therapy to assist in the recovery from a debilitating syndrome.

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Acknowledgment

The author’s thanks are extended to Dr Robert Wong for assistance in preparation of this paper.

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THE WORLD AS IT IS

ABPM EXAM
WHAT IT’S ALL ABOUT

By Dr Caroline Fife with modifications by Dr James Vanderploeg

Undersea and Hyperbaric Medicine Board Certification

The American Board of Medical Specialties

Due to the comments we have received regarding the subspecialty examination, some further clarification about the exam is necessary. In the United States, a Chicago-based organisation called the American Board of Medical Specialties (ABMS) determines not only WHICH specialties will be recognised in the US, but what the rules will be for specialty and sub-specialty certification across the nation. For example, only physicians completing residencies accredited by the Accreditation Council for Graduate Medical Education (ACGME) are eligible to sit for specialty board examinations. (This excludes most osteopathic physicians unless they complete a traditional allopathic residency). All specialties recognised by the ABMS must abide by the rules set by the ABMS. The requirements of the American Board of Medical Specialties apply to all of its Member Boards who offer certification in the United States.

What is important about ABMS recognition?

While a US physician might train in a field not recognised by the ABMS, certifications which are not recognised in some way by the ABMS are usually of limited practical value in the US. The ABMS requirements for the recognition of a new medical specialty board are very stringent. The guidelines for the establishment of a new specialty or sub-specialty are such that no new specialties have been approved in the past 10 years. Furthermore, in order to maintain the designation of a “specialty” there have to be at least three residency programs in the US that are recognised by the ACGME. For these reasons (and because it is necessary to have a solid general medical background before concentrating on Undersea and Hyperbaric Medicine), it did not seem practical to seek approval of specialty certification in Undersea and Hyperbaric Medicine from the ABMS. However, a window of opportunity opened for Undersea and Hyperbaric Medicine to become a sub-specialty that would be recognised by the ABMS. Obviously, only physicians who already had an ABMS recognised specialty certification could get a sub-specialty certification. The question for the UHMS then became: Is it better to at least have an ABMS recognised Sub-specialty if the alternative is to continue trying to practice medicine outside of the mainstream? It seemed clear that the chance to be sub-specialty certified, despite all its limitations, was better than nothing.

It is important to understand that the UHMS has no authority to designate the rules by which either individual specialties or sub-specialties are recognised in the US. We could have chosen to do nothing, in which case no US physicians would have had the opportunity to become recognised as sub-specialists in Undersea and Hyperbaric Medicine. We could have waited several years hoping for a change in the philosophy of the ABMS and tried to gain specialty recognition. This might have allowed more US...
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 was 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.

Reprinted, with minor editing, by kind permission of the Editor, from PRESSURE, the Newsletter of the Hyperbaric and Underwater Medical Society, 2001; 30 (5 September/October): 1 and 6.

Key Words
Qualifications.

THE AUSTRALIAN SITUATION
John Knight

Key Words
Qualifications, training.

Physicians in the United States now have a subspecialty certification in Undersea and Hyperbaric Medicine available to physicians already Board Certified in some specialty.1,2 However this new certificate is not available to physicians without American Board Certification in some speciality.1,2 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-speciality 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.3 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 diplomats 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.