, but feedback given about what conditions need to be met for accreditation standards and criteria.
- **Unqualified accreditation**. This accreditation is approved for 5 years.
- **Conditional accreditation**, with full accreditation subject to corrective actions being made in relation to accreditation standards and criteria within a specified timeframe.
- **Withdrawal of accreditation**, which is a separate process which requires the approval of the ANZCA Council.

With 'conditional accreditation', the DHM subcommittee undertakes ongoing monitoring until full accreditation criteria are met. Regular updates may be requested from the facility for review by the DHM subcommittee.

8. Reconsideration, review and appeal

All ANZCA decisions, including those made by TAC and ANZCA Council, are subject to processes of reconsideration, review and appeal. See Regulation 30.

9. Accreditation Standards

An accredited teaching facility is a hyperbaric facility determined by the college to be capable of delivering the training program. The ability of the facility to deliver the training program will be determined by its performance over 5 standards with 5 goals:

<u>Standard</u>	<u>Goal</u>
1. Facility and infrastructure	The trainee will work in a safe workplace
2. Staffing and supervision	The trainee will have access to appropriate staffing and supervision
3. Profile of work	The trainee will get appropriate clinical experience
4. Teaching and learning	The trainee will get appropriate educational experience
5. Governance	The trainee will be well supported in the facility

7.1 Table 1 Criteria underpinning each DHM accreditation standard

Accreditation criteria	Minimum requirements	How this is assessed	Notes
Standard 1 – Facility and infrastructure			
Fire deluge system for your chamber(s)	Compliance with AS/NZS 4774.2-2019.	<ul style="list-style-type: none"> Self-assessment (data form) 	
Maintenance schedule for your chamber(s)	Compliance with AS/NZS 4774.2-2019.	<ul style="list-style-type: none"> Provide evidence (copies of maintenance reports for 12 months) 	
Emergency protocols and procedures for medical emergencies	Documented emergency protocols and procedures for medical emergencies.	<ul style="list-style-type: none"> Provide evidence (copy of protocol or emergency cards) 	
Emergency protocols and procedures for chamber/technical emergencies	Documented emergency protocols and procedures for chamber/technical emergencies.	<ul style="list-style-type: none"> Provide evidence (copy of protocol or emergency cards) 	

Accreditation criteria	Minimum requirements	How this is assessed	Notes
Standard Operating Procedures	Facilities must have a document or manual detailing Standard Operating Procedures.	<ul style="list-style-type: none"> Provide evidence (copy of manual) 	
Pressure test of chamber(s)	Facilities must have annual pressure test certificates for each hyperbaric chamber.	<ul style="list-style-type: none"> Provide evidence 	Only the current certificate is required.
Standard 2 – Staffing and Supervision			
Sufficient senior staffing	All Senior Medical Staff are appropriately qualified and are prepared to supervise trainees as defined by AS/NZS 4774.2-2019.	<ul style="list-style-type: none"> Self-assessment (data form) Completion of the “Registration to provide supervision” document by senior medical staff Trainee feedback (ongoing reaccreditation only) 	Each doctor providing supervision will be required to register with the college by completing the form “Registration to provide supervision” in the Accreditation Form
Staff have contemporary standards of practice.	Compliance with a Continuing Professional Development or Continuing Medical Education Program.	<ul style="list-style-type: none"> Self-assessment (data form) Document “Registration to provide supervision” 	
Appointment of Supervisor of Training	DHM supervisors of training must be appointed as per the Handbook for Advanced DHM Training section 3.3.2.	<ul style="list-style-type: none"> Self-assessment (data form) Trainee feedback (ongoing reaccreditation only) 	
Nursing and Technical staff	Training compliant with AS/NZS 4774.2-2019.	<ul style="list-style-type: none"> Self-assessment (data form) 	
Adequate secretarial staff	Usually at least one full-time equivalent	<ul style="list-style-type: none"> Self-assessment (data form) 	
Staffing for after-hours roster	Adequate staffing to cover after-hours roster. Frequency of on-call and level of supervision of trainee if present	<ul style="list-style-type: none"> Attach 3-months of recent rosters for Doctor, Nursing and Technical on call Trainee feedback (ongoing reaccreditation only) 	

Accreditation criteria	Minimum requirements	How this is assessed	Notes
Standard 3 – Profile of Work			
Clinical caseload	Caseload and complexity suitable to achieve VoP requirements as per the Handbook for Advanced DHM Training.	<ul style="list-style-type: none"> • Self-assessment (data form) • Trainee feedback (ongoing reaccreditation only) 	The profile of the clinical work by itself will not determine whether a facility can teach trainees. These facilities may still be accredited for training provided they can satisfy the other requirements. The workbook documents the range and the amount of clinical experience expected during the time of their training. To complete the workbook requirements may require the trainee to work in more than one facility. The SOT and the trainee should discuss the likelihood of completing the workbook requirements in the one facility or the need to seek further clinical experience from other facilities, bearing in mind the 5-year limitation on training time. The trainee should be aware of the likelihood of needing to gain experience at another facility before the commencement of training.
Access to clinical diagnostic equipment	<p>Access to clinical diagnostic services either in the facility or externally.</p> <ul style="list-style-type: none"> • Audiology. • Tympanometry. Transcutaneous oxygen analysis. • Respiratory function testing facilities. 	<ul style="list-style-type: none"> • Self-assessment (data form) 	
Research program	That the facility is actively involved in research	<ul style="list-style-type: none"> • Self-assessment (data form) 	

Accreditation criteria	Minimum requirements	How this is assessed	Notes
Standard 4 – Teaching and Learning			
Teaching program	Formal teaching program that meets the needs of trainees (appropriate to size of facility).	<ul style="list-style-type: none"> • Provide a copy of a recent program • Trainee feedback (ongoing reaccreditation only) 	
Informal teaching	Trainees receive informal teaching during clinical work, including pre-compression assessment clinics and emergency patient assessment.	<ul style="list-style-type: none"> • Self-assessment (data form) • Trainee feedback (ongoing reaccreditation only) 	
Access to private study space for trainees	Internet access. Desks at which to study. Facilities are easily accessible from hyperbaric complex.	<ul style="list-style-type: none"> • Self-assessment (data form) • Trainee feedback (ongoing reaccreditation only) 	
Access to a suitable conference room for QA, clinical review and educational activities		<ul style="list-style-type: none"> • Self-assessment (data form) 	
Ready access to appropriate computer facilities for specialists and trainees		<ul style="list-style-type: none"> • Self-assessment (data form) 	
Standard 5 – Clinical Governance			
Trainees appointed using a transparent process	Trainee selection as per the Handbook for Advanced DHM Training section 2.1.1.	<ul style="list-style-type: none"> • Self-assessment (data form) 	
Trainees undertake a formal induction/orientation programme	The facility has a documented formal induction/orientation programme for all new trainees.	<ul style="list-style-type: none"> • Self-assessment (data form) • Describe or attach induction document 	
Ensure that trainees are adequately indemnified for their supervised practice on both public and private patients		<ul style="list-style-type: none"> • Self-assessment (data form) 	

Accreditation criteria	Minimum requirements	How this is assessed	Notes
The organisation supports the health and well-being of its staff	The organisation has a policy to prevent bullying and harassment	<ul style="list-style-type: none"> • Self-assessment (data form) • Provide evidence of bullying and harassment policy documents 	
Access to trainees' primary specialty	That trainees have access to clinical sessions in their primary specialty during their DHM training. Ensure that the trainee has access to education in their primary specialty.	<ul style="list-style-type: none"> • Self-assessment (data form) 	
Morbidity and Mortality data collecting	Performing an annual audit of treatments. M & M meetings.	<ul style="list-style-type: none"> • Self-assessment (data form) 	
QA activity	Facilities must undertake Quality Assurance activities (e.g. Unit meetings, critical incident or other audits, etc.). Collection of hyperbaric specific clinical Indicators.	<ul style="list-style-type: none"> • Self-assessment (data form) • Provide evidence (e.g. minutes of meetings) 	

Change control register

<u>Version</u>	<u>Author</u>	<u>Approved by</u>	<u>Approval date</u>	<u>Sections Modified</u>	<u>Date of next review</u>
1.	Smart, Hawkins, Szekely, Roberts,	ETAEC	April 2017	N/A	
1.1	Griffin	N/A	May 2019	Updated upon approval and release of ' <i>Work in compressed air and hyperbaric facilities, Part 2: Hyperbaric oxygen facilities</i> ' (AS/NZS 4774.2:2019) by Standards Australia.	
1.2	Shilpa W	N/A	<u>Nov 2019</u>	Updated reg 37 reference on page. 2 and reference to the DHM training handbook in 7.1 Table 1	
<u>1.2</u>	<u>K. Sinni</u>	<u>EEMC</u>	<u>October 2024</u>	Section 4 – accreditation descriptors was added The term 'diploma' was removed throughout the document	