

Welcome to the tenth newsletter for HSE Approved Medical Examiner of Divers. This newsletter contains brief details of the current situation with reciprocal recognition, EMAS re-organisation but is dominated by the imminent publication of MA1.

Reciprocal Recognition of Diving medical certification

HSE Diving Policy is revisiting this matter and currently we are trying to identify and contact the relevant decision makers in several countries in order to agree mutual recognition of medical certification. This in turn implies that the country has an equivalent system of training, assessing and supporting their 'diving doctors' to ours and we will be seeking evidence of the same. The countries we are actively seeking agreement with as a priority include Sweden, Finland, Holland and Eire.

Negotiations and agreements are made at Government level so can take time. The Newsletter will let you know about future progress in due course. Currently, Holland and the Republic of Ireland (Eire) have emerged as current 'front runners' for reciprocal recognition.

MA1 Publication

MA1 will be disseminated in hard copy form in due course. It will also be put on the HSE Diving Website. As mentioned in the last Newsletter, this updated version represents a 'tweaking' and updating of some sections of MA1 rather than a fundamental, root and branch rewrite. MA1 has the status of guidance, is goal setting in approach-the standards are based upon the need to maximise the diver's in-water safety and to take account of the mental and physical requirements needed to meet any reasonably foreseeable underwater emergency and the physiological effects of raised environmental pressure. It should not be seen as a textbook of Diving Medicine or a prescriptive list of

'pass or fail' conditions because ultimately, an individualised, detailed and risk based approach is required.

I would like to thank everyone who contributed to updating MA1 and to those AMEDs who provided constructive criticism and feedback on the various drafts as they emerged. As there are around 10 different authors 'behind' MA1, I am sure that you will pick up the changes in style and language used and there will be the inevitable typos and errors that always creep in to a 22 page document, despite my best efforts in proof reading.

The advice in MA1 represents the views of a particular Diving Medical Specialist (some sections were co-authored) and inevitably some advice and approaches will become out of date as knowledge increases which is why AMEDs need to continue to keep up to date themselves with Diving medical matters and apply them to the diving medical examination as appropriate. The requirement for two days refresher training every five years after initial approval remains in force! The content of refresher training should be predominantly fitness to dive and only one to two hours should be devoted to other topics such as Hyperbaric medicine. AMEDs not attending a formal two day refresher course should be prepared to submit evidence of equivalent refresher training including attendance certificates or other collaborative evidence from the training provider.

I do want to emphasise one important change in 'tone.' More attention is being paid to the initial medical examination, in terms of information gathering and confirmation of the medical history as this is where most medical issues will be picked up and where career counselling may be most important, particularly in the context of progressive conditions. Paragraphs 7-10 of MA1 deal with the approach to information gathering required. With pre-planning this approach should not cause undue delays in assessment. It is also worth reminding you that candidate divers also have a personal responsibility to present themselves to an AMED sufficiently early on and before committing themselves financially to further training, in order to give plenty of time to complete all necessary medical enquiries and then assessment. Those

AMEDs with access to commercial training schools or clubs that do Divemaster and Instructor level training may wish to highlight the confirmation stage now required so that candidate divers can take early action with getting their medical history confirmed. MA1 now also contains several annexes which are included to provide useful information to yourselves and divers.

Annex A contains the medical confirmation questionnaire. This will be available on the HSE Website but AMEDs may also wish to disseminate them to training schools and clubs so that candidate divers arrive for their initial medical examination with this form already completed. A copy is enclosed with this Newsletter so that AMEDs can disseminate them to candidate divers as required.

Annex B is an optional 'results log' and template to facilitate detection of individual adverse or other trends over time. I hope this form is self explanatory. I have left the bottom two columns blank so that additional results can be tracked if so desired. AMEDs may also adapt this form\template as they see fit.

Annex C is a fact sheet to be given to each diver as required. This will also be available on the HSE Diving Website. I would suggest that AMEDs give all divers this factsheet on a regular basis initially in order to disseminate this information. The factsheet deals with pre-employment matters (as described above), reporting new and relevant medical conditions and incidents straight away, the need to bring their current MA2 form to the next AMED seen for a HSE Diving medical and details of the diver appeal process. A copy is enclosed with this Newsletter so that AMEDs can disseminate them to divers as required.

Annex D is a suggested cardiac screening tool for use before step testing.

Annex E is a summary of routine investigations required at the initial or annual medical examination. This does not substitute for clinical need and judgment. Routine or additional investigations may be required more often if the clinical picture justifies it.

MA2 and MS80

These documents have also been 'tweaked' and updated. MS80 will re-appear with a 'carbon copy' in order to do away with the need for photocopying the original. Otherwise, the overall content and order will be familiar.

EMAS Reorganisation matters

In the last newsletter, I mentioned that the creation of the Corporate Medical Unit (CMU) had resulted in a review of diving administration and the role of the Diving Medical Advisor (DMA).

No progress has in fact been made on the review of diving administration so Barbara Bell remains your first port of call for all diving administration matters. It is planned that the review will be undertaken in the next three months.

On a more definite note, I have handed over the DMA role to my colleague Dr David Bracher from 4.5.05. David has a background including offshore Occupational Medicine, participation in a topside offshore and diving medical service and experience of Hyperbaric Medicine prior to joining the HSE four years ago. He has also acted as deputy DMA over the last two and a half years. Despite the handover, administrative matters still need sorting out in terms of DMA contact as David works part-time for the HSE. For the moment therefore, he can be contacted via e-mail on: david.bracher@hse.gsi.gov.uk

For the moment, AMEDs should direct all telephone and paper correspondence for the DMA to Barbara Bell at HSE, 375 West George Street, Glasgow, G2 4LW. Tel: 0141 275 3029

AMEDS will be notified of Dr Bracher's postal and telephone contact details via the Newsletter, in due course, once these have been finalised.

As a consequence, this is my last Newsletter. It is a wrench to give up the DMA role as there is a lot going on in the commercial diving Industry with reciprocal recognition activities, new technologies and the 'suggestion' of the possibility of some convergence on diving medical standards with recent EDTC and HSE MA1 publications. The pressure to converge and agree diving medical standards may increase if reciprocal recognition with EU members does make progress. Medical standards and approaches may not need to be exactly the same but they should be equivalent in order to have a level playing field for everyone involved.

I think the current AMED Network is in a healthy state with no major gaps in geographical cover and a steady stream of joiners. My only sad note is the number of 'leavers' as some of these were enforced due to non-compliance with the HSE administrative requirements. My abiding perception of those AMEDs I have met or corresponded with is the enthusiasm that Diving Medicine seems to induce-even for the complex and difficult cases! I find that the majority of AMEDs will go the 'extra mile' in terms of researching and sorting out a borderline case in order to come to a final clinical decision on fitness or otherwise. This of course good for the diver and for me!

We also have a small number of Diving Medical Specialists who provide support and advice to the DMA and AMEDs and I would like to thank them for their continuing support. None of these specialists are paid for their work with HSE and AMEDs and again it appears to be enthusiasm for Diving Medicine that motivates them.

Finally, I do want to thank Barbara Bell for her support as she keeps the whole administrative system going. Her encyclopaedic knowledge of AMEDs (yes, she does seem to have a file on you all) and what is going on has made the DMA role very straightforward and hopefully you will all continue to benefit from her efficient approach, both during this transitional period for DMA contact and for the longer term.

Help requested with proposed research into smoking levels in divers.

The HSE has been approached to assist in some research into the smoking levels in divers, comparing recreational divers with professional divers. The HSE does not hold this data or any medical data on professional divers since the medical records remain with the AMED and the diver. If you are willing to help in this research you are requested to contact Miriam Armstrong of Pharmacy Health Link by email at miriam.armstrong@rpsgb.org

If you agree to assist divers will be asked to complete a questionnaire and consent form at the time of their medical examination. There will be little or no additional work for participating AMEDs.