



ANZCA

FPM

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

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Table of contents

1. Introduction	5
2. Eligibility/prerequisites, selection and registration	7
2.1. Trainee selection	7
2.2. Applying to become a trainee	7
2.2.1. Expectations of trainees	8
2.2.2. Trainee information privacy	9
3. Training ePortfolio	10
4. Training program requirements	11
4.1. Clinical experience (time)	11
4.1.1 Recording clinical experience	11
4.2. Flexible training	12
4.2.1. Part-time and full-time training	13
4.2.2. Leave and extended time away from training	13
4.2.3. Time limit to complete training	13
4.3. Supervision	13
4.3.1. Clinical supervision	13
4.3.2. Supervisors	14
4.4. Volume of practice	14
4.5. Formative workplace-based assessment	16
4.5.1. Clinical skills assessment	17
4.5.2. Management plan assessment	17
4.5.3. Case-based discussion	17
4.5.4. Multi-source feedback	18
4.6. Clinical placement reviews	18
4.6.1. Planning clinical placement review	19
4.6.2. Feedback clinical placement review	19
5. Courses	20
5.1. SPUMS diploma (regulation 36.18.1)	20
5.2. Diving and hyperbaric medicine courses (regulation 36.18.2)	20
5.3. Advanced life support (regulation 36.18.3)	20
6. Examination	21
6.1. Eligibility	21
6.2. Applying to sit the examination (regulation 36.19)	21
6.3. Special consideration and withdrawal	21
6.4. Written section (50 marks, 50 per cent)	21
6.5. Viva voce section (50 marks, 50 per cent)	21
6.6. Examination results and feedback	22
6.7. Awards	22
7. Completion of training requirements and award of advanced certificate	23
8. Trainee illness and disability	24
8.1. Fitness to practice	24
8.2. Trainee illness and disability (regulation 36.28)	24
8.3. Examinations and special consideration	24
8.4. Confidentiality and privacy	24
9. Trainee re-entry to practice	25
9.1. Overview	25

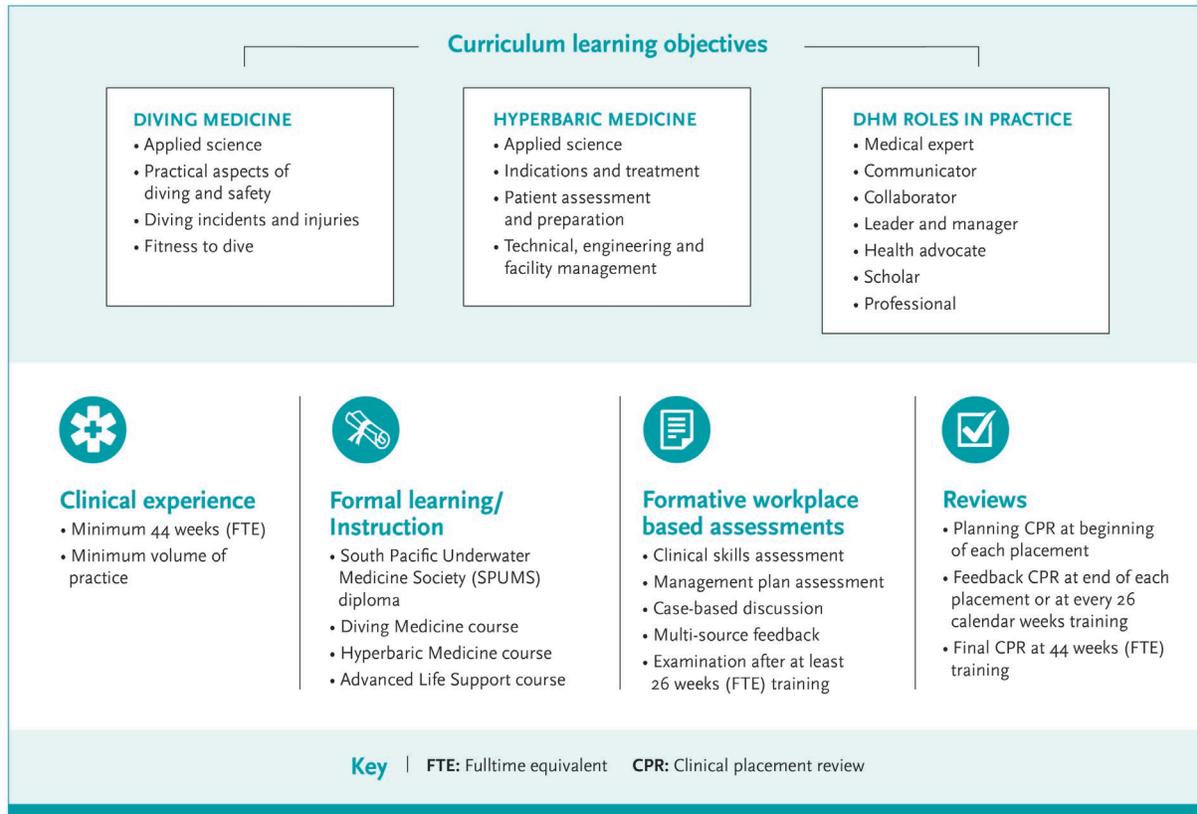
9.2. Re-entry to training process	25
10. Trainee support and trainee performance review processes	26
10.1. Identifying trainees requiring support	26
10.2. Trainee support process	27
10.3. Trainee performance review process	29
10.4. Requirements following conditions being placed on DHM training	29
11. Recognition of prior learning.....	31
12. Reconsideration, review and appeal processes	33
13. Withdrawal from training.....	33
13.1. Early voluntary withdrawal from the training program.....	33
13.2. Non-compliance with curriculum requirements	33
13.3. Removal from the program	34
13.4. Medical registration authority interventions.....	34
13.4.1. Conditions placed on medical registration	34
13.4.2. Suspension from the medical register	34
13.4.3. Removal from the medical register	35
13.5. Re-registration as a trainee	35
14. Teaching and learning resources.....	36
14.1. Library	36
14.2. Other recommended learning opportunities.....	36
15. Roles of those involved in training	37
15.1. Committees and staff	37
15.1.1. ANZCA Council and EEMC.....	37
15.1.2. DHM Sub-committee	37
15.1.3. Training and Assessment team.....	37
15.2. Supervisors of training	37
15.3. DHM clinical supervisors.....	38
15.4. DHM examiners.....	38
16. Feedback and evaluation	39
16.1. Program monitoring and evaluation	39
16.2. Providing feedback about the program	39
17. Fees.....	40
17.1. Registration fee	40
17.2. Annual training fee	40
17.3. Examination fee.....	40
17.4. Examination withdrawal fee	40
17.5. Recognition of prior learning preliminary assessment fee	40
17.6. Recognition of prior learning award fee	40
17.7. Advanced certificate holder fee.....	40
17.8. Annual fee schedule.....	40
17.9. Financial hardship	40
18. Continuing professional development.....	41
19. Corporate policies	41
20. Contacting ANZCA.....	41
21. Disclaimer.....	41
Version control register.....	42

1. Introduction

The ANZCA Advanced Certificate in Diving and Hyperbaric medicine (Adv Cert in DHM), hereafter ‘the advanced certificate’, is a post-specialisation qualification in Australia and New Zealand. Award of the advanced certificate requires completion of DHM training requirements and a specialist qualification acceptable to the ANZCA Council, current medical registration and declaration of fitness to practice.

Although the advanced certificate does not lead to specialist registration in DHM (which is not yet possible in either country), the qualification is the only one of its kind in Australia and New Zealand.

Figure 1: Training overview



Information about training is in:

1. [Regulation 36 ANZCA Advanced Certificate in Diving and Hyperbaric Medicine \(Adv Cert in DHM\)](#), including glossary of terms used.
2. [The ANZCA Advanced Certificate in Diving and Hyperbaric Medicine \(Adv Cert in DHM\) Curriculum](#).
3. The ANZCA Handbook for Advanced Certificate in Diving and Hyperbaric Medicine (Adv Cert in DHM) Training (this document)
4. [The ANZCA Handbook for Advanced Certificate in Diving and Hyperbaric Medicine \(Adv Cert in DHM\) Accreditation](#).

Where there are unintended discrepancies between the curriculum, the handbooks and regulation 36, the regulation takes precedence.

This handbook also contains references to [regulation 37](#) where issues or situations are infrequent in DHM training but are part of the ANZCA anaesthesia training program.

Trainees and supervisors agree to abide by ANZCA regulations and corporate policies, including those on academic integrity, privacy, bullying and harassment, and use of social media (refer to [section 17](#)).

Training enquiries

All training enquiries and other communications should be made in writing to the Executive Director, Education and Research Unit, Australian and New Zealand College of Anaesthetists, 630 St Kilda Rd, Melbourne, Victoria 3004, Australia or dhm@anzca.edu.au.

2. Eligibility/prerequisites, selection and registration

2.1. Trainee selection

The college does not appoint trainees to accredited units. Appointment is undertaken by the employer. As a condition of ANZCA accreditation, the employing authority undertakes to appoint trainees according to [ANZCA's selection principles](#).

The college accredits units for DHM training. Prospective trainees should approach [accredited units](#) to inquire about the availability of training positions.

2.2. Applying to become a trainee

A registered medical practitioner is eligible to register as a DHM trainee with the college if they have a training appointment in an [accredited unit](#) and either of the following:

1. A specialist qualification deemed acceptable to the college
2. Completed at least 104 weeks full-time equivalent (FTE) training towards a specialist qualification (in which case a letter from the specialty college confirming training time is required). The advanced certificate is only awarded on completion of the specialist qualification.

When commencing a training appointment in an accredited unit, there is a **four-week deadline** to register with the college. This allows every trainee access to training resources and support from the early stages of the 44 weeks FTE mandatory clinical experience. Failure to register before the deadline will result in training time not being recognised by the college ([regulation 36.9](#)).

The applicant must submit the [DHM registration form](#) pay the non-refundable annual training fee and provide the following supporting documentation (except when such documentation is already held on file by ANZCA):

Table 1: Documents required for trainee registration

A certified copy* of the birth certificate or the identity page of a current passport.
Documentation confirming training pre-requisites (regulation 36.7) (either a or b): a. A certified copy* of the diploma for a recognised specialist qualification or b. An original letter on formal letterhead from the relevant college or other training institution confirming that the applicant has completed at least 104 weeks FTE training for award of a recognised specialist qualification**
A signed DHM training agreement which includes a declaration authorising the college to access and retain all information necessary for training purposes.
Formal confirmation of dates of appointment and date of commencing a position in an ANZCA accredited DHM unit, on hospital letterhead and signed by an appropriate authorised individual. Email confirmation is not accepted.
If the applicant's name has been changed from that on the documents, a certified copy of the change of name notice must be provided.

* "Certified" means certified by a justice of the peace or equivalent authority in [Australia](#) or [New Zealand](#) with the following on the certified copy:

"Certified true copy of original document"

Certification date

Certifier's signature

Certifier's name and position.

** When a trainee has a specialist qualification (or has completed at least 104 weeks FTE towards a specialist qualification) that is not on the list of approved qualifications recognised by the ANZCA Council for this purpose, application should be made to the Training Assessment unit for a determination by the DPA assessor dhm@anzca.edu.au.

Registered, financial trainees are provided with:

1. An ID and password to access the ANZCA website.
2. Access to educational resources on the website.
3. Access to online library resources including journals and textbooks.
4. Access to information via the monthly *ANZCA E-Newsletter* and electronic information about upcoming conferences and activities.
5. Receipt of the quarterly *ANZCA Bulletin* magazine.

Applications can be made prior to commencing the DHM training position, which will allow more timely access to training resources. The “date of commencement of training” as referred to in regulation 36 and this handbook is the date the trainee takes up a training appointment in an accredited unit ([regulation 36.26](#)).

Applications cannot be processed until the college receives all documentation.

2.2.1. Expectations of trainees

In accordance with professional and personal development and the ANZCA DHM training agreement, it is expected that trainees will:

- Contribute to the work of their training unit.
- Set learning goals and actively seek clinical experience to meet these goals and other training requirements.
- Actively participate in training reviews, self-assess, reflect on feedback received and strive to improve performance in line with training requirements and
- the overarching goal of unsupervised specialist practice.
- Seek appropriate assistance and supervision if uncertain of training requirements, where novel clinical experiences arise or when experiencing difficulty.
- Comply with all training requirements including documenting training, paying training fees and timely submission of training information to the ANZCA Training and Assessment (TA) team.
- Advise the college of current contact details via the [ANZCA website](#).
- Advise the college of any changes that affect their training (e.g., change of training unit, extended leave from training, decision to withdraw from training, illness impacting on training) via dhm@anzca.edu.au.

2.2.2. Trainee information privacy

The college is committed to ensuring the privacy of its trainees. As outlined in the training agreement, the college collects and holds personal information from individuals when it is reasonably necessary for the performance of college functions and activities. This information is used for administering registration, training and examinations. De-identified information may be used for internal monitoring, evaluation and audit purposes. The information collected and held will not be disclosed to third parties except as required by law. The reasons for collecting the information and how it is used are outlined in ANZCA's privacy policy.

3. Training ePortfolio

During training, trainees are required to log their training experiences in the ANZCA training ePortfolio. The ePortfolio allows trainees and supervisors to record and track progress throughout the DHM training program.

Trainees can access the ePortfolio from the start of DHM training and are responsible for ensuring information within it is kept up to date and accurate. Trainees should enter their training experiences within four weeks of completing the experience. Any experiences not recorded will not count towards training.

The ePortfolio support resources are available on the [ANZCA website](#). Queries regarding the ePortfolio can be sent to ANZCA via dhm@anzca.edu.au.

Data privacy on the ePortfolio

Collecting patient information has important implications:

- Trainees and supervisors should be familiar with relevant privacy legislation. Appropriate consent must be obtained or approved.
- Patient data recorded in the ePortfolio must be de-identified.
- Any patient information recorded in the cases and procedures section must comply with the individual's or hospital's privacy statement, or the patient must have given their consent.

It is also important to note that any reflective comments in the ePortfolio may have potential medico-legal implications.

4. Training program requirements

As part of DHM training, trainees must complete the following requirements:

- [Clinical experience \(time\).](#)
- [Volume of practice.](#)
- [Workplace-based assessments.](#)
- [Clinical placement reviews.](#)
- [SPUMS diploma.](#)
- [Diving and hyperbaric medicine courses.](#)
- [Advance life support course.](#)
- [DHM examination.](#)

Trainees are required to log their training experiences in their training ePortfolio to be eligible for award of the advanced certificate (refer to section 3).

4.1. Clinical experience (time)

Trainees must complete a minimum of 44 weeks FTE of clinical experience. All DHM training must be completed in accredited sites, and all placement details must be recorded in the ePortfolio.

Minimum training placements must be at least one week FTE. This means that if training at 0.5 FTE, minimum blocks of two continuous calendar weeks of clinical experience are required for training time to be counted. If training at 0.2 FTE, minimum blocks of five continuous calendar weeks of clinical experience are required for training time to be counted.

The college is committed to providing flexible training options to trainees as outlined in section 4.2.

4.1.1. Recording clinical experience

Clinical experiences are confirmed as part of the clinical placement review (CPR). As part of the feedback CPR, trainees are required to declare the number of weeks (FTE) of training completed as part of their placement, excluding leave.

Leave includes absence of any type such as annual leave and leave taken to study, or to attend conferences and courses (excluding the required advanced life support, diving medicine and hyperbaric medicine-oriented courses, which may be recorded as clinical experience).

The number of declared weeks will be confirmed in the ePortfolio by the supervisor of training (SOT).

If the trainee has had previous clinical experience formally recognised by the college (refer to recognition of prior learning (RPL) in section 11), credits will be applied to their clinical experience goals in their ePortfolio.

4.2. Flexible training

Table 2: Flexible training options

Option	Allowable	Requirements
Time to complete all training requirements (section 3.1.3)*	Five calendar years from date of commencement of training.	Refer to <u>regulation 36.5</u> .
Concurrent DHM training and primary specialist qualification	Yes, provided all DHM training requirements are met independently of the requirements of the primary specialist college.	Refer to <u>regulation 36.20</u> .
Concurrent DHM training and specialist practice	Yes, provided all DHM training requirements are met.	Refer to <u>regulation 36.20</u> .
Part-time training	Yes to minimum 0.2 FTE** Refer to <u>regulation 36.20</u> .	Prospective approval by DPA assessor.
“Blocks” of continuous training time	Required.	Must be in minimum blocks of at least one week FTE***.
Leave	Yes, provided all training requirements are completed within five calendar years. Refer to <u>regulation 36.5</u> .	Notify College if > 26 calendar weeks > 26 calendar weeks away from DHM, requires re-entry to practice (refer to <u>section 8</u>)

* Trainees should advise the college in writing if they have completed all DHM training requirements but have not yet been awarded their primary specialist qualification. This communication should include the expected date of completion of the primary specialist qualification. In this case, the trainee is awarded a certificate of completion of training requirements. The advanced certificate is not awarded until the college receives written confirmation of award of the primary specialist qualification.

** For training time in an accredited unit to count towards training, the minimum time commitment is 20 per cent of the commitment of a full-time trainee in the same unit or institution (i.e. 0.2 FTE).

*** This means that if training at 0.5 FTE minimum blocks of two continuous calendar weeks of clinical experience are required for training time to be counted. If training at 0.2 FTE minimum blocks of five continuous calendar weeks of clinical experience are required for training time to be counted.

4.2.1. Part-time and full-time training

Training may be completed full-time, part-time or both in combination, provided all training requirements are met. Local employers set the work required for full-time employment. It is expected that a full-time load would be at least 38 hours per week as defined by the Medical Board of Australia in the recency of practice standard. For training time in an accredited unit to count towards training, the minimum time commitment is 20 per cent of the commitment of a full-time trainee in the same unit or institution (i.e., 0.2 FTE).

4.2.2. Leave and extended time away from training

Trainees may take leave at any time. Leave is not included within the clinical experience time requirements and there are no restrictions on the amount of leave taken at one time.

Trainees who spend more than 26 calendar weeks outside of DHM training (as leave and/or working in another area) must participate in a trainee re-entry to practice program as outlined in [section 8](#).

Time spent undertaking the required advanced life support, diving medicine and hyperbaric medicine-oriented courses is considered clinical experience and should not be recorded as leave.

It is expected that trainees may need to take sick leave. Should sick leave accumulate to five days or more in one clinical placement, it should be logged as one week of leave for each five days of sick leave.

4.2.3. Time limit to complete training

All training requirements must be completed within five calendar years from the date of commencement of training ([regulation 36.5](#)).

Trainees who have completed all DHM training requirements but have not yet been awarded their primary specialist qualification should advise the college of their situation in writing. This communication should include the expected date of completion of the primary specialist qualification. In this case, the trainee is awarded a certificate of completion of training requirements. The advanced certificate is not awarded until the college receives written confirmation of award of the primary specialist qualification.

4.3. Supervision

4.3.1. Clinical supervision

All clinical experience undertaken towards training, including after-hours, must be supervised.

Levels of supervision are:

1. **One-to-one supervision:** clinical supervisor working directly with the trainee one-to-one. This should occur for unfamiliar areas, where the patient's condition requires it and at trainee request.

2. **On-site supervision:** clinical supervisor on site and readily available to the trainee but not working one-to-one.
3. **Distant supervision:** clinical supervisor off site, contactable by phone and available to attend within reasonable travelling time should it be required. Consultation must be available at all times.

4.3.2. Supervisors

Formal roles within DHM training are:

- **DHM clinical supervisors** who supervise trainees' clinical work and can undertake workplace-based assessments (WBAs). Refer to [section 14.3](#) for more information.
- **DHM supervisors of training (SOTs)** who assist trainees with educational and clinical supervision (including WBAs) and coordinate training activities within their accredited unit. Refer to [section 14.2](#) for more information.

Where an accredited unit does not have a member of the specialist staff who holds the Adv Cert in DHM, co-supervision between a nominated unit clinical supervisor and a SOT from another accredited unit is required. Such arrangement must be notified to the TA team within four calendar weeks of training time commencing or else training time may not count.

If trainees experience problems with their supervisors, the processes to be followed are in [section 17](#).

4.4. Volume of practice

Volume of practice (VOP) refers to the minimum number of specific clinical experiences that must be undertaken by trainees during DHM training. These are considered core activities for every trainee and all trainees should be able to access exposure without significant difficulty. For some clinical experience (refer to asterisks in the table below), trainees can complete a simulated activity within their training placement. This is particularly for situations where they are unlikely to experience an authentic clinical case/s.

Table 3: Minimum required volume of practice

Broad Category	Experience	Minimum Required
1. Patient Assessment	Assessment of a patient for routine therapy	25 patients
	Assessment of an emergency patient	10 patients
	Interpretation of transcutaneous oxygen measurement	5 patients
	Interpretation of tympanometry	10 patients
2. Hyperbaric Therapy	Supervision of routine treatment	50 cycles
	Preparation for and supervision of the treatment of a critically ill, intubated and ventilated patient	10 treatments (4 patients*)
	Planning of dressing regimen for chronic wound management	10 patients
3. Diving Medicine	Assessment of fitness to dive (recreational or occupational diving) or hyperbaric attendance	20 candidates
	Assessment of a diver for diagnostic or therapeutic purposes (including any pre-hospital advice and treatment)	10 patients
	Supervision of initial recompression for decompression illness (DCI)	5 patients
	Counselling following treatment for DCI/cerebral arterial gas embolism (CAGE)	10 patients
4. Complications	Assessment and treatment of barotrauma	10 patients
	Measurement of visual acuity or refraction error during or after HBO treatment to assess the development of hyperoxic myopia and counselling	5 patients
	Treatment of hyperoxic seizure	1 patient*
	Emergency chamber access for resuscitation	1 patient*

* may be simulated

In circumstances where the trainee is unable to meet the minimum required VOP due to limited opportunities during their placement, the DHM supervisor of training (SOT) should assist the trainee to gain the relevant experience at an alternate accredited training site. Trainees are reminded that the priority is to complete all training program requirements (WBAs, VOP and courses) as opposed to completing a defined period of time in an accredited training post.

In the unlikely event that the trainee is unable to meet the minimum required volume of practice in a reasonable period of time, for reasons beyond the trainee's control, the trainee may apply to the DPA assessor (as part of the application for award of the advanced certificate) for dispensation from the requirement to complete any outstanding VOP. This request must be made with support of the DHM supervisor.

4.5. Formative workplace-based assessment

Within DHM training, workplace-based assessments (WBAs) are designed to provide regular structured feedback and facilitate learning within trainees' normal work environments. They provide an opportunity for trainees to be observed assessing and managing patients in diving medicine and hyperbaric medicine and also focus feedback on the DHM roles in practice – the non-technical skills, such as communication, collaboration and professionalism.

Trainees are required to complete a minimum of eight WBAs during advanced certificate training (refer to table 3.5.1) However, while completing training, they are encouraged to find additional opportunities to be observed and obtain feedback on their clinical performance. It is beneficial for trainees to allow themselves the time to incorporate feedback from one assessment into their clinical practice, prior to completing the next WBA.

Table 4: Required workplace-based assessments

WBA type	Minimum number required
Clinical skills assessment – one each of the following: <ul style="list-style-type: none"> Assessing a patient for fitness to dive; Assessing a patient with a diving related injury; and Assessing a patient presenting for hyperbaric oxygen treatment. 	3
Management plan assessment – one each of the following: <ul style="list-style-type: none"> Managing a patient with a diving related injury; and Managing a patient presenting for hyperbaric oxygen treatment. 	2
Case-based discussion – one each of the following: <ul style="list-style-type: none"> Managing a patient with a diving related injury; and Managing a patient presenting for hyperbaric oxygen treatment. 	2
Multi-source feedback	1

Trainees are responsible for initiating each WBA and providing the relevant form to the supervisor undertaking the assessment. The assessor may be a DHM SOT or DHM clinical supervisor. Detailed instructions on how the assessment should be conducted are detailed in the WBA form in the ePortfolio.

While real-time observation is preferred, especially of trainees in the early stages of the advanced certificate, clinical skills assessments and part two of the management plan assessment may also be conducted by video. Trainees must gain consent from the patient prior to filming the consultation. The assessor and trainee then review the video together soon after the consultation.

Completed WBAs should be entered into the ePortfolio and reviewed by the DHM SOT during the clinical placement reviews. Where the trainee requires further development of skills, the SOT may request that additional WBAs are undertaken.

4.5.1. Clinical skills assessment

A clinical skills assessment (CSA) involves an assessor observing the trainee while they conduct an initial assessment of a patient. The intention is to assess the trainee's skills in taking a comprehensive history, performing physical examination and ordering and interpreting investigations in an authentic situation.

The following CSAs are required:

- Assessing a patient for fitness to dive;
- Assessing a patient with a diving related injury; and
- Assessing a patient presenting for hyperbaric oxygen treatment.

4.5.2. Management plan assessment

The management plan assessment (MPA) consists of two parts to be performed at two different times (preferably by the same assessor). The first part of the assessment is a discussion about a patient who the trainee has assessed relatively independently, while the second part is an observed assessment of the trainee communicating their findings and management strategies to the patient and their spouse, family, friends or guardian as relevant).

The following MPAs are required:

- Managing a patient with a diving related injury; and
- Managing a patient presenting for hyperbaric oxygen treatment.

4.5.3. Case-based discussion

Case-based discussion (CbD) is designed to assess and develop the trainee's ability to discuss their clinical reasoning and rationale for decision-making regarding a case they have managed fairly independently. The trainee must have provided care for the patient on at least two occasions.

One focus of the case-based discussion assessment is the review of written communication skills. Trainees must provide the patient record and all correspondence they have prepared to report back to the referring practitioner or to other health professionals concerning the patient.

As the case-based discussion requires a higher level of integration of information and formulation of cases it is recommended the majority be scheduled during the latter part of training.

The following CbDs are required:

- Managing a patient with a diving related injury; and
- Managing a patient presenting for hyperbaric oxygen treatment.

4.5.4. Multi-source feedback

The major role of multi-source feedback (MsF) is to broaden the sources of feedback on everyday clinical care, recognising that DHM physicians do not work in isolation but as members of interdisciplinary and interprofessional teams to deliver care.

The assessment provides information on how the trainee is performing across the DHM roles in practice (refer to section 3 of the [DHM Curriculum](#)). The strength of this assessment is that it includes feedback on how others perceive the trainee's skills in communication, collaboration, professionalism and health advocacy via incidental observations over a period of time. Therefore, those who contribute to this assessment must have worked with the trainee for a minimum of 12 calendar weeks.

The trainee must initiate the MsF in the ePortfolio, complete the self-assessment and nominate responders.

The trainee should liaise with the DHM SOT or DHM clinical supervisor (in the case of a co-supervision arrangement) with regard to the selection of potential responders.

The following people may be requested to confidentially complete the form:

- DHM physicians.
- Specialists in other fields of medicine, including referring doctors.
- Junior medical staff and medical students.
- Nursing staff.
- Technicians.
- Administrative staff.

To complete the assessment, the trainee requires a minimum of six responses. The DHM SOT collates the feedback in the ePortfolio. The MsF must be conducted at least once during training.

4.6. Clinical placement reviews

Clinical placement reviews (CPRs) provide trainees with regular review and feedback from their DHM SOT about their performance in the training program. They allow DHM supervisors of training to monitor progress of the trainee and work with them to acquire knowledge and clinical skills within the diving and hyperbaric medicine environment. The CPR form can be downloaded from the [ANZCA website](#). A CPR should be completed at the beginning and end of each clinical placement and at least every 26 calendar weeks for longer placements.

The CPR involves two parts: a) goal setting at the commencement of the placement; and b) review of progress at the end of the placement.

4.6.1. Planning clinical placement review

Planning at the start of each placement or 26 calendar week period helps trainees to consider aspects of the curriculum they would like to focus on and how they might be supported to achieve DHM training requirements during the placement. The trainee initiates the clinical placement plan in the ePortfolio prior to meeting with the supervisor for the planning CPR.

4.6.2. Feedback clinical placement review

If a clinical placement is longer than 26 calendar weeks, the feedback CPR must be performed at no longer than 26 calendar week intervals. A planning CPR (reviewing a new clinical placement plan for the subsequent 26-week period at the same site) can be held in conjunction with the feedback CPR for the previous period.

The trainee should initiate the feedback clinical placement review in the ePortfolio for review by their DHM SOT prior to the review meeting. The assessment covers the trainee's progress against their clinical placement plan as well as the trainee's completion of VOP, WBAs, courses and the SPUMS diploma.

Discussion should cover areas of strength, and areas for further development will be identified. The DHM SOT will also indicate whether the trainee has met the expectations of training in relation to the amount of clinical experience completed. Should the trainee not be meeting expectations, additional support will be provided to the trainee. A trainee receiving a borderline assessment on a CPR should complete another planning and feedback CPR cycle within 13 calendar weeks (refer to [section 9](#)).

Trainees should arrange an appointment with their DHM SOT no earlier than two calendar weeks prior to the end of the placement or after 26 calendar weeks.

CPR forms provide evidence of progression against training program requirements and are the primary means for the college to assess trainees' eligibility for sitting the examination and for award of the ANZCA Adv. Cert. in DHM. Trainees should submit CPR forms in a timely manner and must submit any completed CPRs before sitting the examination and before applying for award of the advanced certificate. The final CPR must be satisfactory.

5. Courses

Trainees are required to complete a number of mandatory courses throughout the DHM training program. The completed courses must be recorded in the ePortfolio for confirmation by a DHM supervisor of training (SOT). A course completion certificate may be uploaded to the ePortfolio as evidence of completion.

5.1. SPUMS diploma (regulation 36.18.1)

Trainees must complete the South Pacific Underwater Medicine Society (SPUMS) Diploma as a requirement of advanced certificate training.

5.2. Diving and hyperbaric medicine courses (regulation 36.18.2)

Trainees are required to successfully complete two periods of formal instruction, one which focuses predominantly on diving medicine and the other, hyperbaric medicine. This allows formal training from a range of specialists in the field. It is recommended that one course is taken early in training and the other completed at any time up until the end of training.

Each course must address the learning outcomes within section one, *Diving Medicine*, or section two, *Hyperbaric Medicine* of the ANZCA Advanced DHM curriculum and meet the standard as defined in the [curriculum](#). The DHM Sub-Committee (DHMSC) maintains a list of preapproved courses on the ANZCA website. Trainees seeking to undertake a course that is not included in the preapproved list should apply prospectively using this form. Applications will be assessed by the DPA assessor in consultation with the chair of the DHMSC (or nominee).

5.3. Advanced life support (regulation 36.18.3)

An advanced life support (ALS) course, or equivalent, must have been completed within the 52 calendar weeks prior to date of completion of other training requirements. Advanced life support courses must meet the standard defined in section 8.3.3 of the [ANZCA Anaesthesia Training Program Handbook](#). An effective management of anaesthetic crises (EMAC) course within the previous 104 weeks will also meet this requirement.

6. Examination

Trainees must successfully complete the DHM examination to obtain the advanced certificate of DHM. The DHM examination includes written and viva voce sections and is conducted annually.

Dates of the written and viva sections and the application deadline will be published on the college website at least 26 calendar weeks prior to the written examination date.

Competencies related to the knowledge, behaviours and clinical skills pertinent to a specialist medical practitioner in diving and hyperbaric medicine, as outlined in the [curriculum](#), will be tested at the examination.

DHM trainees are permitted three attempts at the examination. Trainees who have not passed after the third attempt become ineligible to re-sit the examination, are deemed withdrawn from advanced certificate training, and are not permitted to re-register for DHM training.

6.1. Eligibility

Trainees must have completed at least 26 weeks FTE time towards DHM training at the date of application or must do so by the date of the written section.

6.2. Applying to sit the examination (regulation 36.19)

Trainees seeking to present for an examination are required to submit an application form, along with all associated documents, and must ensure all relevant fees are paid by the closing date. Applications that are not complete by the closing date will not be accepted.

Applicants who have not fulfilled the eligibility requirements at the date of application must provide a written statement from his or her SOT certifying that he or she will have completed all requirements by the date of the written section of the examination (regulation 36.19.2). Trainees are encouraged to be in a training post while sitting the examination, however, this is not required.

Any trainee seeking exceptions to the examination eligibility should contact ANZCA's exam team.

6.3. Special consideration and withdrawal

Any candidate may withdraw their application in writing, before the closing date of the examination (regulation 36.17.5). After this date, a fee will be charged for withdrawal from the examination. For applications for special consideration, refer to the [Special Consideration policy](#).

6.4. Written section (50 marks, 50 per cent)

The written examination consists of 10 short-answer questions. Candidates have 100 minutes to answer the questions with a 10-minute reading time prior to the start of the examination.

Candidates must obtain at least 50 per cent in the written section in order to be invited to the viva voce section. Candidates are advised of results via email.

6.5. Viva voce section (50 marks, 50 per cent)

The viva covers a broad range of topics within the curriculum, is undertaken by two examiners and runs for 30 minutes. The following competencies may be assessed during the viva:

1. Medical expertise, including clinical judgement, prioritisation, interpretation of complex clinical situations and anticipation of clinical actions and their sequelae.
2. Collaboration, including the role and responsibilities of a diving and hyperbaric medicine physician and other professionals in the healthcare team.
3. Leadership, including the safe practice of diving and hyperbaric medicine and improvement systems.
4. Professionalism, including the trainee's approach to commonly encountered ethical issues in diving and hyperbaric medicine.

Each viva has mixed curriculum content, is undertaken by two examiners, is 30 minutes in duration and has a maximum of 50 marks.

6.6. Examination results and feedback

To achieve a pass the candidate must achieve a mark of at least 50 per cent (50 marks) out of the total 100 marks. Candidates attempting the written examination, but who do not meet the requirements to be invited to the viva section, will be unsuccessful in the examination.

An envelope containing the overall examination result is available for collection by each candidate at the results venue.

Successful candidates will receive a certificate of completion via post and unsuccessful candidates will receive feedback letters via email, within four weeks of the conclusion of the examination. If a candidate discovers a discrepancy in the result, they are advised to seek clarification from the college (dhm@anzca.edu.au).

Candidates who fail an exam may request a feedback interview (dhm@anzca.edu.au). The interviews are conducted by senior members of each exam panel and are based on a review of the individual candidate's results. ANZCA strongly recommends that trainees who are close to completing other requirements of the advanced certificate and who have not yet passed the examination, discuss their situation with their SOT.

6.7. Awards

Merit awards

Merit awards are given at the discretion of the court of examiners and recognise candidates who have shown excellence in their examination results but have not achieved sufficient marks to be awarded the relevant prize. A certificate recognising a pass with merit in the appropriate examination is presented to the meritorious candidates. A merit list for each examination will be published in the *ANZCA Bulletin*.

7. Completion of training requirements and award of advanced certificate

Upon completion of all training requirements and award of a relevant specialist qualification, trainees are eligible to apply for award of the advanced certificate. To apply, trainees must:

- Complete the [Award of the advanced certificate application form](#) within the ePortfolio.
- Complete declaration of fitness to practice.
- Provide any outstanding documentation including certified copy of the advanced certificate for a recognised pre-requisite qualification, if not already provided (refer to [section 2](#)).
- Provide evidence of current medical registration.
- Ensure all outstanding fees are paid.

The Training and Assessment team assesses applications for completeness and forwards complete applications to director of professional affairs (assessor) for review. The director of professional affairs (assessor) assesses applications and provides recommendations to the ANZCA Executive Committee, which provides decisions on awarding the advanced certificate. The training and assessment team notifies trainees of the outcome and provides the certificate of completion within three months.

8. Trainee illness and disability

8.1. Fitness to practice

Trainees are responsible for ensuring that they are fit to practice, and they must seek medical advice if unsure about their fitness. A declaration of fitness to practice is required on trainee registration, annually and on application for award of the advanced certificate.

The college does not determine fitness to practice – this is a matter for the regulatory authority, the employer and the treating medical practitioner.

8.2. Trainee illness and disability (regulation 36.28)

The college recognises that, on occasion, trainees either may not be able to perform their duties adequately owing to illness or disability or may need special assistance as a result of other personal difficulties. Those dealing with trainees who are ill or disabled must ensure that patients are not put at risk and that trainees are treated fairly. Trainees in this situation should contact the college to discuss their training options. This includes trainees who come to the attention of medical regulatory authorities through conditions, suspension or removal from the register. All cases are handled on an individual basis with reference to individual circumstances, in accordance with ANZCA policy and in line with regulatory and other legal requirements.

8.3. Examinations and special consideration

Refer to [Special consideration Policy](#). This policy applies to formally scheduled summative assessments (including examinations) and mandatory scheduled workshops which can't be altered.

Any candidate may withdraw his or her examination application in writing, before the date of the examination (regulation 36.17.4). A candidate may withdraw on medical or compassionate grounds before the examination. If on medical or compassionate grounds a candidate is unable on the day to present for the examination, he or she must submit a written notice and provide evidence of cause.

Candidates should not be disadvantaged as a result of events outside their control. Nevertheless, in seeking to redress any disadvantage, no action should be taken that might be held to be unfair to other candidates. If an examiner or invigilator becomes aware that a candidate is ill, he or she should notify the chair of the court, who will determine whether the illness is incapacitating and, if appropriate, will reschedule the candidate's program within the examination or advise the candidate to withdraw. No special consideration will be given to a candidate who elects against advice to continue with the examination.

8.4. Confidentiality and privacy

Maintenance of confidentiality and protection of privacy of the trainee with illness and/or disability are obligations that must not be breached except in the case of mandatory reporting requirements to external regulatory authorities, and/or where immediate patient safety is at risk. In cases where patient safety may be affected, the college reserves the right to notify medical boards/councils or other appropriate authorities (regulation 36.28.1).

The reporting requirements of the relevant jurisdiction with regard to trainee illness and/or disability must be met.

9. Trainee re-entry to practice

9.1. Overview

DHM trainees who spend more than 26 calendar weeks outside of DHM training must participate in a trainee re-entry to practice program upon returning to training. For more information, refer to the guidelines on training re-entry in the [*ANZCA Anaesthesia Training Program Handbook*](#).

9.2. Re-entry to training process

The total duration of a formal re-entry into training in DHM process will be determined by the learning needs analysis. The duration of the process and its components may be shortened or lengthened depending on the learning needs analysis and progress with the program.

A formal re-entry to practice process endorsed by ANZCA must adhere to the following:

Stage 1 – to be undertaken prior to commencement of or early in the re-entry to DHM training:

- Initiate clinical placement plan (as part of the clinical placement review) and complete a learning needs analysis to identify individual requirements in discussion with the supervisor of training (SOT). This should take into account the trainee's volume of practice to date, assessments and other relevant aspects of training progress prior to the absence from DHM practice. Other important considerations are what the trainee has been doing whilst out of DHM training and the proposed DHM placement on re-entry.
- If the trainee is returning from a period of more than 26 calendar weeks training in an area outside of DHM, they are required to complete a learning needs analysis. Based on the outcome of this analysis, the trainee may not require any further components of the re-entry to practice program.

Stage 2 – to be undertaken on commencement:

- An initial period of one-to-one supervision, the duration of which should be informed by the learning needs analysis, the duration of absence from practice, the nature of the placement on re-entry and the SOT's discretion followed by;
- An assessment of ability to practice without one-to-one supervision.

Stage 3 – to be undertaken after successfully moving beyond one-to-one supervision and prior to completion of the re-entry into DHM training program:

- A period of oversight by the SOT or nominee; and
- Regular discussion with the SOT. During the period of re-entry to training, the trainee should maintain their training portfolio records, ensuring they are accurate, up-to-date and reflect the entirety of their caseload during the re-entry program.

Stage 4 – at the satisfactory completion of the process, the SOT will confirm that the trainee has satisfactorily completed the program as part of a clinical placement review. If the SOT is unable to confirm satisfactory completion of the DHM training re-entry, the re-entry program should be extended until satisfactory completion can be confirmed, or the trainee support process (TSP) should be initiated. The re-entry to practice will count as training time consistent with the provisions of regulation 36.

- Failure to complete the trainee re-entry to practice process will result in the initiation of a TSP.

10. Trainee support and trainee performance review processes

10.1. Identifying trainees requiring support

There are many situations throughout training when trainees may require more support. The trainee support process (TSP) assists trainees during these times. It uses a staged response by providing structured feedback to the trainee.

Early identification of trainees requiring support at the local department level is an important and integral part of the process. More structured and formalised assessment and management may also be required.

It is not appropriate to use this process where issues relate to employment, misconduct and where there is a risk of harm to patients and/or the trainee. In these instances, the head of department must be notified immediately, and advice sought from the employer's human resources department. You may wish to notify ANZCA in these situations.

The processes for dealing with trainees under medical board/council conditions, suspension or removal from a medical register are outlined in [regulation 36.29](#).

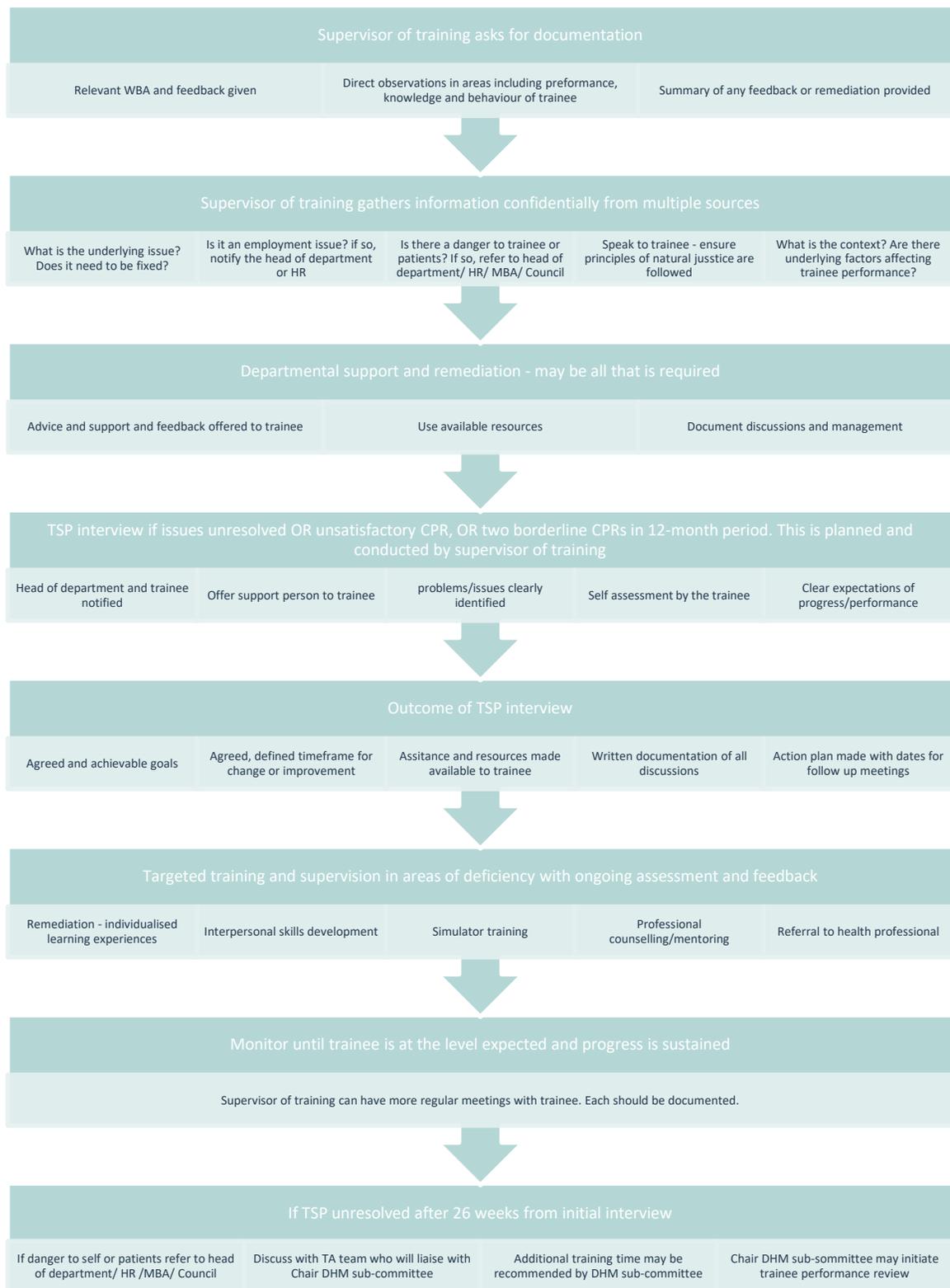
Trainees should be aware of, and can access as required, the ANZCA reconsideration, review and appeals policy, particularly where issues cannot be resolved at a local level ([regulation 30](#))

Trainees and supervisors should refer to section 3.4 of the *ANZCA Anaesthesia Training Program Handbook* and the [early indicator checklists](#) for more information. These indicators checklists were developed for the ANZCA anaesthesia [training](#) program but the principles and resources are also relevant to DHM trainees.

10.2. Trainee support process

The following flowchart outlines the essential elements of the TSP.

Figure 2: Trainee support process



Following a borderline clinical placement review (CPR), the trainee will require additional support and will need to complete agreed upon activities during the subsequent quarter. These activities will be identified and agreed to by the supervisor of training (SOT) and trainee.

Following two consecutive borderline CPRs or one CPR for which the SOT indicates that the trainee does not meet expectations, the trainee must commence a TSP.

If the remediation activities outlined in the TSP are not completed satisfactorily within 26 calendar weeks, the trainee performance review process will be initiated.

A TSP will be initiated by the SOT following a second consecutive borderline or one unsatisfactory CPR. The process will run for a minimum of 13 calendar weeks to a maximum of 26 calendar weeks.

The principles of natural justice must be observed throughout the TSP. It is advisable for DHM supervisors to seek advice from the hospital's human resources unit, to ensure compliance with local employment legislation.

This unit-based process comprises an initial interview, support from the unit, remedial strategies and regular monitoring by the SOT.

A remediation program is developed by the SOT and trainee, which is acceptable to the DPA assessor. A copy of the interview and remediation plan signed by the trainee and SOT must be forwarded to the TA team within two calendar weeks of the process being initiated.

The TSP will be considered successful following a subsequent satisfactory CPR.

If after 26 calendar weeks in the TSP the CPR is assessed as unsatisfactory, the SOT will recommend to the chair of the TPR Sub-Committee that a trainee performance review process is initiated. (Refer to [section 9.3](#))

If after 26 calendar weeks in the TSP the CPR is assessed as borderline, the SOT, with advice from the DPA assessor will determine whether a trainee performance review process should be initiated or whether the trainee should undertake a further 13 calendar weeks in the trainee experiencing difficulty process. Should additional time in the TSP be agreed upon this will extend the training time requirements for that trainee. Advice about impact on training time should be sought from the DPA assessor via the TA unit.

10.3. Trainee performance review process

On occasion the performance of a trainee may require an independent review to determine the future of a trainee in the training program. The DHM trainee performance review process must be initiated:

1. When DHM representatives perceive that local, remedial measures following a TSP have failed to resolve the concerns regarding the trainee.
2. When conditions have been imposed by a relevant registration authority on a trainee's practice, or his or her registration has been suspended or removed.
3. When, in the absence of any report of concerns by ANZCA office bearers, and acting on own motion powers under a common-law duty of care, a majority of the president, the executive director of professional affairs and the chair of the TPR Sub-Committee believe there are reasonable grounds on other evidence for believing the trainee's performance raises a risk to patient safety, or that there are other reasonable concerns about the trainee's performance (for example, substantiated academic dishonesty).
4. When a trainee wishes to initiate this process because the trainee perceives that interpersonal relationships in the workplace have broken down and are preventing a fair and valid assessment of their performance and progress.

The trainee performance review process is not to be used for a trainee whose practice significantly jeopardises, or has the potential to significantly jeopardise, patient safety (for example, substance abuse or other serious illness). In these circumstances, the trainee must be reported to the relevant medical board, council or authority (<http://www.medicalboard.gov.au/> and <http://www.mcnz.org.nz/>).

An independent panel will review the trainee's training record and learning portfolio before undertaking a day of interviews. Full details of the process are available from the general manager, TA unit. The panel will write a report for the consideration of board with one of the following recommendations:

1. That the trainee continues in training without conditions.
2. That the trainee continues in training subject to meeting certain conditions or requirements (for example, agreeing to undergo remediation).
3. That the trainee is removed from the DHM training program.

10.4. Requirements following conditions being placed on DHM training

If the decision of the Education, Training and Assessment Executive Committee (ETAEC) or ANZCA Council is that the trainee is to continue in training subject to meeting certain conditions or requirements the trainee will be suspended from normal training as from the date of ETAEC/ANZCA Council's decision, and will only be able to complete training program requirements such as the examination or courses during the period of suspension if they are specifically noted as conditions to be met during the TPR.

It is the trainee's responsibility to comply with all conditions or requirements, under the supervision and with the support of their SOT. Regular reports as outlined in the trainee performance review report will be sent to the TA unit during the process.

When all recommended processes have been completed satisfactorily, the SOT must submit a final report to the TA unit. This report will provide a global assessment by the SOT taking account of the trainee's compliance with all requirements and based on all assessments undertaken during the trainee performance review.

If the recommendations have been complied with satisfactorily, and the trainee has achieved the required performance level, the trainee may, as from the date of the ETAEC/ANZCA Council's decision, resume normal training.

If the recommendations have not all been complied with satisfactorily, and/or the trainee has not achieved the required performance level, the trainee will, from the date of ANZCA Council's decision, be removed from the DHM training program.

11. Recognition of prior learning

The college will consider recognition of prior learning (RPL) towards advanced certificate training as follows:

- Prior clinical experience in a unit accredited by ANZCA for training towards the former ANZCA Certificate in DHM up to a maximum of 13 weeks FTE provided there is documentation as outlined in regulation 36.22. Applicants must provide a letter from relevant supervisors and employing authorities confirming details of experience (including leave taken) on hospital letterhead.
- Courses which meet the requirements of regulation 36.18 provided these have been completed within the five years prior to award of the advanced certificate of DHM. Applicants must provide original course completion certificates or copies certified by a justice of the peace or equivalent authority.
- Prior completion of the South Pacific Underwater Medicine Society (SPUMS) Diploma in DHM. Applicants must provide evidence of award of the SPUMS Diploma in DHM.
- Significant DHM-related research experience completed prior to registration as a DHM trainee:
 - A formal project meeting standards outlined below:
 - A project must include a written report of at least 1500 words (excluding references) on the work undertaken. This will include a critical review and an evidence-based approach to the specific topic. The trainee should show that he or she has assessed background data relating to the project and objectively weighed up the validity of relevant information obtained from the scientific literature and other sources. The project must be conducted in major part by the trainee. Examples of formal projects are:
 - A case report of interest or clinical significance.
 - A review of a topic relevant to diving and hyperbaric medicine.
 - A meta-analysis of published work on a topic relevant to diving and hyperbaric medicine.
 - A research project. This may be a self-contained project conducted mainly by the trainee or be a large trial involving multiple investigators to which the trainee contributes. When the trainee participates in a large trial, a log book of involvement should be presented which has been signed off by the trainee's supervisor.
 - Any other project which has value from a clinical, scientific or educational perspective, such as a quality assurance project, a project submitted for a higher qualification relevant to anaesthesia, or an instructional video or computer program.
 - A paper (relevant to diving and hyperbaric medicine) published in an indexed and peer-reviewed journal. Letters to editors are excluded.

- A qualification relevant to diving and hyperbaric medicine, conferred by an educational or professional institution, which requires examination of a written dissertation.
- An oral or a poster presentation at a South Pacific Underwater Medicine ASM (or other equivalent national or international scientific meeting in DHM), an ANZCA annual scientific meeting (DHM SIG session), Australian Society of Anaesthetists (ASA) national scientific congress, regional ANZCA/ASA continuing medical education meeting, New Zealand Society of Anaesthetists/ANZCA New Zealand National Committee annual scientific meeting, ANZCA registrars meeting, or other meeting having selection criteria of an acceptable standard and where the subject matter is relevant to DHM. Any oral or poster presentation submitted as a formal project must include written report of at least 1500 words (excluding references) on the work undertaken. This will include a critical review and an evidence-based approach to the specific topic. The trainee should show that he or she has assessed background data relating to the project and objectively weighed up the validity of relevant information obtained from the scientific literature and other sources.

Applications should be sent to the TA unit with supporting documentation and the required fee and will be considered by the DPA assessor.

12. Reconsideration, review and appeal processes

Any trainee who is dissatisfied with a decision under regulation 36 and this handbook may apply to have the decision reconsidered. Subsequent applications may be made for review and then appeal. All such applications must be made under regulation 30 - Reconsideration, Review and Appeals Policy.

Reconsideration, Review and Appeal for workplace-based assessments

Regulation 30 does not address matters relating to workplace-based assessments (WBA). The supervisor of training (SOT) should address a trainee's concerns about a WBA or clinical placement review locally, and if necessary, involve the education officer. Generally, the WBA should be repeated. It may also be appropriate for local grievance measures or bullying, discrimination and harassment policies to be applied.

[The ANZCA policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions.](#)

[The ANZCA feedback management policy.](#)

For more information contact the director of professional affairs (assessor) at assessor-requests@anzca.edu.au.

13. Withdrawal from training

Trainees may exit the training program prior to completion by:

- Early voluntary withdrawal from the program.
- Non-compliance with curriculum requirements (deemed withdrawal).
- Removal from the program.

13.1. Early voluntary withdrawal from the training program

Trainees should advise the college in writing should they wish to withdraw from the training program. The withdrawal letter will be placed on the trainee's file for future reference should the trainee reapply for the training program. The DPA assessor will consider all requests for reregistration as a DHM trainee and will assess such applications on an individual basis.

An exit interview with the chair DHMSC will be offered to trainees who voluntarily withdraw from training.

13.2. Non-compliance with curriculum requirements

Trainees may be deemed by the college to have withdrawn from the training program for the following reasons:

- Exceeding the maximum time permitted to complete all training requirements (refer to regulation 36.5).
- Exceeding the maximum time permitted to be awarded the prerequisite specialist qualification (refer to regulation 36.5.3).
- Failure to sign the ANZCA DHM training agreement within the required time frame (refer to regulation 36.3).

13.3. Removal from the program

Trainees will be removed from the program if they:

- Fail to achieve training requirements within five years of commencement of training.
- Fail to pass the examination after three attempts.
- Fail to pay relevant fees.
- Are withdrawn as a result of the [trainee performance review process \(section 9.3\)](#)
- Are subject to particular regulatory authority interventions (section 11.1).

Trainees withdrawn after failing three attempts at the examination are not permitted to re-register.

Any individual who has been removed from the program as an outcome of a trainee performance review is not permitted to re-register. Trainees who voluntarily withdraw during a trainee performance review process but before it has been concluded may re-register on the condition that the trainee performance review process is completed prior to a decision about recommencing training being made.

13.4. Medical registration authority interventions

Medical practitioners may have conditions placed on their practice or may be suspended or removed from registration by the relevant registration authority. This may result from health-related issues or be the outcome of a disciplinary process.

Trainees subject to the imposition of conditions, suspension or removal by a relevant registration authority have an obligation to inform the college that this is the case.

When the college is advised by the trainee or otherwise becomes aware that a trainee is subject to such conditions, suspension or removal, the following will occur:

13.4.1. Conditions placed on medical registration

If **conditions** are placed on a trainee's practice, the trainee's clinical experience (time) will not be counted from the date the conditions are imposed. At the earliest opportunity a trainee performance review must be undertaken, the trainee being advised of any concerns the college may have arising out of the regulatory authority's decision and being given an opportunity to respond to these concerns.

The trainee performance review will determine whether the trainee may resume approved DHM training while the regulatory authority's conditions are in place and, if so, whether any college-determined conditions should be imposed in addition to those of the regulatory authority, including a possible requirement for special supervision. The trainee performance review process must take account of concerns for patient safety, trainee welfare, the effect of conditions on the required clinical experience if training is to resume, and the trainee's prior record with the college.

13.4.2. Suspension from the medical register

If **suspended** from the medical register, a trainee's clinical experience (time) will not be counted from the date of such suspension. The trainee cannot undertake volume of practice or workplace-based assessments. Should the trainee have the suspension lifted and wish to return to practice and to resume approved DHM training, he or she must advise the college of this in writing within 26 calendar weeks of the suspension being lifted.

A trainee performance review must be undertaken to determine the college's requirements for the resumption of training. In the absence of such advice, after 26 calendar weeks following lifting of the suspension the trainee will be deemed to have withdrawn from the DHM training program.

13.4.3. Removal from the medical register

If **removed** from the medical register, a trainee will be removed from the DHM training program and not permitted to continue training.

If a medical practitioner has completed all requirements of the training program and is awaiting the certificate of completion of training or is applying for admission to fellowship at the time the regulatory authority's decision is imposed:

- If the applicant does not hold current registration to practise at the time of application he or she will not be awarded the advanced certificate or receive the certificate of completion of training.
- If the applicant has conditions imposed on his or her practice, a trainee performance review must be undertaken to determine whether award of the advanced certificate or conferment of the certificate of completion of training may proceed or must be deferred until the imposed conditions are lifted.

Any individual who has been removed from the program as an outcome of a trainee performance review is not permitted to re-register for DHM training. Trainees who voluntarily withdraw during a trainee performance review process but before it has been concluded may re-apply on the condition that the trainee performance review process is completed prior to a decision about recommencing training being made.

13.5. Re-registration as a trainee

A former trainee may apply to be re-admitted to the training program, provided the trainee was not withdrawn from the advanced certificate training after failing the examination three times or as the outcome of a trainee performance review process.

Applications for re-registration are considered on a case-by-case basis having regard to individual circumstances. Trainees who apply for re-registration may apply for RPL under the provisions of regulation 36.22 and this handbook [section 10](#).

14. Teaching and learning resources

14.1. Library

The college library is available online 24 hours-a-day, 7 days-a-week, to all registered trainees undertaking the advanced certificate of DHM. The library team are experts in providing high-quality information services catering to busy and remote users.

The library provides access to:

- A library guide collating resources such as databases, e-books, journals, new articles, and apps relevant to diving and hyperbaric medicine.
- More than 200 specialised online journals including the SPUMS journal.
- Fully searchable online textbooks (e-books).
- Collections of procedural videos and images for presentations.
- Medical databases for literature searching.
- Resources and advice for keeping up-to-date.
- Research support, including table-of-contents alerts, literature gathering and help with search strategies.

The DHM library guide is an excellent point to access the most relevant resources:

http://libguides.anzca.edu.au/dhm*

The ANZCA Library can be contacted on library@anzca.edu.au or +61 3 8517 5368

14.2. Other recommended learning opportunities

Trainees are encouraged to attend the SPUMS annual scientific meeting as an opportunity to mix with colleagues and gain exposure to leaders in the field.

15. Roles of those involved in training

Clinical supervisors, supervisors of training and examiners are encouraged to access ANZCA resources for clinical educators – contact education@anzca.edu.au. These include guidelines on giving feedback and guidelines on assessment.

15.1. Committees and staff

15.1.1. ANZCA Council and EEMC

The ANZCA Council (the board of directors of the college) has overall governance of the advanced certificate. It delegates oversight of educational programs to the Education Executive Management Committee. The roles of these bodies are outlined in their [terms of reference](#).

15.1.2. DHM Sub-committee

The DHM Sub-committee (DHMSC) comprises experts in DHM and education and training. It is responsible for management of the advanced certificate, including curriculum evaluation and development, in lines with its [terms of reference](#).

15.1.3. Training and Assessment team

The Training and Assessment (TA) team is the college unit responsible for the administrative and management aspects of DHM training. Staff members in the unit handle all enquiries, applications and communications about the program via dhm@anzca.edu.au.

15.2. Supervisors of training

The DHM supervisor of training (SOT) is the college representative for training within an accredited training unit. The SOT role is to coordinate training activities within the accredited unit and undertake clinical and educational supervision for individual trainees. The SOT is expected to keep a copy of all training reviews with consideration of security and privacy. However, it is the responsibility of trainees to submit training documentation to the college.

The SOT must hold FANZCA, FACEM, FCICM or another specialist qualification acceptable to ANZCA Council for this purpose, and the ANZCA Adv Cert in DHM. The SOT must not be a candidate for an ANZCA exam and must have appropriate skills and experience.

The SOT is nominated by the head of the unit to the DHMSC for appointment and reappointment. The nomination for appointment and reappointment should be accompanied by an SOT agreement signed by the nominee. This is then signed by the College with a copy forwarded to the SOT and placed on file at ANZCA. It outlines expectations and responsibilities on both sides.

Terms of appointment are three years, and four terms may be served (up to a total of 12 years). There is capacity for extension by application to the DHMSC.

15.3. DHM clinical supervisors

Any doctor employed as a specialist medical officer or equivalent in an accredited unit can act as a clinical supervisor for trainees and undertake WBAs. There is no formal appointment process for this role, although clinical supervisors must sign a supervisor agreement.

15.4. DHM examiners

Examiners are appointed by the DHMSC to the panel of DHM examiners for three-year terms and may be reappointed for up to three further terms (i.e., 12 years maximum).

Examiners are experienced and knowledgeable specialists in the discipline who meet the following criteria:

- Willingness to commit to the examination process
- Relevant specialist experience
- Knowledge of the advanced certificate training program curriculum
- Ability to recognise and manage potential bias and conflicts of interest
- Advanced communication skills.

Examiners (two or three) for each examination are appointed by the DHMSC with consideration of the current units employing trainees sitting the examination. No trainee should be examined by their current SOT.

The roles of the examiners are to:

- Formulate examination questions and marking grids as requested by the chair of the DHMSC (or deputy chair where the chair has a conflict in relation to the relevant examination)
- Prepare materials and respond to requests promptly in lined with required deadlines
- Mark examination questions as requested
- Attend the examination, associated meetings and education workshops
- Be active contributors to assessment deliberations
- Contribute to examination reports as requested
- Uphold the reputation and integrity of DHM training, the examination and the college, including in the performance of practice examinations with their own trainee(s)
- Observe relevant ANZCA policies and procedures in relation to examinations including preserving the confidentiality of matters discussed in any examination.

16. Feedback and evaluation

16.1. Program monitoring and evaluation

The college recognises the importance of evaluation to ensure continuous improvement of the advanced certificate training program. The DHMSC is tasked with regularly reviewing all components of the training program (learning outcomes, teaching and learning methods, assessments, processes and resources) to ensure that they allow for progressive evolution of the program in response to changes in DHM practice and educational innovations.

16.2. Providing feedback about the program

Current and past trainees may be contacted to provide information about their training experiences as part of program evaluation. As part of the ANZCA DHM training agreement, trainees are informed that information held by the College may be used for audit and quality assurance purposes for curriculum improvements and unit accreditation. All information will be handled with strict confidentiality and no trainee or patient will be identified.

This handbook is subject to annual review, however feedback is welcomed at any time. Comments should be directed to dhm@anzca.edu.au.

17. Fees

17.1. Registration fee

The registration fee is payable by medical practitioners upon registration for DHM training. This initial fee covers the first year's annual training fee and provides access to college resources listed in section 2.

17.2. Annual training fee

The annual training fee is payable by trainees in every year following registration. Invoices are sent to trainees according to the annual fee schedule (see below).

17.3. Examination fee

The examination fee is payable by trainees when applying to sit the examination.

17.4. Examination withdrawal fee

The examination withdrawal fee is payable by trainees who withdraw from an examination after the closing date of the examination. More detail is provided in section 5.3.

17.5. Recognition of prior learning preliminary assessment fee

The recognition of prior learning is payable by medical practitioners when applying for recognition of prior learning under regulations 36.22 or 36.34 for training experience that pre-dates the commencement of advanced certificate training.

17.6. Recognition of prior learning award fee

The recognition of prior learning award fee is payable by medical practitioners in order to receive the credits determined through the recognition of prior learning assessment.

17.7. Advanced certificate holder fee

The annual advanced certificate holder fee is payable by holders of the advanced certificate in DHM (Adv Cert in DHM). Trainees who are awarded the advanced certificate mid-year are not required to pay this fee until the following year. Invoices are sent in accordance with the annual fee schedule.

17.8. Annual fee schedule

- **Mid-November:** ANZCA publishes updated fee amounts for the next year following their approval by ANZCA Council. Invoices for annual fees (annual training fee, advanced certificate holder fee) are sent to trainees and advanced certificate holders.
- **31 January:** annual fees are due by this date at the latest. Trainees who do not pay by this date will not receive credit for training following.
- **28 February:** trainees and advanced certificate holders who do not pay by this date will have their website access disabled.
- **31 March:** trainees who do not pay by this date will be withdrawn from the training program.

17.9. Financial hardship

Trainees experiencing financial hardship that affects payment of their training fees should apply prospectively to the TA unit for an extension. Each case will be considered on an individual basis. The application can be sent via dhm@anzca.edu.au.

18. Continuing professional development

All DHM practitioners are encouraged to participate in continuing professional development (CPD) activities which are relevant to their scope of practice. Further details on CPD requirements for DHM practitioners can be found in the CPD handbook.

19. Corporate policies

All those involved in the training program must be aware of and comply with ANZCA policies on:

- [Academic integrity](#).
- [Bullying, discrimination and harassment](#).
- [Privacy](#).
- [Social media use](#).
- [Conflicts of interest](#).
- [Feedback management](#).

Additional corporate policies are located here: <http://www.anzca.edu.au/resources/corporate-policies>.

20. Contacting ANZCA

Trainees, supervisors of training and heads of department with queries about the training program should contact ANZCA.

Email: dhm@anzca.edu.au

Post: Australian and New Zealand College of Anaesthetists

630 St Kilda Road
Melbourne Vic 3004

Phone: +61 3 9510 6299

Fax: +61 3 9510 6786

21. Disclaimer

As specified in 36.31, trainees may apply via the TA unit to the DPA assessor for exemptions to regulation 36. These are considered on a case-by-case basis and do not set any precedent for future decision regarding regulation 36.

Version control register

Version	Author	Approved by	Approval date	Sections modified	Date of next review
1.0	DHM Project Group	ETAEC	April 2017	N/A	2017
1.0	TA unit	GM, TA	April 2017	Section 1: removed reference to Australian Standards. Section 16: information to be included in next handbook version.	2017
1.01	TA unit	ETAEC	July 2017	Section 16: updated to include information on all DHM fees	2017
1.02	Education Unit	ETAEC	August 2017	Section 10: updated to allow RPL for DHM-related research experience.	2017
1.03	Education Unit	EEMC	January 2019	Section 17: continuing professional development inserted	2019
1.04	Education Unit	EEMC	June 2019	Section 5: updated examination requirements	2020
1.5	Education Unit	EEMC	November 2021	Section 4.3: terminology change for ALS courses Throughout: terminology change for trainee support process Section 14.2 change to supervisor requirements	2022
1.6	Education unit		February 2023	Course link updated - Networks to Learn@ANZCA	2024
1.6	Education unit	EEMC	December 2023	Throughout: terminology changed from Training and Assessment Team to Training and Assessment Unit	2024

				<p>Throughout: document updated to reflect the introduction of the ePortfolio system into the DHM training program</p> <p>Clause 2.2.2: information updated to align with other ANZCA handbooks.</p> <p>Section 3: section added to reflect the introduction of the ePortfolio system into the DHM training program.</p> <p>Clause 3.6 (logbook): removed</p> <p>Section 6: Information updated to align with current practice around Merit Award</p>	
1.7	Education unit	Council	December 2023	Name change from 'diploma' to 'advanced certificate' throughout document	2024
1.8	Education unit	EEMC	August 2024	8.3 updated for consistency with the Anaesthesia Training Handbook	2025
1.8	Education unit	EEMC, Council	June, July, August 2024	Section 12: wording change to reflect the updated ANZCA RRA policy.	2025