



## Supervisor of Training nomination form

This form is to be used by the diving and hyperbaric medicine (DHM) head of department when nominating a new DHM supervisor of training (SOT). The DHM SOT:

- Must hold FANZCA, FACEM, FCICM or another specialist qualification acceptable to ANZCA Council for this purpose.
- Must hold the ANZCA certificate in DHM (ANZCA Cert DHM) or ANZCA Dip Adv DHM.
- Must not be a candidate for an ANZCA exam and must have appropriate skills and experience.
- Is the College representative for training within an accredited training unit
- Is responsible for coordinating training activities within the accredited unit and undertaking clinical and educational supervision for individual trainees.

### Nominated supervisor of training information

College ID

Name \_\_\_\_\_

Training site \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Specialist qualification \_\_\_\_\_

Are you an ANZCA Diploma of Advanced DHM holder? Yes                  No

*Please attach a signed SOT agreement when submitting this form*

### Head of department information

College ID  (if applicable)

Name \_\_\_\_\_

Email \_\_\_\_\_

I support the nomination of the above nominee as DHM SOT

Signature \_\_\_\_\_

Please send your completed form to the college:

ANZCA Diving and hyperbaric medicine

Email: [dhm@anzca.edu.au](mailto:dhm@anzca.edu.au)

For further information, please email or contact us at +61 3 9510 6299



# DHM Supervisor of Training Agreement

## Background

Supervisors of training are the College's representatives on training in Advanced Diving and Hyperbaric Medicine in ANZCA accredited training units. They have an important role and must have a broad understanding and experience of College activities. They provide liaison between trainees and hospital authorities regarding matters related to training as well as with the DHM Subcommittee.

This document sets out the rights, responsibilities and obligations of each party involved in the ANZCA training program.

## ANZCA responsibilities and declaration by ANZCA

ANZCA agrees to provide support to DHM supervisors of training by providing them with appropriate resources and support in the following areas:

1. Teacher training, assessment methods and related activities.
2. Support via the operations manager, Training, Assessment and accreditation in managing trainees experiencing difficulty.
3. Support via the director of professional affairs DPA (Assessor) for issues relating to Regulation 36. Training in DHM leading to the ANZCA Diploma of Advanced DHM and accreditation of facilities to deliver the curriculum
4. Educational support locally via the DHM Sub-Committee.
5. Regular communications from the college.
6. Policies and guidelines relating to the training program via the ANZCA Handbook for Advanced Diving and Hyperbaric Medicine Training ANZCA Handbook for Advanced Diving and Hyperbaric Medicine Accreditation

All Fellows who act in good faith and within college policies while carrying out college duties will be indemnified for those actions. In any perceived contentious matter there must be a complete written record of the action taken and the reasons for it. It is essential that there should be early discussion with the CEO whenever there are potential difficulties that may involve legal action.

## ANZCA and its representatives agree to use reasonable endeavours in the following areas:

7. Providing access for supervisors of training to educational materials.
8. Answering in an accurate and timely manner any queries the DHM supervisor of training may have on the advanced diploma of Advanced DHM, their duties and responsibilities, and Regulation 36.
9. Responding to any other enquiries in a timely manner.

## **Supervisors of training responsibilities and declaration by the supervisor of training**

1. I agree to establish and maintain liaison with the DHM Subcommittee and with other supervisors of training.
2. I agree to attend training courses for supervisors of training.
3. I agree to refer any difficulties regarding the training program or trainees to the operations manager, Training Assessment and accreditation or DHM Subcommittee.
4. I agree to undertake the duties of a supervisor of training as outlined in the ANZCA Handbook for Advanced Diving and Hyperbaric Medicine Training.
5. I understand that ANZCA documentation and/or materials will be provided to me during the course of the training program. I acknowledge that this material is owned by the college, is subject to intellectual property protection, and therefore cannot be used by me for purposes other than training, without the college's prior approval.
6. I agree to submit all information required by ANZCA within the time limits or deadlines stipulated by ANZCA. I acknowledge that it is my responsibility to ensure that all time limits and deadlines are observed.
7. I acknowledge that it is my responsibility to be fully informed and aware of all requirements of ANZCA, particularly rules, guidelines and policies in relation to the DHM Training Program.
8. I undertake to observe all relevant ANZCA guidelines and policies relevant to Supervisors of Training as detailed in the ANZCA Handbook for Advanced Diving and Hyperbaric Medicine Training.
9. In addition to policies that may apply at my place of employment I will abide by ANZCA's corporate policies including but not limited to:
  - a. ANZCA guidelines on assessment.
  - b. Conflict of interest policy.
  - c. Fraud and corruption control policy.
  - d. Intellectual property policy.
  - e. Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the college or undertaking college functions
  - f. Privacy policy.
  - g. Whistleblower policy.
10. I agree that if I have concerns regarding my role, it is my responsibility to seek to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from all or any of the following:
  - Operations manager, Training assessment and accreditation
  - The Chief Executive Officer of ANZCA.
  - The DHM Subcommittee.
11. I agree to maintain my medical registration and I undertake to notify the college if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration, or if I receive notice of any complaint to any medical registration authority.

12. I understand that email will be the primary means by which communication is maintained between me and the college and that the college will use the email address I designate as my primary email.

13. I am aware of and will abide by the ANZCA policy on confidentiality and conflict of interest.

I undertake to:

- Maintain regular access to my email account and respond to college emails accordingly.
- Ensure that at all times there is sufficient space in the primary email account to allow receipt of emails from the College, even those containing attachments that are several megabytes in size.
- Notify the college of any conflict of interest.

### **Acceptance by supervisor of training and ANZCA**

We accept the rights and responsibilities of our respective positions in this agreement.

Name in block letters \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_