

Mandatory Declarations Policy

Acknowledgement: The ANZCP acknowledges the work of the Human Genetics Society of Australasia (HGSA) in the development of Annexures A and B. Those annexures draw heavily from content from the HGSA Mandatory Declarations for Genetic Counsellors Policy.

DEFINITIONS

1. Where a term is defined in Clause 2 of this Policy as having a particular meaning, other parts of speech and grammatical forms of that word or expression have a corresponding meaning.
2. In this the following definitions apply:
 - (a) **ANZBP** means the board established by the Executive Committee of the ANZCP, under rule 80 of the ANZCP Rules, for the purposes of (amongst other things) Certifying and Re-Certifying Clinical Perfusionists;
 - (b) **ANZCP** means the means the Australian and New Zealand College of Perfusion (also known as The Australian and New Zealand College of Perfusionists) ABN 59 896 655 656;
 - (c) **ANZCP Rules** means the “Rules of The Australian and New Zealand College of Perfusionists Incorporated”*, as approved by the ANZCP on 20 November 2020, or any subsequent superseding document by that name;
 - (d) **Certification** means the process of becoming certified by the ANZCP against the standards described in the Certification Policy;
 - (e) **Certification Policy** means the ANZCP policy of that name*;
 - (f) **Certified Clinical Perfusionist** means a Clinical Perfusionist;
 - (g) **Clinical Perfusionist** means a member of the clinical perfusion profession;
 - (h) **Code of Ethical Standards and Professional Conduct** means the ANZCP code of that name*;
 - (i) **Competency Standards** means the ANZCP Competency Standards* set by the ANZCP for the purpose of determining the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a Clinical Perfusionist and which form the basis for determining competency for the purposes of Certification and Re-Certification;
 - (j) **Complaints Procedure*** means the ANZCP procedure of that name;
 - (k) **CPD Program** means the ANZCP Continuing Professional Development Program*;
 - (l) **Executive Committee** means the executive committee of the ANZCP, described in Part 5 of the ANZCP Rules;
 - (m) **Initial Certification** means the process of becoming certified as a Clinical Perfusionist by the ANZCP in accordance with the Certification Policy;
 - (n) **Mandatory Declarations** means the declarations described in Clause 13 of this Policy;
 - (o) **Mandatory Declaration Thresholds** means the thresholds described in Annexure A, for assessing whether a Clinical Perfusionist meets the threshold for Initial Certification or Re-

Certification;

- (p) **OTP Policy** means the ANZCP's Overseas Trained Perfusionists Policy*; and
- (q) **Provisional** status means that status applied to a Clinical Perfusionist who has:
 - i. applied for Certification or Re-Certification but been granted Provisional status under the Certification Policy; or
 - ii. been changed to Provisional status within a Certification period under an ANZCP policy or other documentdue to failure to meet all of the standards set by the ANZCP for Certification;
- (r) **Recency and Resumption of Practice Policy** means the ANZCP policy of the same name*;
- (s) **Re-Certification** means the process of being re-certified by the ANZCP against the standards described in the Certification Policy. This may be for a Clinical Perfusionist who is seeking to move from Provisional Certification to unconditional Certification, or for a Clinical Perfusionist who is fully Certified at the time of the application; and
- (t) **Registration Board** means the board of that name established under Rule 81 of the ANZCP Rules.

*Documents marked with an asterisk in the above list are located on the ANZCP's website at <https://anzcp.org/professional-standards/>

PURPOSE AND APPLICATION

- 3. The ANZBP has been delegated responsibility by the ANZCP for setting the standards for Certification and Re-Certification as a Clinical Perfusionist in Australia and New Zealand and for making an initial determination whether a Clinical Perfusionist meets those standards. This Policy assists the ANZBP to deliver on these responsibilities, by providing a mechanism for proactive declaration by a Clinical Perfusionist of agreement to comply and/or with compliance with key standards.

REQUIREMENT TO MAKE MANDATORY DECLARATIONS

- 4. As part of their application for Certification, a Clinical Perfusionist seeking:
 - (a) Initial Certification – must agree to comply with Mandatory Declarations; and
 - (b) Re-Certification – that they have complied with, and will continue to comply with, the Mandatory Declarations.

CONSEQUENCES OF NOT MAKING THE MANDATORY DECLARATIONS

- 5. Failure to make the Mandatory Declarations described in this Policy will result in the Clinical Perfusionist seeking Certification or re-Certification not being granted Certification or Re-Certification, as the case may be, by the ANZCP.

CONCERNS ABOUT MAKING, AND NON-COMPLIANCE WITH, MANDATORY DECLARATIONS

- 6. There are no exemptions to the requirement to make Mandatory Declarations at Certification and Re-Certification.
- 7. A Clinical Perfusionist concerned about making the Mandatory Declarations or meeting the

Mandatory Declaration Thresholds for any reason must submit to the ANZBP, at:

admin@anzcp.org

a written statement declaring any potential noncompliance or inability to comply, in the form of a statutory declaration accompanied by relevant supporting information and documents.

COMPLIANCE WITH MANDATORY DECLARATIONS

8. Failure by a Clinical Perfusionist to comply with a Mandatory Declaration they have made, or making a false statement in respect of a Mandatory Declaration, may be referred for consideration and potential disciplinary action under the Complaints Procedure.

ASSESSMENT AGAINST THE MANDATORY DECLARATIONS THRESHOLDS

9. A statement provided by a Clinical Perfusionist under Clause 7 of this Policy will be submitted by the ANZBP to the Registrar of the Registration Board and the ANZCP President and referred to the relevant assessor outlined in Annexure A, for a decision on whether the Clinical Perfusionist meets the Mandatory Declaration Threshold in respect of that Mandatory Declaration. Final decision on whether, notwithstanding a Clinical Perfusionist meets the Mandatory Declaration Thresholds will be made by the Executive Committee, having mind to the outcome of all assessment decisions made in accordance with this Policy.
10. If subject of a decision under Clause 9 that they meet the Mandatory Declaration Thresholds, the Clinical Perfusionist will be advised by the ANZCP to make the Mandatory Declarations as part of their application.
11. An assessing body described in Annexure A may:
 - (a) obtain legal advice and/or information from any third party to assist with making an assessment under Clause 12 of this Policy; and/or
 - (b) may, in their absolute discretion, refer a concern raised in respect of a Mandatory Declaration to the Complaints Committee.

ASSURANCE AND AUDIT

12. The ANZCP has the right to, in its absolute discretion, randomly audit or request evidence of compliance from Certified Practitioners, as an assurance of compliance with the Mandatory Declarations Policy. It may delegate the task of assurance to any person or body.

FORM OF MANDATORY DECLARATIONS

13. All Clinical Perfusionists applying for Initial Certification or Re-Certification must make a declaration which includes the statements on the following page:

MANDATORY DECLARATIONS

I declare that:

1. I have read and understood:
 - (a) The ANZCP Rules;

- (b) The Code of Ethical Practice and Professional Conduct;
- (c) The CPD Program; and
- (d) The Recency and Resumption of Practice Policy

and agree to abide by their requirements. If applying for Re-Certification, I agree that I have complied with these requirements in the previous period of Certification or Provisional Certification.

2. I believe I meet and I will ensure I continue to meet the Competency Standards.
3. I am in professional good standing and no existing restrictions to practice in any country or jurisdiction.
4. I have complied with any disciplinary or other action imposed on me by the ANZCP, or by any other body of standing to impose such requirements.
5. I have declared:
 - (a) all charges, convictions or involvement in proceedings related to a criminal offence punishable by imprisonment for a term of three months or longer, domestically or internationally;
 - (b) any pending or completed investigations or disciplinary proceedings, domestically or internationally, about me and, for completed matters, the findings and outcome; and
 - (c) any concerns about other previous non-compliance or an ability to comply with these Mandatory Declarationsin accordance with the Mandatory Declarations Policy before making this declaration.
6. I know of no other information that could cause the ANZCP not be satisfied that I am fit to practice and am a competent person to be Certified.
7. All information I have provided in my application is true, complete and correct to the best of my knowledge.
8. I agree to notify ANZCP, as soon as practical, if any information relating to the above Mandatory Declarations changes.
9. I agree to my personal information, as provided in my application and supporting documents, being used for the purposes of processing my application and understand that information may be sought from third parties about my application.

Annexure A – Mandatory Declaration Thresholds

Mandatory Declaration Field	Threshold and Assessing Body
Ethical Practice and Professional Conduct	<p>The threshold for compliance is compliance with the Code of Ethical Practice and Professional Conduct.</p> <p>Applicants for Initial Certification and Re-Certification declare their intention to comply in the coming period.</p> <p>Threshold also applies for Re-Certification to the period since the last declaration.</p> <p>Notifications of non-compliance with the Code of Ethical Practice and Professional Conduct, or a lack of ability to comply, are assessed by the Complaints Committee under the Complaints Procedure.</p>
Competency	<p>The threshold for competency to be Certified or Re-Certified is set by the Competency Standards.</p> <p>Competency for Initial Certification will be assessed by the ANZBP on the basis of the applicant’s training, qualifications, experience and certification status, through the Certification Policy or OTP Policy, as the case may be.</p> <p>Competency for Re-Certification is subject to a positive declaration by the Certified Clinical Perfusionist that they do and will continue to meet the Competency Standards.</p> <p>A notification by a Clinical Perfusionist under Clause 6 of this Policy will be assessed by the ANZBP against the requirements of the Competency Standards.</p>
Continuing Professional Development (CPD)	<p>The thresholds for meeting the CPD and requirements are set by the CPD Policy.</p> <p>All applicants for Initial Certification or Re-Certification declare they agree to comply with the CPD Policy. Compliance for a previous period of Certification is declared by the applicant for Re-Certification in the Mandatory Declarations.</p> <p>Compliance with these requirements is assured through the auditing procedures outlined in the CPD Policy.</p> <p>Assessment of a notification from a Clinical Perfusionist under Clause 6 of this Policy in respect of CPD and/or recency of practice will be assessed by the ANZBP against the requirements of the CPD Policy.</p>
Recency of Practice	<p>The thresholds for meeting the CPD and requirements are set by the Recency and Resumption of Practice Policy.</p>

	<p>All applicants for Initial Certification or Re-Certification declare they agree to comply with the Recency and Resumption of Practice Policy.</p> <p>Compliance for a previous period of Certification is declared by the applicant for Re-Certification in the Mandatory Declarations. Where the Clinical Perfusionist has been Certified for five or more years they will be assessed against the five year threshold stated in the Policy. Where the Clinical Perfusionist has been Certified for more than one year but less than five years, compliance will be assessed for the period of Certification against the requirement stated in the Recency and Resumption of Practice Policy, as pro-rated to match the duration that the Clinical Perfusionist has been Certified.</p> <p>Assessment of a notification from a Clinical Perfusionist under Clause 6 of this Policy in respect of recency of practice will be assessed by the ANZBP against the Recency and Resumption of Practice Policy.</p>
<p>Notifications of Criminal History, Investigations, Disciplinary Proceedings and Other Concerns about Potential Non-compliance or Inability to Comply with Mandatory Declarations</p>	<p>The ANZCP will assess whether a Clinical Perfusionist meet the threshold for Certification or Re-Certification in respect of criminal history, investigations and disciplinary action or any other concern not otherwise covered in this table and which is notified by the Clinical Perfusionist under Clause 6 of this Policy.</p> <p>The ANZCP will do this on a case-by-case basis having mind to the considerations in Annexure B of this Policy.</p>

ANNEXURE B – CONSIDERATIONS FOR ASSESSING NOTIFICATIONS OF CONCERNS ABOUT CRIMINAL HISTORY, INVESTIGATIONS, DISCIPLINARY PROCEEDINGS AND OTHER CONCERNS

1. **The nature and gravity of the issue or conduct declared and its relevance to Clinical Perfusionist practice.** The more serious the issue and the greater its relevance to practice, the more weight will be assigned to it.
2. **The period of time since the issue or conduct subject of the investigation, proceeding, charge or other concern and the Clinical Perfusionist's age at the time.** More weight will generally be placed on more recent matters. If the Clinical Perfusionist was young (particularly under 18) at the time of the conduct giving rise to the matter notified, this may be a mitigating factor in the assessment process.
3. **Whether a finding of guilt, a conviction or disciplinary action has been made, was not made or the outcome is still pending.** The following types of matters are to be considered, in descending order of relevance:
 - a. convictions;
 - b. adverse findings, such as of guilt or resulting in the imposition of disciplinary action;
 - c. pending charges or investigations;
 - d. matters dismissed or closed without an adverse finding, being matters resolved or closed without a finding of the nature described in Item 3(b). Consideration of dismissed or closed matters will take into account the context of why the matter has been dismissed or closed (e.g. lack of evidence, complainant dropping the complaint, etc.).
4. **The sentence or disciplinary action imposed.** Weighting will generally increase as the significance of the sentence or disciplinary action increases. Mitigating factors raised in sentencing or the imposition of disciplinary action, where available, will also be taken into account.
5. **The likelihood of future threat to a patient.** The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.
6. **Whether the matter which is the subject of the notification involves exploitation or vulnerable people.** The Board may place more weight on matters involving victims/complainants who are: under 18 years of age; exploited by a Clinical Perfusionist due to the power differential in the professional relationship; or another vulnerable person.
7. **Whether or not the conduct that constituted the offence or to which a charge relates has been decriminalised since the Clinical Perfusionist committed, or allegedly committed, the offence.** The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.
8. **The Clinical Perfusionist's behaviour outside of the conduct or alleged conduct which gave rise to the criminal history, investigation, disciplinary action or other concern about compliance with the Mandatory Declaration.** Indications that the offence was an aberration of the Clinical Perfusionist's conduct, and evidence of good conduct or of rehabilitation, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will be weighted more heavily.

9. **ANZCP complaints or grievances processes, and compliance with ANZCP requirements.** If ANZCP records show a pattern of behaviour by the Clinical Perfusionist which is inconsistent with the standards for Certification, this will be considered in the assessment decision.
10. **Submissions made by the Clinical Perfusionist.** Any statement made by the Clinical Perfusionist about the notified matter will be considered in the assessment decision and weighted according to the apparent veracity of the statement and the seriousness of the conduct which is the subject of the notification.
11. **Further information sought from third parties:** As described in Clause 11, information can be sought from third parties about the Clinical Perfusionist and/or the subject matter of the notification. The ANZCP will weight this information according to its merits in the context of all other matters required to be considered under this Policy.
12. **Any other matter that considered relevant.** The ANZCP may take into account any other matter that it considers relevant to the application or notification. The Clinical Perfusionist will not be required to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above numbering does not indicate a priority order of these matters in an assessment.