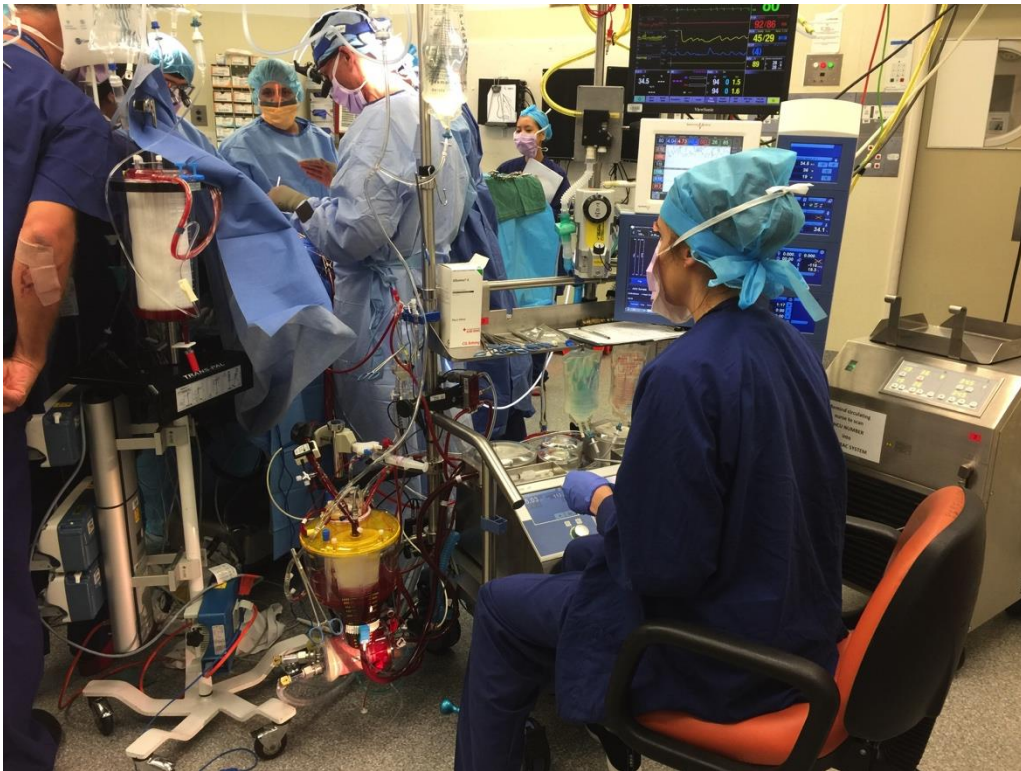


AUSTRALIA AND NEW ZEALAND COLLEGE OF PERFUSIONISTS

Continuing Professional Development



DEVELOPING AND RECOGNISING THE PROFESSIONALISM AND SKILLS OF ANZCP CERTIFIED CLINICAL PERFUSIONISTS

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About Continuing Professional Development

The Australian and New Zealand College of Perfusionists (ANZCP) on behalf of its members, have considered ways to ensure that the professional skills of perfusionists continue to develop. The College offers a Continuing Professional Development (CPD) program (the Program) providing a framework to assist certified perfusionists to maintain certification. Additionally, it allows ANZCP Certified Clinical Perfusionists to have their commitment to continued professional development acknowledged by their participation in activities that update and extend their skills and abilities. The program is overseen by the ANZCP education sub-committee – the Australasian Board of Cardiovascular Perfusion (ABCP). The program is linked to College Fellowship as a Certified Clinical Perfusionist and to Fellowship of the ANZCP. Additionally, the maintenance of the individual's ANZCP-conferred CCP will appear on the ANZCP Perfusion Registry.

The professional skills of Perfusionists are enhanced and developed via a number of sources:



The CPD program reinforces an expectation of commitment from Perfusionists to life-long professional learning to ensure the Perfusionist's knowledge remains current, relevant and evidence-based.

It provides a mechanism for ANZCP certified Clinical Perfusionists who meet the requirements of the program to call themselves a Certified Clinical Perfusionist and to use the post-nominal (CCP Australia). A Certified Clinical Perfusionist is also eligible for ANZCP Fellowship when applying for full membership of the College.

Participation in the CPD program allows ANZCP certified Clinical Perfusionists to maintain their ANZCP certification. For Fellows of the College, CPD is necessary to maintain Fellowship.

It is each individual Clinical Perfusionist's obligation to maintain professional standards and abide by the [ANZCP Code of Ethics](#). This obligates ANZCP Fellows to continually update and extend their professional knowledge and skills by participating in the program.

Participating in CPD activities demonstrates to patients, employers, colleagues and the public that as an individual and as a profession, Clinical Perfusionists have a commitment to practise and to update and extend their professional practice knowledge and skills.

All practising¹ ANZCP Certified Clinical Perfusionists (Aust) are eligible to participate in the CPD program. ANZCP members are automatically included in the program upon gaining certification and thereafter renewing their Fellowship each year.

Maintaining ANZCP Certification as a Clinical Perfusionist via participation in the Program is a requirement to being listed as a practising Certified Clinical Perfusionist on the ANZCP website. Partaking in the CPD program is an integral component of ANZCP College Fellowship.

Clinical Perfusionists who successfully meet the requirements of the program will be issued with a certificate for the year of renewal, which states that the Clinical Perfusionist has met the requirements of the CPD program and is eligible to use the title *Certified Clinical Perfusionist (CCP Aust.)*.

On successful completion of the ANZCP education and training program run by the ABCP, which includes a final examination and submission of their logbook, new perfusion graduates are able to use the title Certified Clinical Perfusionist and are eligible to apply for full membership of the College and Fellowship. After the first year they will be required to submit ongoing evidence of their CPD practice to both retain the ANZCP Fellowship and to be able to continue to use the Certified Clinical Perfusionist title and post-nominals CCP. Trainee Perfusionists are not eligible for certification until they have successfully completed their training and the examination program.

As per Section 6(a) of the College Regulations and Guidelines (2008), renewing or existing Fellows who do not meet the annual requirements for CCP status will be moved to probationary status, until they demonstrate they have met the requirements of the CPD program.

Key Areas of Continuing Professional Development.

The ANZCP CPD program stipulates the minimum level of engagement in a range of activities, in each of FOUR areas:

1. Clinical activity based on practice.
2. Professional activity which serves to enhance knowledge and skills. Examples of these are conferences, courses and on-line learning.

¹ The definition of practice used by the ANZCP is a modified version of that adopted by most of the National Registration and Accreditation Scheme (NRAS / AHPRA) National Boards, and is as follows:

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a perfusionist in the profession. For the purposes of this regulatory standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

3. Professional enhancement derived from teaching, presentations, research, publication and relevant professional committee activities.
4. Activities to maintain knowledge and skills related to the management of a number of defined emergency responses.

What is different between this new CPD process, and the former ABCP Recertification Guidelines (2001-2017)?

The ABCP formalised its recertification process in 2001. In 2008 ANZCP re-entry criteria and a probation period were established. The recertification process involved a three year recertification cycle. Certified Clinical Perfusionists were required to show evidence of:

- 150 Clinical Activity Points over three years
- 45 Professional Activity Points (aka Continuing Education Units (CEUs)) over three years

The reporting cycle extended from 1 January to 31 December three years after. Recertification reports were submitted to the ABCP by 31 May.

The change to annual reporting has been necessitated by the ANZCPs application for membership of the [National Alliance of Self Regulating Health Professionals \(NASRHP\)](#). Membership of NASRHP is in the best interests of ANZCP members and non-member certified clinical perfusionists, creating an alliance of self-regulating health professionals with practice standards developed with reference to the regulatory requirements for registered health professionals.

How does the CPD program work?

For new graduates

New graduates who have successfully completed their training course (including a final certification examination, 200 cases and presentation of a project at a nominated meeting), become Certified Clinical Perfusionists (CCP Aust). They will automatically be included in the CPD program and on application for full membership of the ANZCP will be granted fellowship. Most importantly, they should commence in the CPD program after their first year of practice.

For Fellows of the College (and new graduates after one year)

Declaration of satisfactory completion of CPD is part of a new Fellowship application and is part of the annual Fellowship renewal. This requires the Certified Clinical Perfusionist to report activities in the four areas, self-allocate points and apply those points for activities undertaken in the 12 months prior to the renewal period.

To be eligible for ongoing certification or ANZCP Fellowship, renewing clinical perfusionists must have accrued a minimum of 65 points of both clinical and professional activity in the previous year.

Clinical Activity must amount to 50 points, of which a minimum of 40 points must be for core perfusion activity. If 50 points of clinical activity cannot be provided a maximum of 10 points may be accrued from

non-core perfusion activity to achieve 50 points in total (e.g.: Off Pump Standby, Cell salvaging, IABP support, procurement / preservation of a donor organ. See Table One)

In addition, perfusionists must accrue a minimum of 15 points for professional activity.

These two activity types – clinical and professional – are in place to ensure professional development occurs through at least two different activity types.

In summary, each year Certified Clinical Perfusionists should submit evidence of their CPD activity.

- Clinical Activity: minimum 50 points, with a minimum of 40 points from core perfusion activity
- Professional Activity: minimum 15 points

Clinical Activity Points cannot be carried over to a different renewal period and are not cumulative beyond the renewal period. The same applies to Professional Activity Points with the only exception being for attendance at professional meetings, which may be applied across two consecutive years. This is to allow for practices where Perfusionists are unable to obtain yearly leave for this purpose. When a Certified Clinical Perfusionist satisfactorily achieves CPD status in that annual renewal period, a new annual CPD period is commenced.

Certified Clinical Perfusionists who are unable to meet the CPD criteria because of extended leave for any reason i.e. parental leave, leave of absence from practice, sabbatical leave, prolonged significant illness or on compassionate grounds should contact the ANZCP CPD coordinator at admin@anzcp.org. On application, a further 12 months may be granted in which to meet the guidelines. Perfusionists are asked to contact the ANZCP at admin@anzcp.org if they have any further questions.

Certified Clinical Perfusionists, whether they are working full-time or part-time, have the same obligation and need to maintain currency of knowledge. The requirements for completion of the CPD program are the same for all Certified Clinical Perfusionists and, based on CPD like programs in other allied health professions and medical colleges, are fair and achievable.

How does the practitioner accrue points?

A minimum of 50 points per year must be accrued in activities related to clinical practice and 15 points per year relating to professional development. Activities must be relevant to professional practice as a Perfusionist and extend the knowledge and skills of the Perfusionist. The ANZCP supports that “Perfusion is a scientific and evidence-based profession and Perfusionists have a responsibility to incorporate best available evidence from research and other sources into clinical practice”. It is the Perfusionist’s professional responsibility to review available evidence or lack thereof in relation to professional development activities.

A minimum of 50 points per year must be accrued in activities related to your clinical work practice i.e. perfusions cases; red cell salvage; VAD or ECLS cases.

A minimum of 15 points per year must be accrued in activities related to professional development i.e. attending perfusion related conferences, meetings and workshops; subscribing to journals or reading articles; partaking in peer support; or attendance at special interest groups with a clinical focus. Ideally your CPD activities and submission should cover a variety of practices.

CPD activities are available in a range of formats and styles. Activities can be drawn from a number of different areas or service providers and can be accessed through a variety of methods as outlined in Table 1 and Table 2 in Appendix One.

CPD Log Forms and Documentation

It is the responsibility of each Clinical Perfusionist to retain supporting documentation reflecting the activity in which she or he has been engaged, and which supports their clinical and professional activities. Certified Clinical Perfusionists are advised to record the relevant supporting documentation they could supply in case of audit. Examples include title and authorship of articles and books read, attendance certificates, website addresses, pro forma documents, letters, meeting minutes, lecture notes and diary entries.

Record keeping is manageable, should not take excessive time and is key to CPD success and monitoring. Activity Log Forms for clinical and professional activity are provided at Appendix Three and will be available from the ANZCP website at www.anzcp.org. Scanned forms for clinical and professional activity can be uploaded to the website portal. If a Certified Clinical Perfusionist is unsure as to whether an activity is appropriate to include or how many points it attracts, contact should be made with the College at admin@anzcp.org

The ANZCP website will contain a list of International and National approved meetings. Approval for attendance at other International or National Meetings can be sought by contacting the CPD coordinator at admin@anzcp.org.

The Perfusionist is ultimately responsible to provide verification of professional activity if subject to a random audit.

Each Clinical Perfusionist will need to submit forms, for Clinical Activity and for Professional Activity.

For Clinical Activity the Clinical Perfusionist needs to record the following information for each patient undergoing a core or non-core procedure: Date, Hospital, Department Identifying Number (not hospital UR number), Type of Procedure, Surgeon, Points allocated.

For Professional Activity the Clinical Perfusionist needs to record and keep information for each activity undertaken.

The following will assist identification of acceptable documentation which should be kept for auditing purposes (scans are suitable and recommended):

- Perfusion Meetings (local, state, national and international): In addition to a scan of the official program from the meeting attended, which indicates meeting times and contact hours – documented evidence of attendance at sessions (in hours) is recommended. Most meeting secretariats will provide this authorised / signed confirmation.
- Perfusion Publications: Complete reference of book or article (author/s, title, journal and date/volume of journal).
- Perfusion presentation: Copy of program agenda.
- Grand rounds, Journal clubs etc. Time and date of event, topics presented, meeting flyers

- Lectures and Tutorials: Letter of invitation or thanks, time, date and topics presented
- Relevant courses: Letter of enrolment.
- Journals: Copy of subscription details
- Teaching, mentoring: ANZCP committee or competency verification must be documented accordingly to include dates, times and duration.

As patient confidentiality remains of paramount importance, patient records must not be provided. All supporting documentation, such as diary entries, must be de-identified, maintain patient confidentiality and have patient information redacted. This also applies to other supporting documentation that includes colleague and student details.

If audited, the Clinical Perfusionist must supply forms and documentation as requested to the ANZCP appointed auditor.

Date / time and for points earned

- Clinical Perfusionists need to state the date each activity was completed and the time where relevant.
- Points are assigned to the various activities participants complete to meet the requirements of the program.
- The number of points allocated to activity types is outlined in Tables 1 and 2.

Auditing of CPD Reports

The audit process is the standard method of ensuring validity of the program. Via an audit process, the College is able to provide assurance to peers, consumers and employers that ANZCP Certified Clinical Perfusionists participating in CPD are meeting the requirements of the program.

A number of CPD submissions will be selected at random to have their details audited. The audit process takes place in stages. Perfusionists who are to be audited will initially receive an email notifying them of the audit. This email outlines the audit process and aim, which is to confirm that information supplied is correct and complete. The Certified Clinical Perfusionist will then be contacted by the ANZCP to arrange a time for the audit process. If the Clinical Perfusionist is unable to undertake an audit process due to legitimate reasons such as illness or leave, the Clinical Perfusionist will be asked to make contact to discuss temporary deferment of the audit.

The ANZCP appointed auditor may come from the same state or territory as the candidate being audited. An auditor from another state may be provided if the candidate being audited requests this. The request for an out of state auditor must be submitted in writing to the secretary of the board within 28 days of notification of audit.

At the audit, the onus is on the candidate to provide evidence supporting their submission. The auditor will need to review the forms submitted and if more information is requested, the candidate must be prepared to provide further evidence or documentation as required.

Requests for supporting documentation may include title and authorship of articles and books read, attendance certificates, website addresses, proforma, letters, meeting minutes, lecture notes and diary entries.

As patient confidentiality remains of paramount importance, patient records must not be provided. All supporting documentation, such as diary entries, must be de-identified and maintain patient confidentiality.

What if a Clinical Perfusionist fails their CPD Audit? (See also Appendix Two)

To date, the vast majority of Certified Clinical Perfusionists have been assessed as having met the requirements of the former recertification program. However in some cases, the audit may ascertain that a perfusionist has in fact failed to meet the program's requirements. In this case, the perfusionist will immediately commence discussions with the ABCP to work towards remediation. If the ABCP believes there is a risk in the perfusionist's practice or that remediation will take longer than three months that perfusionist can be placed on probation for one year and will be ineligible to use the title "Certified Perfusionist" (as per the ANZCP Regulations and Guidelines (Section 6(a))). In this case the perfusionist and the ABCP will work towards another audit to confirm the requirements have been met.

The Perfusionist may lodge an appeal for consideration by an independent appeals committee, if the unsuccessful applicant wishes to challenge the decision or feels due process has not been followed. There is no ground for an appeal if requested information has not been supplied within the timeframe set and due process has been followed.

For audit purposes all relevant plan and log forms and supporting documentation must be retained for all activities declared on the previous renewal. Audits occur retrospectively prior to the renewal period. Therefore, all plan and log forms and supporting documentation should be retained for this period.

Failure to Submit CPD documentation

If a Certified Clinical Perfusionist fails to present recertification documentation by the designated timeframe, and does not formally request an extension, the ANZCP CPD Coordinator will contact the Clinical Perfusionist and seek to have the documentation submitted within an agreed period (but no greater than 28 days) or to ascertain the reasons for non-submission. If the documentation is not submitted within the agreed period, the ANZCP Executive and CPD Coordinator will meet to decide if the Clinical Perfusionist should be placed on probation (as per Section 6(a) of the College Regulations and Guidelines (2008)). Clinical Perfusionists should note that following the probation period, a Clinical Perfusionist who again fails or is unwilling to recertify may have their name removed from the registry. As ANZCP Fellows are aware, there are mechanisms of appeal within the College Regulations and Guidelines.

Re-Entry Certification

Previously certified ANZCP Clinical Perfusionists who have had a significant period out of the profession, will be required to meet re-entry criteria.

A Perfusionist who wishes to re-enter the certification process and maintain Fellowship after a period out of the workforce, must apply to the ANZCP CPD Coordinator at admin@anzcp.org in writing outlining their circumstances. The following criteria, based on clinical experience will need to be met before certification will be re-issued.

| Period of time uncertified | Re-entry criteria |
|---|--|
| Less than 1 year | <ul style="list-style-type: none"> • 50 core activity perfusion cases |
| Greater than 1 year and less than 3 years | <ul style="list-style-type: none"> • 50 core activity perfusion cases • Completion of the ABCP/approved simulation course |
| Greater than 3 years | <ul style="list-style-type: none"> • 50 core activity perfusion cases • Completion of ABCP/approved simulation course followed by a practical viva examination |

To assist the perfusionist and the Board in the re-certification process, a logbook detailing the perfusion cases performed will be required to be submitted, with an affirmation from the applicant verifying the cases performed to be true. Additionally, a letter of clinical competency should accompany this log from the applicant's clinical supervisor. The cases must have been performed following the date of application for re-entry.

The registry will display those individuals undertaking re-entry as in the probationary category denoted by (P).

APPENDIX ONE

Table 1: Continuing Professional Development – 50 Clinical Activity Points per year.

| Clinical Activity - Core Perfusion Activity | Points Min 40 per year |
|---|--|
| CPB: Primary Perfusionist (including overseas cases). | 1 / case |
| Where a case exceeds three hours of cumulative bypass time, and there is documented evidence that two perfusionists were responsible for the case, both perfusionists may claim 1 point each. | 1 / case |
| Cases: Supervising a recognised College Trainee | 1 / case |
| VAD or ECLS (establishment or weaning of support) | 1 / case (max 5 points) |
| VAD or ECLS management including surgical procedure, work shift, retrieval or external, inter-hospital transport. | 1 / case (max 5 points) |
| Hyperthermic Intraperitoneal Chemotherapy (HIPEC) or Isolated Limb Perfusion | 1 / case (max 5 points) |
| Perfusion / CPB for Surgery not involving heart and lungs (i.e. Liver) | 1 / case |
| Active participation in an ANZCP or recognised Simulation Course. (Evidence / Course material must demonstrate perfusionists were active participants in the simulation scenarios) | 2 case equivalents (max per course) |
| Active participation as an Instructor in the ANZCP/recognised Simulation Course - 2 case equivalents (max per course), | 2 case equivalents (max per course) max 10 in category |
| Off Pump Standby for CPB – requiring in theatre attendance and CPB set up. (If CPB is required it changes to clinical activity points) | .5 / case (max 10 points) |
| Clinical Activity – Non Core Perfusion Activity | |
| | Points Max 10 per year |
| Off Pump Standby for CPB – requiring only in-hospital attendance. | 0.25 / case |
| Cell salvaging and processing | 0.5 / case |
| IABP (establishment of support or troubleshooting) | 0.5 / case |
| Procurement and preservation of donor organ | 1 / case |

Table 2: Continuing Professional Development – 15 Professional Activity Points per year.

| Professional Activity – Attendance at Professional Meetings | Points |
|---|---------------------------------|
| Meeting activity listed below is allocated points per hour of attendance (and not per day of the conference). Documentation of registration along with evidence of sessional attendance will be required. | |
| ANZCP Annual Scientific Meeting – will be allocated 20 points to encourage support of the College. | 20 |
| Other Local, State, National or International Meetings | 1 point per hour. Max 20 points |
| ANZCP Simulation Seminar / Workshop – will be allocated 20 points to encourage support of the College Initiative. | 20 |
| ANZCP Blood Management Seminar – will be allocated 20 points to encourage support of the College Initiative. | 20 |
| Overseas Heart Mission – to encourage support of donated time and international good will. | 5 |

| Professional Activity – Other meetings / events | Points |
|--|--------------------|
| Visiting another hospital for learning purposes | 2 (max 4 points) |
| Hospital Based Simulation Practice | 2 (max 4 points) |
| Company Sponsored Educational Event or general (non-company) workshop | 2 (max 4 points) |
| Grand Rounds, In-Services, M&M, Audits and Journal Club | 1 (max 5 points) |
| Cardiac Catheter Conference, Surgical planning or patient debriefing meetings. | 0.5 (max 2 points) |

| Professional Activity – Presentations | Points |
|---|------------------|
| Presentation at a State, National or International Meeting | 15 |
| Poster Presentation at a State, National or International Meeting | 10 |
| Presentation at a Workshop, Local or Other Meeting | 10 |
| Presenter or Facilitator at a Simulation Workshop | 10 |
| Presentation at an In-service, M&M, Audit or Journal Club | 3 (max 6 points) |

| Professional Activity – Publications | Points |
|--|-------------------|
| Publication in a journal with an editorial policy | 15 |
| Publication of a chapter in a perfusion related book | 15 |
| Publication of an Abstract | 5 |
| Publication in a journal without an editorial policy | 5 |
| Research-based publication in the ANZCP Gazette | 10 |
| Medico-legal reports/expert witness | 5 |
| Review of a departmental patient management policy | 3 (max 6 points) |
| Reviewing a Journal manuscript on behalf of a Journal prior to publication | 5 (max 10 points) |
| Other non-research publication in ANZCP Gazette | 2 |

| Professional Activity – External Study | Points |
|---|---|
| External Study refers to formal courses leading to a further qualification from a university or other tertiary institution. The course must be linked to the professional goals and responsibilities of the Certified Clinical Perfusionist. Study can be by distance as well as by class attendance. | |
| Completing study for a Master's degree or PhD | 20 |
| Enrolment in a PhD or Master's Program (0.5 FTE) | 10 per year (max 3 year Masters, 6 years PHD) |
| Completing study for a certificate, degree or diploma | 10 |
| For a single subject | 3 |
| Actively involved in a research project | 5 |
| Subscription to a professionally relevant journal (max 2 journal subscriptions) | 2 / journal (max 4 pts.) |
| Perfusion related online learning / video | 1 (max 4 points) |

| Professional Activity – Active participation in the ANZCP | Points |
|---|--------|
| ANZCP Executive Committee Member | 5 |
| ABCP Committee Member | 5 |
| Sub-Committee Member | 5 |
| Editorial Committee Member | 5 |
| Preparing or reviewing ANZCP documents or policies | 5 |
| Preparing or reviewing ABCP course material | 5 |
| Member of the ANZCP ASM Organising Committee | 5 |

| Professional Activity – Teaching and Mentoring | Points |
|--|-----------------------|
| Development of Perfusion Curriculum | 10 / module |
| Examining in the ABCP trainee's final competency exams | 5 |
| Marking of perfusion essays, assignments and module exams | 2 / paper (max 6 pts) |
| Teaching including preparation and presenting tutorials | 3 |
| Workplace based assessment of trainees providing feedback | 1 (max 2 points) |
| Mentoring or professional supervision of another health professional | 1 (max 2 points) |

| Professional Activity – Other sources for competency verification | Points |
|---|----------------------------|
| Peer Review or Appraisal of Clinical Practice and Report by Surgical Director | 5 |
| Clinical audit of own practice or input into group audit | 3 (max 6 points) |
| Team emergency training scenarios within your own work environment with the usual work team. Should include a debriefing session. | 2 (max 4 points) |
| Chair / participant of a perfusion related special interest group | 2 (max 4 points) |
| Annual performance appraisal | 1 |
| Incident reporting or monitoring | 1 (max 3 points) |
| Contributing to Hospital Accreditation requirements | 1 point/doc (max 3 points) |
| Quality assurance programs and maintenance of equipment | 2 (max 4 points) |

Table 3: Examples of Clinical Activity completed – minimum 50 Points in one year (40 + 10)

| | Date | Hospital | ID No. | Procedure | Surgeon | Type | Points |
|----|-----------|----------|--------|--------------------|---------|-----------------------------------|-----------|
| 1 | 1/1/2017 | CAH | 34563 | CAGS x 2 | HK | Clinical - Core | 1 |
| 2 | 15/1/2017 | CCH | 15 | TGA – Switch | CH | Clinical - Core | 1 |
| 3 | 22/2/2017 | CAH | 34599 | AVR – supervising | TC | Clinical - Core | 1 |
| 4 | 17/5/2017 | AD | 202030 | VAD following CAGS | AH | Clinical - Core | 1 |
| 5 | 17/1/2017 | CCH | 18 | ECMO - Sepsis | HG | Clinical - Core | 1 |
| 40 | 1/11/2017 | CAH | 37763 | CAGS x 4 | HK | Clinical - Core | 1 |
| | | | | | | TOTAL Clinical Core points | 40 |
| | | | | | | | |

| | Date | Hospital | ID No. | Procedure | Surgeon | Type | Points |
|---|---------|----------|--------|-------------------------------|---------|---------------------------------------|-----------|
| 1 | 2/1/17 | CAH | 34568 | Off Pump Standby CPB set up | TC | Clinical – Non-Core | 0.5 |
| 2 | 17/5/18 | CAH | 58585 | Cell salvaging and processing | AB | Clinical – Non-Core | 0.5 |
| 3 | 23/2/17 | XTH | 78456 | Cell Salvage | FR | Clinical – Non-Core | 0.5 |
| 4 | 24/2/17 | CCH | 45 | Organ Procurement | HG | Clinical – Non-Core | 1 |
| | | | | | | TOTAL Clinical Non-Core points | 10 |

Table 4: Examples of Professional Activity completed – >=15 Points in one year

| Activity | Date | Hours | Comments | Outcome/s | Points |
|----------------------------------|--------------------|-------------|---|--|-----------|
| Meeting | 12/11/17 | 14 | ANZCP 34th ASM held in Melbourne | | 20 |
| Grand Rounds | 21/12/17 | 1 | Prof Shaker – Research into Coronary Artery implantation of Stem Cells. | | 1 |
| Journal subscription | 1/1/17 | | Perfusion | | 2 |
| Read | 1/1/17 | 2 | Author and Title, made notes. | Learned that..... | 2 |
| Search | 1/1/17 | 3 | Topic, note websites or papers. | Found xxxx which is necessary for our next project | 1 |
| DVD | 1/1/17 | 2 | Title/topic, speaker and presented to data colleagues. | Learned..... | 2 |
| Workshop | 4/4/17 | 3 | Title, convenor, place, presenters and registration details. | Etc. | 2 |
| Special Interest group | Regular attendance | 2 per month | Name of group; purpose | Etc. | 2 |
| ANZCP Committee | Regular attendance | | Executive Committee | Etc. | 5 |
| In-service Presentation | 5/5/17 | 1 | Nurses in-house education - anticoagulation | Etc. | 3 |
| Study | Jan 2015- Dec 2017 | | Master's degree in Pharmacology at Melbourne University | Etc. | 20 |
| Company based equipment workshop | 15/5/17 | 2 | Company, type of equipment | Etc. | 2 |
| Study | May 2017 | 20 | Purpose, title i.e. Competency in a computer based statistics program | Etc. | 3 |
| Research project | 2017 | | Aim of research, if ethics is required, team based, outcome | Etc. | 5 |
| | | | | TOTAL Professional Activity points | 70 |

APPENDIX TWO

Guidelines in assessment of Certified Clinical Perfusionists who have been unable to reach the required number of CPD points for renewal of their CCP (Aust.) or maintenance of their certification.

Clinical Perfusionists who are having difficulty securing CPD points should contact the ANZCP CPD Coordinator at admin@anzcp.org as early as possible and prior to renewing their CPD or ANZCP College Fellowship.

The ANZCP is obliged to consider an individual's circumstances which can include medical, personal, employment or other issues. The College will give due consideration to individual situations in granting full or probationary CCP status. The College will try and assess the Clinical Perfusionist's fitness to practise, in determining recertification in circumstances where the requisite number of points has not been attained. This assessment may involve discussions with the Perfusionist and (with permission) with colleagues who have knowledge and insight as to the Perfusionist's fitness to practise, experience, skill, proficiency and competency.

Possible scenarios to consider that may be permissible for the ANZCP to consider if the Certified Clinical Perfusionist finds themselves in the above circumstances:

- Points may be interchanged between clinical activity points and professional activity points or vice versa,
- A discussion around how more points may possibly be achieved,
- Activity points reduced to reflect *pro rata* time period that was worked.
- Consideration of a peer review and report on clinical competency from the Director of Cardiac Surgery or Director of Perfusion to complete their activity points.
- Points waived in extenuating circumstances, which might include maternity leave, changed circumstances or for personal / health reasons.

Contact with the ANZCP, as early as possible, is the first course of action.

APPENDIX THREE

Details of Clinical Activity – Core Perfusion Activity: 40 Points per year (Minimum)

| | Date | Hospital | ID No. | Procedure | Surgeon | Type | Points |
|----|------|----------|--------|-----------|---------|-----------------|--------|
| 1 | | | | | | Clinical - Core | |
| 2 | | | | | | Clinical - Core | |
| 3 | | | | | | Clinical - Core | |
| 4 | | | | | | Clinical - Core | |
| 5 | | | | | | Clinical - Core | |
| 6 | | | | | | Clinical - Core | |
| 7 | | | | | | Clinical - Core | |
| 8 | | | | | | Clinical - Core | |
| 9 | | | | | | Clinical - Core | |
| 10 | | | | | | Clinical - Core | |
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| 25 | | | | | | Clinical - Core | |
| 26 | | | | | | Clinical - Core | |
| 27 | | | | | | Clinical - Core | |
| 28 | | | | | | Clinical - Core | |
| 29 | | | | | | Clinical - Core | |
| 30 | | | | | | Clinical - Core | |
| 31 | | | | | | Clinical - Core | |
| 32 | | | | | | Clinical - Core | |

| | Date | Hospital | ID No. | Procedure | Surgeon | Type | Points |
|----|------|----------|--------|-----------|---------|-----------------|--------|
| 33 | | | | | | Clinical - Core | |
| 34 | | | | | | Clinical - Core | |
| 35 | | | | | | Clinical - Core | |
| 36 | | | | | | Clinical - Core | |
| 37 | | | | | | Clinical - Core | |
| 38 | | | | | | Clinical - Core | |
| 39 | | | | | | Clinical - Core | |
| 40 | | | | | | Clinical - Core | |
| 41 | | | | | | Clinical - Core | |
| 42 | | | | | | Clinical - Core | |
| 43 | | | | | | Clinical - Core | |
| 44 | | | | | | Clinical - Core | |
| 45 | | | | | | Clinical - Core | |
| 46 | | | | | | Clinical - Core | |
| 47 | | | | | | Clinical - Core | |
| 48 | | | | | | Clinical - Core | |
| 49 | | | | | | Clinical - Core | |
| 50 | | | | | | Clinical - Core | |

Details of Clinical Activity – Non Core Perfusion Activity: 10 Points per year (Max.)

| | Date | Hospital | ID No. | Procedure | Surgeon | Type | Points |
|----|------|----------|--------|-----------|---------|---------------------|--------|
| 1 | | | | | | Clinical – Non Core | |
| 2 | | | | | | Clinical – Non Core | |
| 3 | | | | | | Clinical – Non Core | |
| 4 | | | | | | Clinical – Non Core | |
| 5 | | | | | | Clinical – Non Core | |
| 6 | | | | | | Clinical – Non Core | |
| 7 | | | | | | Clinical – Non Core | |
| 8 | | | | | | Clinical – Non Core | |
| 9 | | | | | | Clinical – Non Core | |
| 10 | | | | | | Clinical – Non Core | |
| 11 | | | | | | Clinical – Non Core | |
| 12 | | | | | | Clinical – Non Core | |
| 13 | | | | | | Clinical – Non Core | |
| 14 | | | | | | Clinical – Non Core | |
| 15 | | | | | | Clinical – Non Core | |
| 16 | | | | | | Clinical – Non Core | |
| 17 | | | | | | Clinical – Non Core | |
| 18 | | | | | | Clinical – Non Core | |

Copy this page and table if more activity

Details of Professional Activity completed – >=15 Points per year

| Activity | Date | Hours | Comments | Outcome/s | Points |
|----------|------|-------|----------|-----------|--------|
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