

The Editor's offering

Diving medicine education

In Australia, diving medicals are performed by doctors who have undertaken a course in diving medicine. This principle is now enshrined in the SPUMS Diving Doctors List, in Australian recreational and occupational diving standards and in Queensland law. Similar requirements exist elsewhere, such as within the European Union, but in many countries, including the USA and New Zealand, the examining doctor is not required to have any knowledge or training in diving medicine. The value of so-called 'short' courses in diving medicine has been questioned over the years. The survey by Simpson and Roones, for all its limitations, has been studiously ignored in addressing whether a few pressure-cooker days with some erudite diving medical pundits really provides an adequate platform for physicians to examine divers.¹ Carl Edmonds raises this question again in his article on the second tier of diving medical training.

Many readers may be confused about the training and education (there is a clear distinction between these two terms) available in diving medicine. In Australia, this has a four-tier structure. In the first tier are the four- to five-day courses, available in several centres, designed to teach GPs how to examine divers for 'fitness to dive'. Those completing the course can then add their names to the SPUMS Diving Doctors List, to which the Australian standards and Queensland legislation defer. It is the value of these courses that Simpson and Roones questioned. Similar courses are run by DAN-USA and in many European countries.

The second tier are the two-week diving medicine courses provided by the Royal Australian Navy and the Royal Adelaide Hospital, which qualify doctors to undertake commercial-diving medicals. It is the content and philosophy of these courses that Dr Edmonds discusses in this issue, based on his wealth of experience in teaching on such programmes. Slightly off to one side, because of its greater hyperbaric medicine content, is the course provided by SPUMS itself, the annual two-week course in Diving and Hyperbaric Medicine run by the ANZ Hyperbaric Medicine Group with faculty drawn from throughout Australia and New Zealand. Graduates of this course are also listed on the Diving Doctors List as qualified to undertake commercial-diving medicals in Australia.

The third tier is the SPUMS Diploma (or the now-defunct University of Auckland Diploma) in Diving and Hyperbaric Medicine (DHM). As well as attending a two-week course, the Diploma candidate must write a dissertation related to DHM and have the equivalent of six months' full-time experience working in a hyperbaric medicine unit. The final requirement precludes many medically qualified members of SPUMS from ever progressing to this level as such medical jobs are few and far between and do not fit well with general practice or training in many hospital specialties.

The Auckland distance-learning diploma programme was designed to overcome this barrier, but has been curtailed on financial grounds after only a few years, having failed to engender sufficient interest in the international diving and hyperbaric medical community.

The fourth tier is the Certificate in DHM of the ANZ College of Anaesthetists. The requirements for this qualification are set out in this issue on page 155. The Certificate is now regarded (at least by those who possess it, including the writer) as the specialist qualification in this field. Interestingly the College does not allow certificate holders to place this post-graduate qualification after their name, somewhat of a 'Clayton's' qualification. The ANZCA Certificate is open to graduates of any specialty.

The first three tiers are similar to the system being established in the European Union by the European Diving Technical Committee and the European College of Hyperbaric Medicine (ECHM). All ECHM courses gain approval from the European College of Baromedicine, University of Malta. Level I requires a one-week course, designed like those in Australasia, for diving medical examiners. A Level II physician will have further training and some experience in both diving and hyperbaric medicine, and is qualified to medically supervise diving operations and examine commercial divers, and this is the entry level for hyperbaric physicians. At Level III (specialist level) the training objectives have yet to be clearly defined, but will involve more extensive university-based education somewhat similar to components of the defunct University of Auckland programme. There is no reciprocity between the Australian and European standards for medical training in diving medicine, though interestingly the South African programmes have been approved by the Europeans.

Dr Edmonds' review of the second-tier courses is timely because of the rapid developments throughout the world. Courses for doctors appearing on the SPUMS Diving Doctors List are approved by the Society's Academic Board. However, such reviews have not occurred for many years, to my knowledge, and it is time this was done. Nor have any moves been made to achieve reciprocity of qualifications with the international diving medicine community. This is urgently needed at all levels, and I hope that Dr Edmonds' article will generate sufficient interest to stimulate new activity in this important area of our Society's activities.

Reference

- 1 Simpson G, Roones D. Scuba diving medical examinations in practice: a postal survey. *Med J Aust.* 1999; 171: 595-8.

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Front page photo of two divers under training preparing for a wet bell run at the deep-water Lake Cethana, Tasmania, was taken by Dr David Smart.