

The Diving Medical Advisory Committee

DMAC, Eighth Floor, 52 Grosvenor Gardens, London SW1W 0AU, UK
Tel: +44 (0) 20 7824 5520 · Fax: +44 (0) 20 7824 5521

www.dmac-diving.org
info@dmac-diving.org

DMAC Constitution

1 Name and Scope

The Committee shall be called DMAC, which shall stand for the Diving Medical Advisory Committee.

The scope of work of the committee encompasses all aspects of Occupational Diving Medicine. Hence, DMAC provides the commercial diving industry with specialised medical guidance pertaining to primary, secondary and tertiary prevention of accidents and illnesses related to commercial diving exposure.

2 Composition

The Committee is an independent body comprising a network of diving physicians with a particular interest in, and experience from, commercial diving operations.

The committee comprises:

- ◆ doctors professionally involved in the practice of commercial diving medicine, primarily in Europe;
- ◆ representatives of relevant regulatory authorities;
- ◆ medical representatives from navies with relevant expertise;
- ◆ a medical representative of the European Diving Technology Committee;
- ◆ a diving industry representative nominated by IMCA (the International Marine Contractors Association).

Members of the committee receive no payment for their time or contributions to committee proceedings – the work of the committee is entirely voluntary.

DMAC meets two or three times a year. The committee's agenda includes business items identified by members of the committee and items referred to it by any part of the industry and/or regulatory authorities.

3 Interfaces

The Association shall promote close co-operation by interfacing with:

- ◆ oil & gas operators and diving contractors;
- ◆ relevant trade associations;
- ◆ governments and other regulatory bodies.

The secretarial function is provided for by IMCA.

4 Focus

The committee's work is reflected in its series of guidance notes and other publications concerning various aspects of diving and diving medical practice, each of which is available for downloading from the website of [DMAC](#). The notes are also distributed to a large number of offshore diving contractors as they are issued.

The main areas of focus will be:

- ◆ diving occupational medicine;
- ◆ the preservation of divers' health and safety;
- ◆ the quality of diving physician training;
- ◆ acting as the medical advisory body to the diving industry.

5 Objectives

The main objectives will be:

1. To strive for the highest possible standards in occupational diving medicine:
 - convey best practice;
 - share and preserve knowledge and experience;
 - publish new and improve existing DMAC guidance notes;
 - hold meetings, workshops and seminars at various levels and in various locations;
 - manage a scheme for the approval of courses in diving medicine.

6 Membership

Membership is personal.

Membership is by invitation from the Committee.

There shall be two types of members: voting members and corresponding members.

Voting members would normally be expected to participate in three out of six consecutive meetings as a minimum to maintain the status of a voting member.

Members agree to further the aims, objectives and independence of the Committee.

Members are encouraged to take an active part in the affairs of the Committee.

7 Alterations to the Constitution

The Constitution may be altered if two-thirds of the attending voting members agree.

Proposed alterations shall be distributed to all voting members no later than 90 days prior to the day of the vote.

A review of the DMAC constitution will take place every three years.

Procedure for electing the Chairman and Vice-chairman of the Diving Medical Advisory Committee (DMAC)

This procedure provides rules for the DMAC in the election of Chairman and Vice-chairman.

1. The Committee elects from its members a Chairman and Vice-Chairman.
2. The election period is five years.
3. Election shall be conducted as the first order of business in the first meeting in the election year, in accordance with this procedure.
4. Eligible candidates must be certified physicians.
5. Nominations for Chairman.

Nominations, including self-nominations, must be submitted to the DMAC secretary in advance, or to the Chairman at the start of the meeting in which the election process will be held. Nominations for the position are accepted until the start of voting for the position.

A nomination will only be valid if the candidate declares orally at the meeting, or in writing or by electronic mail at least one month prior to the meeting, that the candidate is willing to take the position if elected.

The new Chairman and the committee will appoint the Vice-Chairman.

6. Voting.
 - a) Any candidate may make a statement to the Committee regarding their candidature. The presentation of such a statement shall take no longer than five minutes.

The order of candidates' statements shall be determined by the secretary presiding over the election using a random selection process.
 - b) To be elected, a candidate must receive votes marked with his or her name from a majority of the members of the Committee.
 - c) If there are more than two candidates running and none receives a majority of affirmative votes in a vote, the vote is rerun with only the candidates receiving the two highest vote counts eligible.
 - d) Voting will be by secret ballot. Two people, Chairman and secretary, will act as tellers.
 - e) Members who participate remotely in a manner such that they can hear the proceedings of the meeting and be clearly heard by all other attendees, shall vote by privately conveying in writing their vote to the Secretary.
7. Record of the Meeting.

The minutes shall record the candidates nominated for each position and the elected persons.