

physicians to be included during the “grandfather” period, but it would still have excluded all international physicians, would have taken years to accomplish, and the odds of success were low.

### The ABPM Exam

As you know, the American Board of Preventive Medicine (ABPM) agreed to sponsor the subspecialty application to the ABMS. Unfortunately, many international members viewed the UHMS supporting a sub-specialty process as a way of intentionally making international members “second class citizens”. This same complaint was voiced by all the US doctors excluded from taking the examination because they are not currently board certified in an ABMS recognised specialty.

There is another very critical point: The “Practice Pathway” (whereby a physician is allowed to sit for an examination on the basis of having considerable experience but not formal fellowship training) is allowed for newly designated specialties and sub-specialties only until residencies and fellowships are created. After that, the opportunity to “grandfather” into the field by just taking the examination is lost, and the only way to be eligible to sit for an examination is to complete a recognised residency or fellowship.

These are rules determined by the ABMS, not by the UHMS. That is the reason that creating approved fellowships in Undersea and Hyperbaric Medicine is critical right now. In a few years, the ABMS will require that ONLY fellowship-trained physicians can take the sub-specialty examination.

A number of international members from several countries have indicated that being allowed to sit for an exam in the US could be of benefit in their own countries. As a result, at the recent UHMS meeting in San Antonio, we approached the ABPM to see if some sort of certification for international doctors would be possible. Although there is no precedent in the US for such a process, the ABPM was willing to discuss this possibility. However, it is not clear at this time what they will be allowed to do from the standpoint of the ABMS.

A formal letter has been sent from the UHMS to the ABPM requesting that the possibility of offering an examination to international physicians be discussed at their August meeting and see if there is a mechanism by which this could be accomplished. Whether the ABMS will allow the American Board of Preventive Medicine to proceed, what rules would apply if the test is offered, how much it would cost, and when and how often such an examination would be given are all unknown. Another interesting question is, if some sort of certification could be extended to international members, what will happen after five years if fellowships have not been created in those countries?

It is important for our members to understand that the UHMS has no control over the rules set by the ABMS. I deeply regret that the attempt to move undersea and hyperbaric medicine into the mainstream in the US was a source of frustration for our international colleagues. That was never the intention of the Society. It is our hope that we can find a way for this process to benefit international physicians and we will pursue this aggressively.

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### **Key Words**

Qualifications.

## **THE AUSTRALIAN SITUATION**

John Knight

### **Key Words**

Qualifications, training.

Physicians in the United States now have a sub-specialty certification in Undersea and Hyperbaric Medicine available to physicians already Board Certified in some speciality.<sup>1,2</sup> However this new certificate is not available to physicians without American Board Certification in some speciality. This means that those doctors trained outside the USA cannot achieve the new sub-specialty certification.

The situation is quite different in Australia where the first non-military certification in Diving or Hyperbaric Medicine was established in 1974 when the South Pacific Underwater Medicine Society (SPUMS) “grandfathered” a small number of Australian, New Zealand and overseas doctors practising diving or hyperbaric medicine as the first holders of the Diploma of Diving and Hyperbaric Medicine (DDHM). The first Diplomas to be earned by examination were awarded in 1975 to Drs Chris Acott, John Dawson and John Knight.<sup>3</sup> Being a Diploma, requiring passing two diving medicine and one hyperbaric medicine course, six months full-time or equivalent part-time experience and a thesis, none of the Universities in New South Wales was interested in sponsoring it. At that time University diplomas were being replaced by degrees.

However possession of the SPUMS Diploma was, and still is, clear evidence of a reasonable understanding and practical experience in Diving and Hyperbaric Medicine

(DHM). With the establishment of more Hyperbaric Units across Australasia there was a need for a higher qualification denoting education and experience suitable for appointment as Director of such a unit.

Approaches to various licensing bodies were unproductive. Basically their line was that higher qualifications had to involve an academic body, one of the various colleges of specialists, which had to oversee the training. But what College was suitable to oversee training in DHM when DHM got no mention in undergraduate medical courses and expertise was limited to a small number of SPUMS members? The answer was "None".

So the higher qualification languished in the Society's in-tray for years until Dr Bob Wong, Director of the Department of Diving and Hyperbaric Medicine at Fremantle Hospital in Western Australia, had a brainwave. The Australian and New Zealand College of Anaesthetists (ANZCA) has occasionally established Special Interest Groups (SIGs) for interested anaesthetists. The first SIG was for those interested in intensive care. It went on to develop a syllabus, a certificate and eventually became the Faculty of Intensive Care ANZCA. Bob's idea was to approach the ANZCA to form a Diving and Hyperbaric Medicine SIG. One of the requirements for all SIGs is that everyone, not just anaesthetists, who is interested in the subject can join. Intensive Care in Australia was provided by interested specialist physicians in some hospitals and by interested anaesthetists in others so two specialist colleges were involved and their members, if adequately trained, can become a Fellow of the Faculty of Intensive Care.

After a bit of negotiating with the ANZCA Board Bob was able to get agreement from the College that a DHM SIG executive be formed and that both SPUMS and the Australian and New Zealand Hyperbaric Medicine Group, which is an independent sub-committee of SPUMS (I am not sure that makes sense but there it is) consisting of the Directors of the Australasian Hyperbaric Units and any medico working in those units, were allowed seats on the new Executive. Dr Wong recruited an anaesthetist with training in DHM from each State in Australia and from the Northern Territory and New Zealand to join the other two representatives. I was the SPUMS representative at first and now represent Victoria. The first problem facing the SIG was membership and the College was very co-operative in allowing all those with an interest in DHM to be considered for membership of the SIG. Although most of the Australasian hyperbaric units are run by anaesthetists some are run by emergency medicine specialists and some by those with long training and much experience in DHM.

So the DHM SIG Executive, chaired by Dr Wong, needed to set a standard (syllabus and examination) and a time frame for the desired certificate. The DHM Executive agreed that the SPUMS DDHM was to be a mandatory part of training for the proposed ANZCA certificate. Dr Michael

Bennett, of the Prince of Wales Hospital in Sydney and Dr Margaret Walker, of the Royal Hobart Hospital in Tasmania, spent many hours in producing the training syllabus. The matter of a DHM Certificate was raised with the ANZCA Executive in June 2000.

Besides the proposed certificate, evidence of training, the DHM SIG Executive have been working on standards of practice and accreditation of hyperbaric units. Over recent years a number of small hyperbaric facilities outside hospitals have been set up and the SIG executive has felt that if hospitals have to be accredited so should hyperbaric units.

As this is written decisions about who will be "grandfathered" and whether they should sit an exam, for which there is considerable support, have not yet been taken by the DHM SIG Executive. Some members of the Executive feel that "grandfathering" should only apply to a few senior DHM practitioners and then all candidates for the Certificate should pass an examination. The final details of the Certificate will be determined by the ANZCA Certificates Committee, which comprises a Chairman, who is an ANZCA Councillor, the Chairman of Examinations or his/her nominee, a Councillor, the Director of Professional Affairs, a Fellow (R Wong) and two co-opted nominees from the particular area of expertise. This Committee should meet in the coming months of 2002.

The DHM SIG Executive looks forward to the College's adoption of its suggestions which will lead to a more uniform standard of training and better clinical practice in all hyperbaric facilities. The Executive also hopes that, in time, the Certificate will be accepted as a registerable qualification so outlining a career path for DHM practitioners.

For the information of members an edited version of the DHM SIG's Training Program and Objectives of Training in DHM appear on the following pages.

## References

- 1 Knight J. Certification in diving and hyperbaric medicine in America and Australia. *SPUMS J* 2000; 30 (2): 81
- 2 Fife C and Vanderploeg J. ABPM exam, what it's all about. *SPUMS J* 2002; 32 (1): 10-11
- 3 Knight J. Twenty five years of SPUMS 1971-1996. *SPUMS J* 1966; 26 (2): 95-105