

THE DIVING AND HYPERBARIC MEDICINE SIG

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Diving medicine, hyperbaric oxygen, qualifications, training, treatment, standards.

Readers who are not anaesthetists may well ask what is a SIG? Some years ago the Australian and New Zealand College of Anaesthetists (ANZCA) had many requests to provide a forum where those who worked in the field of pain relief could meet and discuss their problems and solutions. A place where like minded people could meet and learn from each other. So the College's first Special Interest Group (SIG) was born. Others followed, all in some way closely connected with anaesthesia.

By chance anaesthetists have come to dominate the medical staffing of Australian hospital hyperbaric units, most of which come under the umbrella of a Department of Anaesthesia or of Anaesthesia and Intensive Care. As an aside the Executive Committee of SPUMS has always had a high proportion of anaesthetists. One year they were all anaesthetists except for one retired GP. Even in these enlightened days there are five anaesthetists listed inside the front cover of the Journal as Officers of the Society.

Years ago the Treasurers and Secretaries of SPUMS got fed up with letters being addressed to them in their official capacities for years after they had left the job because they used their home addresses. In 1990 SPUMS contracted with a high profile secretariat in Sydney, which was to provide a permanent address for SPUMS, for their services. These turned out to be far more expensive than quoted and the contract was terminated within six months. The Royal Australasian College of Surgeons (RACS) was not interested in being our postal address and so we tried the newly formed College of Occupational Medicine who accepted our request. However they decided to become a Faculty of the College of Physicians about the time that the Faculty of Anaesthetists (FA) RACS turned themselves into ANZCA. As Anaesthetists were the largest group of doctors in SPUMS we were able to persuade the new College under their wing.

Bob Wong (Dr R M Wong) used his Chairmanship of the College Education Committee and a spirit of change in the College Council to bring forward the idea of a SIG for Anaesthetists connected with Hyperbaric and Diving Medicine which he had suggested in 1994. But his ideas went far wider than that. He wanted to see come into existence a body open to all doctors who were interested in diving or hyperbaric medicine. A body which would hold meetings at the Annual Scientific Meetings (ASMs) of Anaesthetic bodies, which would offer more opportunity

for discussion than the well filled programs of the SPUMS ASMs and provide for close-to-home discussion of the joys and sorrows of daily hyperbaric life. With a smallish group, the number of doctors involved in full and part time hyperbaric medicine is well under 100, it would be easier to arrange and carry through co-operative research projects.

Bob drew his colleagues attention to the vast improvements in the training available since the formation of the FA and its publication of training standards and the much faster rise in the standards of anaesthetic and ancillary equipment provision when the College updated the requirements for anaesthetic training accreditation and the safe administration of anaesthetics. There are no agreed performance and training standards for hyperbaric units available to interested people. Who was to take the lead in producing such standards? There are two groups involved, doctors and supporting staff (technicians and nurses). Neither group can do the job on their own.

Some people have suggested that SPUMS should pull its socks up and step into the breach. After all it is the biggest diving medical organisation. But the proportion of its members who are expert, or want to be, in hyperbaric medicine is only about 5%. It is a much better idea to let the hyperbaricists sort their problems out. The chances of getting a good result are much higher. But the only hyperbaric medicine society is the Australian and New Zealand Hyperbaric Medicine Group (ANZHMG) which was formed by the Directors of the various Australasian hyperbaric units.

The big snag for the ANZHMG to become a standard setting body is that standards have to be enforced and the ANZHMG are all hospital employees, in a bad position to say to management "You must change the way you do things". However the ANZCA, which is a body well removed from hospital managements, has been able to insist on hospitals upgrading equipment and buying new devices which improve the safety of patients.

Bob's idea was to use the SIG as a start for the process of accreditation of hyperbaric units, hospital and free standing. Not a bad idea, making sure that the plant (equipment) is of the right standard and that the doctors are properly trained, the nurses are properly trained and the technicians, without whom the chambers would not work, have a proper training. These are tasks quite beyond SPUMS.

Australian standards exist for recompression chambers in the diving world, but the non-diving world in Australia is still running on the Compressed Air Code published by the Australian Standards Association in 1970. This was mostly to cover workers in compressed air in tunnels but it is all there is to cover nurses tending patients in compression chambers! Standards Australia is producing a new standard which will have two sections,

one for treatment chambers and one for tunnels and caissons. Bob Ramsay of the Hyperbaric Technicians and Nurses Association has produced a well thought out series of proposals (HOTFIG) which will be going before appropriate Standards Committee in the very near future. Australian Standards (nowadays they are ANZ Standards) have no force unless they are adopted by government legislation. So to get one standard adopted Australia-wide legislation has to pass through six State, one Federal and three Territory parliaments. And those acts should be updated every time the standard is updated, but they are not. At the inquest on an occupational diver who died in 1997, Western Australia's legal standard for occupational diving safety was AS 2299/79, a far cry from state of the art, two revisions (1990 and 1992) and 19 years out of date. It is only where an Australia wide organisation inspects and maintains standards that this sort of thing can be avoided. The medical Colleges are the ones to maintain medical standards.

The only qualification in Hyperbaric Medicine which is available in Australasia is the SPUMS Diploma of Diving and Hyperbaric Medicine. It involves a little bit more than my DOBstRCOG and my DA did in the 1950s. The requirements are a basic and an advanced course and six months full time experience, with a thesis for publication in the SPUMS Journal. It was introduced in 1974 when SPUMS could not find a University willing to give it a bed. Diplomas were not for Universities we were told then. So, as there was a need for a qualification, SPUMS pushed the boat out. In those days there were two multiplace chamber units in Sydney (HMAS PENGUIN and Prince Henry Hospital), a monoplace at the Royal Adelaide Hospital, Prince Henry's Hospital, Melbourne and the Royal Perth Hospital. Five medical chambers for all Australia. The Diploma is just that, a basic qualification in Diving and Hyperbaric Medicine. Now that Australia has 12, New Zealand has 2 and PNG has one medically supervised chamber units listed on the back cover of *Offgassing*, the Journal of the Hyperbaric Technicians and Nurses Association, a higher qualification is needed.

Who should administer such a higher qualification? Certainly not SPUMS which does not even have a centralised administration. Efforts to get Schools of Public Health interested in running even the Diploma all ended in failure when they realised they would have to set up a program and administration for students numbering one to three a year!

With anaesthetists being medically responsible for most hyperbaric units in hospitals it seems to me quite sensible to use the SIG format to form a body with diving doctor-anaesthetists and proceed to work on standards and the requirements of a proper length training, as many holders of the Diploma honestly admit that they learnt much more in the next two years of hyperbaric work.

The ANZCA constitution required the Executive of the SIG to be members of the College. But the draft constitution for SIGs allows the SIG to set its own criteria for membership of the group. Ordinary members have to be FANZCA, or Ordinary members of the ASA or NZSA, interested in Diving and Hyperbaric Medicine. That covers every anaesthetist. Those with a special interest in Diving and Hyperbaric Medicine who are not entitled to be full members can be Associate Members. At its meeting, on December 8th 1998, the Executive decided that they would limit Associate Membership, at present, to medical practitioners which makes it possible for full members of SPUMS to be admitted. Once we see how things are going consideration will be given to widening the scope of Associate Membership, but new SIGs, just like babies, should walk before they try to run.

For those who feel that SPUMS is being left out of the SIG the composition of the SIG, like most College Committees, has membership from each State with current interested groups represented. I represent SPUMS and Mike Bennett represents the ANZHM, which has the status of a sub-Committee of SPUMS. Bob Wong (Chairman) represents WA, Ian Unsworth NSW, Chris Lourey Vic, Chris Acott SA, Margaret Walker Tas and David Griffiths Qld. All except one of the members is a member of SPUMS and the non-member was President of SPUMS from 1976-1979. Two members are SPUMS Life Members and three are Ex-Presidents. A very solid SPUMS overlap.

The first meeting of the executive dealt with the draft constitution and membership qualifications, outlined the role of the SIG, discussed the accreditation of hyperbaric facilities and the requirements for an adequate education in Hyperbaric and Diving medicine and how it can be provided. These two matters were delegated to sub-committees to produce documents for consideration in May 1999. Other matters which got a natter were HOTFIG, qualifications for medical directors of hyperbaric units and hyperbaric oxygen treatment (HBOT) for sporting injuries. No decisions were reached but views were clearly aired.

Applications to join the SIG, which means being proposed and seconded (and there should be no problems there), should be addressed to the Diving and Hyperbaric Medicine Special Interest Group at the Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia. The College has a website, where it is hoped to construct a home page for the SIG. To access a SIG website from the College website requires a password. For the moment letter or phone (03 9510 6299) is going to be more use to those wanting more information about the SIG

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