Guidelines for Credentialing, Privileging and Supervision of Hyperbaric Oxygen Therapy

*Undersea and Hyperbaric Medical Society*

**Contents**

Part I  Introduction

Part II  Education Stratifications in Undersea and Hyperbaric Medicine

Part III  HBO₂ Provider Classifications

Part IV  Limited Licenses Providers (LLPs)

Part V  Minimum Licensing, Education and Training Standards for Attending Hyperbaric Treatments

Part VI  Guidelines for Proctored Experience

Part VII  Core Privileges in Hyperbaric Medicine

Part VIII  Initial and Re-Privileging Requirements
PART I

Introduction

Core to the Undersea and Hyperbaric Medical Society’s (UHMS) mission is the goal to raise the quality of hyperbaric medical care. This goal is operationalized through the promotion of the highest standards related to patient care, physician and non-physician provider education, and operational safety. Essential to the implementation of these goals is a structured system of education that ensures the highest level of didactic and clinical mentorship for providers, nurses, and technicians. This document provides healthcare professionals, hospitals, and healthcare systems with essential information about the educational opportunities within the field, and a framework for thoughtful credentialing and privileging processes consistent with the highest standards of patient care within the field of hyperbaric medicine.

This document applies to health systems, hospital-based, hospital affiliated, and non-hospital affiliated centers.

Hyperbaric Medicine

The Undersea and Hyperbaric Medical Society (UHMS) defines hyperbaric oxygen (HBO₂) as an intervention in which an individual breathes near-100% oxygen while inside a hyperbaric chamber that is pressurized to greater than sea level pressure (1 atmosphere absolute [ATA], which converts to 101.325 kilopascals [kPa]). For clinical purposes, the pressure must equal or exceed 1.4 ATA (141.86kPa) while breathing near-100% oxygen.¹

In recognition of the need for meticulous scrutiny of emerging clinical applications of HBO₂, the UHMS established the Hyperbaric Oxygen Therapy Committee in 1976. The committee was charged with the responsibility of continuously reviewing research and clinical data and rendering recommendations regarding clinical efficacy and safety of HBO₂. To achieve this goal, the multispecialty committee is comprised of practitioners and scientific investigators in the fields of internal medicine, infectious diseases, pharmacology, emergency medicine, general surgery, orthopedic surgery, trauma surgery, thoracic surgery, otolaryngology, oral and maxillofacial surgery, anesthesiaology, pulmonology, critical care, radiation oncology, and aerospace medicine.¹

Since 1976, the committee has met annually to review research and clinical data. From the twenty-eight indications for which third party reimbursement was recommended in the 1976 and 1979 reports, the number of approved indications has been refined to fourteen in the current
report. These indications are those for which *in vitro* and *in vivo* pre-clinical research data as well as extensive positive clinical experience and study have become convincing.¹

**UHMS approved indications:**

1. Air or gas embolism
2. Carbon monoxide poisoning / Carbon monoxide poisoning complicated by cyanide poisoning
3. Clostridial myositis and myonecrosis (gas gangrene)
4. Crush injuries, compartment syndrome and other traumatic ischemias
5. Decompression sickness
6. Arterial Insufficiencies
   a. Central retinal artery occlusions
   b. Selected problem wounds - diabetic ulcers (microvascular insufficiency)
7. Severe anemia
8. Intracranial abscesses
9. Necrotizing infections
10. Osteomyelitis (refractory)
11. Delayed radiation injury (soft tissue and bony necrosis)
12. Compromised grafts and flaps
13. Acute thermal burn injury
14. Idiopathic sudden sensorineural hearing loss

The diversity of conditions amenable to hyperbaric oxygen therapy necessitates a broad educational foundation that can encompass the scope of all of these indications. Specialty training in hyperbaric medicine is essential to the appropriate utilization of this therapeutic modality. Proper patient selection, management of potential complications as well as the myriad comorbid conditions that are frequently present in these patient populations, are all aspects of this specialty that require additional education and training. HBO₂ entails inherent risks. In addition to the specific systemic influences of pressure and oxygen, the patients undergoing treatment frequently have serious multisystem comorbidities. For physicians, experience in both chronic and urgent indications is essential as a patient’s status frequently changes during the treatment course and the physical barrier of a chamber prevents immediate direct patient contact. It is paramount that the provider holds a broad base of global medical expertise to be able to
anticipate, identify, minimize and treat potential systemic complications.

A hyperbaric session is defined as a single episode of: patient entry/placement into a chamber (regardless of the number of patients in the chamber at a given time), pressurization of the chamber, completion of treatment under pressure followed by depressurization and removal of the patient from the chamber. Each hyperbaric session shall include pre and post treatment assessments of the patients receiving treatment.

For facilities, formal accreditation recognized by the Joint Commission – such as the UHMS accreditation program, which demonstrates proper staff training and facility policies and procedures – is strongly recommended.

**PART II**

**Education Stratifications in Undersea and Hyperbaric Medicine**

**UHMS Approved Introductory Course in Hyperbaric Medicine**

Introductory courses in hyperbaric medicine are the foundational education platform for doctors of medicine and doctors of osteopathic medicine (MD/DO), limited license providers (LLP), which include physician assistants, nurse practitioners, and doctors of podiatric medicine, (PA, NP and DPM), nurses, and technicians. These programs are prerequisites to certifications for nurses and technicians (CHRN and CHT respectively) and constitute the minimum education needed for privileging and credentialing purposes within a hospital or healthcare system for physicians and non-physician providers.

UHMS approved introductory programs consist of a minimum of 40-hours of live/face-to-face instruction in hyperbaric medicine specific topics, and include hands-on training, simulation and evaluation and an examination upon completion. Only UHMS approved introductory programs, are recognized as meeting this standard.

**UHMS ‘PATH’ (Program for Advanced Training in Hyperbaric medicine):** This program was created in response to the need within the field for advanced education beyond the Introductory Course in Undersea and Hyperbaric Medicine. With the definitive closure of the practice pathway option to qualify for board certification eligibility in 2010, the UHMS was compelled to create an alternative educational program that would designate graduates as having completed a formal education process that significantly increased didactic knowledge as well as provided evaluations through mentored case reviews. It is recognized that many physicians are
unable or unwilling to stop practice in order to complete a 12-month fellowship, and LLPs are not eligible for Undersea and Hyperbaric Medicine (UHM) fellowship training. The UHMS PATH program was created to enable MD/DOs and PA/NPs to attain additional mentored education and distinction in Undersea and Hyperbaric Medicine. DPMs are not eligible for enrollment in the UHMS PATH program.

The UHMS PATH is open to MD, DO, NP, and PA candidates who have previously completed at a minimum a 40-hour UHMS approved introduction to hyperbaric medicine course. Upon completion of the PATH, MD/DO candidates will receive a Certificate of Added Qualification (CAQ) and PA/NP candidates will receive a Certificate of Advanced Education (CAE).

The UHMS PATH does not replace fellowship training or board certification in UHM, which is considered the gold standard for training in undersea and hyperbaric medicine. The CAQ/CAE is intended to demonstrate that a candidate has completed a formal education program covering advanced topics in UHM, as well as having submitted clinical cases for formal review. The UHMS PATH is intended to take between 6 to 12 months to complete.

The UHMS PATH program denotes a significant educational attainment beyond an introductory course in hyperbaric medicine.

- The UHMS PATH program provides a CAQ for MD/DO candidates, but is not equivalent to American Board of Medical Specialties (ABMS) board certification, AOA CAQ, or fellowship training for MD/DOs.

- The UHMS PATH program provides a Certificate of Advanced Education (CAE) for LLPs (PA and NP only), but is not equivalent to board certification or fellowship training.

**Note:** Prior to the creation of the UHMS PATH program, there was a Certificate of Added Qualification (CAQ) pathway through Stellenbosch University. Individuals who completed this program earned a designation of higher qualification in hyperbaric medicine equivalent to the UHMS PATH program. Within this document, reference to the UHMS PATH program incorporates those individuals who completed the previous UHMS CAQ course through Stellenbosch University. The UHMS Board of Directors voted to end the UHMS CAQ through Stellenbosch University in December of 2015, but as of the time of this document’s revision (2017), there remain candidates that have not completed the CAQ or transferred to the UHMS PATH. To enable sufficient time for candidates to either complete the UHMS CAQ or transfer to the UHMS PATH, June 30, 2018 has been selected as the date by which candidates will lose the opportunity to
transfer their enrollment.

**Note:** Within the American Osteopathic Association (AOA), the designation of CAQ requires completion of an accredited fellowship and successful examination performance, a process equivalent to ABMS approved subspecialty board certification. The term ‘CAQ’ therefore caused some confusion, as the term’s meaning was not consistent across the medical field. The UHMS PATH program provides additional education in hyperbaric medicine, but is not equivalent to fellowship training nor does it make the candidate eligible for ABMS board certification in UHM, or satisfy requirements for a CAQ by the AOA. This certificate demonstrates an advanced level of education in hyperbaric medicine beyond a UHMS approved introductory course.

**Note:** To add further confusion, other agencies have created CAQs in Undersea and Hyperbaric Medicine but do not have a component of mentored practice review. These are not recognized as equivalent to the CAQ awarded to MD/DO candidates at the completion of the UHMS PATH.

**Fellowship Training in Undersea and Hyperbaric Medicine**

Fellowship training in undersea and hyperbaric medicine provides a structured foundation of skills and knowledge in hyperbaric medical practice and provides progressive responsibility and experience in the application of these principles to the management of clinical problems. It is expected that the fellow will develop a satisfactory level of clinical maturity, judgment, and technical skill that will, on completion of the program, render the fellow capable of independent practice in undersea and hyperbaric medicine. Upon successful completion of an accredited fellowship, graduates are eligible to become board certified upon successfully passing the requisite examination.

**Board Certification in Undersea and Hyperbaric Medicine (UHM)**

To become board certified in Hyperbaric medicine, physicians complete 12-months of fellowship training in an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited hyperbaric medicine program.

The ABMS recognizes undersea and hyperbaric medicine as a subspecialty of emergency medicine and preventive medicine. The American Board of Emergency Medicine (ABEM) and the American Board of Preventative Medicine (ABPM) grant board certifications for hyperbaric medicine physicians. The American Osteopathic Board of Preventive Medicine (AOBPM), American Osteopathic Board of Emergency Medicine (AOBEM), the American Osteopathic Board of Family Physicians (AOBFP), and the American Osteopathic Board of Internal Medicine (AOBIM) grant a certificate of added qualifications (CAQ) in hyperbaric medicine.
The ABMS and AOA require a primary board certification to be eligible for initial board certification or CAQ in Undersea and Hyperbaric Medicine. Physicians who have completed a primary residency remain board eligible (BE) for a period of time and are eligible to practice medicine and enroll in a UHM fellowship or UHMS PATH program.

- **Maintenance of Board Certification**
  Upon successful completion of UHM board certification, MD/DOs are required to complete a minimum number of Maintenance-of-Certification (MOC) credits (the number and frequency of credit hours is determined by the ABEM, ABPM or appropriate board of Osteopathic Medicine) and periodically pass a recertification board examination.

**PART III**

**HBO₂ Provider Classifications**

There are two (2) principal HBO₂ provider classifications described in this section. These classifications delineate providers that meet criteria to independently attend HBO₂ and those that require some level of supervision. Only MD/DOs satisfying criteria for independent supervision of HBO₂ can attend HBO₂ without additional supervision. MD/DOs new to hyperbaric medicine and LLPs, require immediate access to a supervising HBO₂ MD/DO.

- **Note**: Medicare Administrative Coordinators (MAC) currently considers PAs and NPs to be limited license providers and require immediate physician (MD/DO) availability (see Supervised or Proctored Physicians and Providers, below). Centers for Medicare and Medicaid Services (CMS) claims are processed by private healthcare insurers awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) beneficiaries.

**Immediate Availability**
The attending or supervising MD/DO shall be immediately available during all phases of hyperbaric treatment, defined as whenever patients are in the chamber under pressure and the door is closed. ‘Immediately available’ is defined as close physical proximity within the building or connected building or structure, where HBO₂ treatments are provided and able to personally and physically attend to the chamber-side as soon as requested. In some states, the requirement is more specific and requires that the attending physician remain present beside the chamber during the active phases of a treatment, defined as ‘ascent and descent’ or pressurization and depressurization.
MD/DO and LLPs New to Attending HBO₂
Subsequent to completion of an UHMS approved introductory course in hyperbaric medicine, providers (MD/DO, LLP) new to the field of hyperbaric medicine require a period of mentored supervision prior to satisfying credentialing criteria to attend HBO₂ (See Part VI - Guidelines for Proctored Experience).

LLP Attending HBO₂
When a supervised or proctored LLP attends and bills for hyperbaric oxygen therapy, there must be direct on-site immediate availability of an appropriately trained and credentialed MD/DO (as defined in this document) at all times when patients are undergoing HBO₂.⁸

- **Note:** DPMs shall not attend treatments in multiplace chambers due to their limited scope of practice. Multiplace chambers also utilize inside attendants (staff) and the attending provider must be credentialed to assess the medical fitness of all individuals entering the chamber prior to, during and after HBO₂.
  - DPMs shall not attend treatments for HBO₂ indications other than lower extremity wounds or injuries below the knee (DPMs may only attend HBO₂ where approved by State law).

Physicians Undergoing Fellowship Training in Undersea and Hyperbaric Medicine
Fellowship programs must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients.³ Specific types of supervision are delineated in the ACGME Program Requirements Guide in Undersea and Hyperbaric Medicine.³ The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.³

Independent Supervisor of HBO₂ (MD/DO only)
Independent supervisors hold an unrestricted license (MD/DO only) and can supervise HBO₂ treatments without an additional qualified MD/DO providing direct supervision or require immediate access to a supervising MD/DO (see Part V for criteria).

- Attending HBO₂ by telephone is unacceptable and does not constitute immediate availability or appropriate supervision of HBO₂.
- An independent supervising MD/DO must be immediately available to the chamber and/or attending provider (non-independent MD/DO or LLP) at all times throughout a HBO₂.

Medical Directors for HBO₂ (MD/DO only)
This designation includes all of the requirements necessary to qualify as an Independent Supervisor (see Part V), but includes the strong recommendation that individuals placed in the role of medical director meet additional qualifications through advanced education and experience. The recommended standard is board certification in UHM by the American Board of Medical Specialties (ABMS) or Certificate of Added Qualification (CAQ) conferred on Osteopathic Physicians by one of the American Osteopathic Boards stated above.

*The UHMS strongly encourages an ABMS/AOA board certification in UHM for medical directors*

**PART IV**

**Limited Licenses Providers (LLPs)**

Limited license providers (LLP) include Doctors of Podiatry (DPM), Physician Assistants (PA) and Nurse Practitioners (NP). The scope of hospital/health system privileges for LLP’s within the field of hyperbaric medicine will vary based on training, experience, and demonstrated clinical competence. The scope of privileges reflects the clinical capabilities of the facility, medical staff and the level of patient acuity accepted for treatment by the department. Clinical privileges granted by a healthcare facility or system are determined by the hospital medical staff bylaws, policies and procedures, state laws, and the collaborative agreement. (See Part V for minimum education standards)

- LLPs attending HBO$_2$
  - LLPs attending HBO$_2$ require immediate in-person availability of an independent supervising MD/DO during all phases of HBO$_2$. Immediate availability of the independent supervising physician is defined as close physical proximity within the building or connected building or structure, where HBO$_2$ treatments are provided, and where the independent MD/DO is able to personally and physically attend to the chamber-side as soon as requested.$^8$

- Patient care other than attending HBO$_2$
  - Clinical services provided by LLPs occur under the general supervision of a MD/DO. These include consultations, wound care, alterations in treatment course and discharges. Where approved by a hospital/health system’s privileging authority, and commensurate with State law, these clinical activities can occur with less direct methods of supervision to include telephone communication.
PART V

Minimum Licensing, Education and Training Standards for Attending Hyperbaric Treatments

- All eligible providers (MD/DO and LLP) attending HBO₂ must first complete an UHMS approved Introductory Course in Hyperbaric Medicine.

- Mentorship/proctoring guidelines for MD/DOs and LLPs after completion of an UHMS approved Introductory Course in Hyperbaric Medicine are outlined below under Guidelines for Proctored Experience (Part VI).

Limited License Providers (DPM, PA and NP)
Providers with a limited scope of practice must satisfy these minimum standards to attend HBO₂:

- Hold a license to practice medicine (In most states, PAs and many NPs will require a MD/DO ‘supervising physician’ under whose license they practice).
  - The MD/DO identified to the State Medical Board as the supervising physician for a LLP shall be an Independent Supervisor of HBO₂ within that facility or healthcare system.
- UHMS approved introductory course in hyperbaric medicine (minimum standard)
- Complete a proctored experience program (see Part VI below)
- UHMS PATH program
  - Completion of education beyond an UHMS approved introductory course in hyperbaric medicine will become a minimum credentialing standard for independent supervision after June 30, 2022.
  - After June 30, 2022, providers shall complete the UHMS PATH program within 2-years of being granted privileges in hyperbaric medicine to maintain/satisfy credentialing criteria to attend HBO₂.
Independent Supervisor of HBO₂ (MD/DO only)
Physicians (MD/DO) must successfully complete:

- Hold an unrestricted medical license (MD/DO only)
- UHMS approved introductory course in hyperbaric medicine (minimum standard)
- Provide sufficient documentation of clinical experience attending HBO₂ and/or complete a proctored experience program (See Part VI for proctored experience guidelines)
- UHMS PATH program
  - Completion of education beyond a UHMS approved introductory course in hyperbaric medicine will become a minimum credentialing standard for independent supervision after June 30, 2022.
  - Hyperbaric physicians not ABMS/AOA board certified in the subspecialty of UHM by June 30, 2022, must complete an ACGME approved fellowship in hyperbaric medicine or the UHMS PATH program and obtain a Certificate of Added Qualification (CAQ) in Hyperbaric Medicine within 2-years of being granted privileges in hyperbaric medicine to maintain/satisfy independent supervision credentialing criteria.

Minimum education standards for medical directors:
- An unrestricted medical license (MD/DO only)
- Completion of a UHMS approved introductory course in hyperbaric medicine

-And one of the following-

- Completion of the UHMS PATH program
  - Completion of the UHMS PATH or ABMS/AOA board certification in UHM will be mandatory after June 30, 2022.
- Current ABMS/AOA board certification in UHM
  - Board certification in UHM supersedes the UHMS PATH program. As such, providers who hold UHM certification through the ABMS/AOA are not required to complete the UHMS PATH program.
Part VI

Guidelines for Proctored Experience

The mentoring process should be **competency** based. Recommendations stated below are considered a reasonable standard, but it is understood that competency assessments will vary based on the candidate.

This is a restricted form of practice. Supervising physicians must remain immediately available to this provider and the patients being treated throughout the entire HBO₂ treatment.³ ‘Immediately available’ is defined as close physical proximity within the building or connected building or structure, where HBO₂ treatments are provided, with the ability to personally and physically attend to the chamber-side or proctored physician/provider as soon as requested.³

**New MD/DO and Limited License Providers**

Physicians (MD/DO) and LLPs shall undergo a period of proctored experience after completing an UHMS approved introductory course in hyperbaric medicine prior to working without direct supervision. Hospitals and healthcare facilities have discretion to formulate their own criteria/training parameters, but the following guidelines provide a reasonable standard.

- A minimum of five (5) proctored consultations and attend over twenty-five (25) hyperbaric sessions, which shall be overseen by the medical director, proctoring physician or supervising physician.
- Face-to-face supervision should be followed by a review of the subsequent one-hundred (100) treatments. This can be accomplished through a chart review or through the center’s electronic health record, perhaps as part of a Focused Professional Practice Evaluation (FPPE) process as recommended and outlined by The Joint Commission.⁷

**Providers with Previous Experience From Outside Institutions**

- Education requirements necessary for the safe and appropriate supervision of HBO₂ have been described above. Proctoring requirement may be modified by the hospital credentialing committee if the provider provides evidence of supervising at least fifty (50) treatments, performing a minimum of five (5) hyperbaric consultations in the last 2-years, and documentation (signed letter with primary source verification) from a training program director or director of a hyperbaric center attesting to case volume and competency.⁷
Current participation in an ACGME accredited fellowship in Undersea and Hyperbaric Medicine (UHM).

- Fellowship programs have defined supervision requirements that supersede this document. An excerpt from the ACGME Program Requirements for Graduate Medical Education in Undersea and Hyperbaric Medicine manual is provided above (see Fellowship Training in Undersea and Hyperbaric Medicine).

PART VII

Core Privileges in Hyperbaric Medicine

The following provides guidelines for hospital and healthcare facility core privilege determinations for hyperbaric medicine.

Level I

Description: Therapeutic use of HBO₂ to treat localized injured tissue and wounds. (Consider for LLPs and MD/DOs new to HBO₂)

- Provide consultation to patients who may be candidates for HBO₂.
- Perform a history and physical examination.
- Evaluate, diagnose and medically manage patient care utilizing HBO₂ to patients presenting with: soft tissue radiation injury, chronic refractory osteomyelitis, burns and for acceleration of wound healing.

Level II

Description: Medical use of HBO₂ for the treatment of more acute conditions beyond, but inclusive of the localized conditions referenced in Level I privileges. (Independent Supervisor of HBO₂)

- Evaluate, diagnose and medically manage conditions utilizing HBO₂ for: acute carbon monoxide/cyanide poisoning, cerebral arterial gas embolism, decompression sickness, necrotizing soft tissue infections (subcutaneous tissue, muscle, fascia), Clostridial gas gangrene, acute traumatic ischemia from crush injury or compartment syndrome, acute peripheral ischemia (to include central retinal artery occlusion), acute idiopathic sensorineural hearing loss, compromised flap/graft, intracranial abscess and acute blood loss anemia.
PART VIII

Initial and Re-Privileging Requirements

Overview
Privileging should be commensurate with the hyperbaric medicine physician’s or LLP’s education, clinical practice experience, and the practice pattern and capabilities of the hyperbaric facility.

The healthcare center’s privileging authority shall stratify candidates based on their educational credentials and experience and grant privileges in accordance with the most appropriate scope of practice as defined by the classification of HBO₂ providers in Parts III and V of this document.

Hyperbaric medicine privileges should specify the scope of approved indications, chamber types, degree of patient complexity (e.g. stable, complex, critically ill, ventilated, adult, or pediatric), and the details of any restriction, supervision or proctorship required.

For initial appointment or reappointment, hyperbaric medicine providers must satisfy the minimum education requirements as described in Part V. In addition, hyperbaric medicine privileges require proof of continuing education and professional development.

Education and Training
See Minimum Licensing, Education and Training Standards for Attending Hyperbaric Treatments (Part V).

Board Certification in Undersea and Hyperbaric Medicine
Applicants for hospital or health system privileges must have a current certification in a core specialty OR in Undersea and Hyperbaric Medicine by the applicable ABMS or AOA board. Board certification must be achieved within five (5) years of training completion or as required by the medical staff bylaws.

Clinical Experience
Initial application: Applicants for clinical privileges in HBO₂ must provide documentation of provision of hyperbaric medicine services representative of the scope and complexity of the privileges requested during the previous two years (waived for applicants who completed fellowship training in hyperbaric medicine during the previous 24-months).

Reappointment: Applicants must provide clinical services representative of the scope of privileges requested during the past 24-months.
Additional Qualifications: Applicants must have concurrent privileges in their core specialty to provide care to high acuity/critical care patients, e.g., critical care medicine, emergency medicine, internal medicine, family medicine, surgery and anesthesia (other specialty backgrounds are not necessarily excluded provided there is demonstration of sufficient training and experience with patients with acute disease).

-AND-

Applicants who do not appear to fully satisfy criteria for privileging may be subject to additional proctoring.

Providers with Previous Experience From Outside Institutions
- The educational requirements are the same as those outlined in Part V. Experienced providers may be eligible for a shorter proctored mentorship/Focused Professional Practice Evaluation (FPPE) process.

Continuing Medical Education (CME) and Reappointment
Complete a minimum of 10-hours a year or a total of 30-hours of category 1 AMA/AOA PRA CME in hyperbaric medicine within the preceding 3-year period. If local requirements or the requirements of certification agencies exceed these standards, the CME requirements of the physician’s certification and privileging agencies should be followed.

Reappointment of Hyperbaric Privileges
Reappointment should be based on unbiased, objective results of patient care according to a hospital’s quality assurance processes. To be eligible to renew privileges in hyperbaric medicine the applicant must demonstrate:

- Current competence in the supervision and provision of hyperbaric medicine.
  - Guidelines are provided in this document, but hyperbaric departments and healthcare facilities should create an objective measurement of the skills, knowledge and patient contact experience required to satisfy reappointment.

- Adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24-months.

- Evidence of current physical and mental ability to perform the requested clinical activities is required of all applicants for privilege renewal.

- Satisfaction of completed continuing medical education related to hyperbaric medicine (as described below).\(^4\)
Minimum clinical experience and proof of continuing education

- Supervision of twenty-five (25) hyperbaric sessions (as defined above) within the past 12-months or supervision of fifty (50) hyperbaric sessions over a 24-month period.

- Minimum of 10-credit hours of Physician Category 1 AMA/AOA PRA CME in hyperbaric medicine-related topics for each 12-months of hyperbaric practice or 30-credit hours in 3-years, not including the initial training year.

- It is recommended that physicians show evidence of ongoing self-assessment of knowledge and cognitive skills in the application of hyperbaric medicine (e.g., publications, posters, grand rounds or podium presentations, providing proctorship, and research participation).7

References:

3. Undersea and Hyperbaric Medicine ©2016 Accreditation Council for Graduate Medical Education (ACGME)
4. A supplement to Credentialing Resource Center Journal 781/639-1872 07/11
9. UHMS Accreditation Program: https://www.uhms.org/about/accreditation/accreditation-for-hyperbaric-medicine.html (as of June 13, 2017)