

Recency and Resumption of Practice 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;
 - (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 who is Certified by the ANZCP;
 - (g) **Clinical Perfusionist** means a member of the clinical perfusion profession;
 - (h) **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;
 - (i) **CPD** means continuing professional development as required by the CPD Program*;
 - (j) **CPD Program** means the ANZCP document entitled Continuing Professional Development Program*;
 - (k) **Initial Certification** means the process of becoming Certified for the first time;
 - (l) **Mandatory Declaration** means a declaration made under the Mandatory Declarations Policy*;
 - (m) **Practice** means that Clinical Perfusionist is drawing on their relevant professional skills and knowledge in the course of their work to contribute to safe and effective delivery of services within the profession. Practice is not restricted to the provision of direct clinical care and may also include working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles for example. This work can be of a paid or formal volunteer nature on a full or part time basis.
 - (n) **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:

- i. A Certified Clinical Perfusionist;
 - ii. A Clinical Perfusionist who has been Certified before but is not currently Certified; or
 - iii. A Clinical Perfusionist who is seeking to move from Provisional Certification to become a Certified Clinical Perfusionist.
- (o) **Resumption of Practice Requirements** means requirements imposed on a Clinical Perfusionist under this Policy after an extended break from Practice.

PURPOSE AND APPLICATION

3. The public and the profession have the right to expect competent and contemporary service performed in line with best practice from all Certified Clinical Perfusionists.
4. The ANZBP is initially responsible for determining whether a Clinical Perfusionist meets the standards established by the ANZBP for Certification, with the final decision on Certification made by the Executive Committee under the Certification Policy. This Policy assists the ANZBP to deliver on these responsibilities, by providing a mechanism for ensuring that Clinical Perfusionists who have not maintained their clinical practice as required by this Policy are identified and supported to transition back to the profession in a way that is safe for patients.

MAINTAINING RECENT PRACTICE

5. Certified Clinical Perfusionists are required to complete at least 1,000 hours of Practice over the continuous 5 year period ending at the point of Re-Certification.
6. In applying for Re-Certification, a Clinical Perfusionist is required to attest in a Mandatory Declaration that they have complied with this Policy.
7. An applicant for Initial Certification is not required to demonstrate Recency of Practice at the time of Initial Certification, as the criteria for Initial Certification include demonstration of a minimum number of cases of clinical perfusion Practice but must agree to comply with this Policy, as part of the Mandatory Declarations at Initial Certification.

CONFIRMATION OF COMPLIANCE WITH REQUIREMENTS

8. The ANZBP may request, at any time, and the Clinical Perfusionist must provide within 10 days evidence of Practice to validate the statement made in the Mandatory Declaration.

Note: evidence of Practice may include but is not limited to an employment contract, statement of service and/or employer contact details.

9. A random audit will be conducted annually by the ANZBP to assess compliance of Certified Clinical Practitioners with this Policy.
10. The process, timelines and outcomes of the audit, including potential action for noncompliance and appeals processes, are the same as those for audits of CPD under the CPD Policy (e.g. may result in Provisional Certification or referral to the Complaints Procedure) although failed audits under this Policy may also include the imposition of mentoring or other arrangements as set out in Annexure A of this Policy.

RESUMPTION OF PRACTICE

11. Clinical Perfusionists who were previously Certified but have not been Certified for more than 1 year are required to:
 - a. Apply to admin@anzcp.org in writing outlining their circumstances, and paying the fee required by the ANZCP, as published on its website; and
 - b. Agree to meet the Resumption of Practice Requirements described in Annexure A in a 12 month period, in addition to the CPD required for that same period under the CPD Program; and
 - c. Meet the other standards for Re-Certification, including agreeing to Mandatory Declarations.
12. Clinical Perfusionists are classified as Provisionally Certified while they are completing Resumption of Practice Requirements.
13. At the completion of the 12 month period, a Clinical Perfusionist subject to Resumption of Practice Requirements under this Policy, will provide evidence that they have met the Resumption of Practice Requirements, as outlined in Annexure A. If the Clinical Perfusionist:
 - a. Provides the required evidence to the satisfaction of the ANZBP, and has met all other requirements for Certification (including maintaining recent practice as required by this Policy), they are eligible for Certification; and
 - b. Cannot or does not supply the required evidence, their Provisional Certification will be removed, under the Certification Policy.

Annexure A. Resumption of Practice Requirements

Period of time not consecutively Certified	Resumption of Practice Requirements
More than 1 year and less than 3 years	<ul style="list-style-type: none"> • Formal implementation of a mentoring arrangement* <p>Evidence required at end of 12 month period:</p> <ul style="list-style-type: none"> • CPD log showing 20 additional CPD points (clinical or educational)** • A letter from the applicant's clinical supervisor*** attesting to competency and ability to practice safely**** • A letter from the mentor attesting to competency and ability to practice safely****
3 years or more, and less than 5 years	<ul style="list-style-type: none"> • Formal implementation of mentoring arrangement* <p>Evidence required at end of 12 month period:</p> <ul style="list-style-type: none"> • Minimum of 30 directly supervised cases (number to be determined based on factors such as length of time out of Practice, and qualifications and experience prior to break from Practice), with such cases to be logged by the Clinical Perfusionist and signed off in the same form as required by the Clinical Supervision Guidelines • 20 additional CPD points (clinical or educational)* • Completion of a practical viva examination • A letter of clinical competency from the applicant's clinical supervisor*** attesting to competency and ability to practice safely**** • A letter of from the mentor attesting to competency and ability to practice safely**** • Any other requirements reasonably imposed by the ANZBP
5 years or more	<ul style="list-style-type: none"> • Formal implementation of mentoring arrangement* <p>Evidence required at end of 12 month period:</p> <ul style="list-style-type: none"> • Minimum of 50 directly supervised cases (number to be determined based on factors such as length of time out of Practice, and qualifications and experience prior to break from Practice), with such cases to be logged by the Clinical Perfusionist and signed off in the same form as required by the Clinical Supervision Guidelines • 20 additional CPD points (clinical or educational)** • Completion of Board Certification examination • A letter of clinical competency from the applicant's clinical supervisor*** attesting to competency and ability to practice safely****

	<ul style="list-style-type: none"> • A letter of from the mentor attesting to competency and ability to practice safely**** • Any other requirements reasonably imposed by the ANZBP
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* Formalisation of mentoring arrangements commences with lodging with the ANZBP draft terms for the arrangement between:

- the Clinical Perfusionist who is subject of the mentoring; and
- a Certified Clinical Perfusionist,

for mentoring, including things like frequency of meetings, areas of practice to focus on and reporting back to ANZBP on progress. The ANZBP will consider the proposed terms, in light of time out of the workplace, considerations such as the length and extent of practice prior to the period where Certification lapsed, and may recommend or require an adjustment to terms including, if the ANZBP deems it appropriate, replacement of the mentor (see following paragraph). The final terms must be agreed by the mentor and the Clinical Perfusionist being mentored, in writing, with a copy provided to the ANZBP to formalise the mentoring arrangement which applies to the period of Provisional Certification.

The relationship between the mentor and the Clinical Perfusionist will be considered, as part of the ANZBP's decision on whether a proposed mentor is appropriate. Duration and nature of pre-existing relationship between the mentor and the Clinical Perfusionist must be disclosed, when requesting that the ANZBP support a particular arrangement, including identification of any conflicts of interest (real, apparent perceived) in the proposed mentoring arrangement. The ANZBP may, in its absolute discretion, refuse to approve a propose mentoring arrangement if concerned about the potential for bias or perception of bias.

A mentor must raise any concerns regarding the Clinical Perfusionist's competency to Practice with the ANZBP immediately upon becoming aware of them.

It is the responsibility of the Clinical Perfusionist who is subject of the arrangement to promptly find a replacement for the mentor in the event they withdraw or otherwise become unavailable to complete the agreed arrangement.

** The additional CPD required by the Resumption of Practice Requirements must link directly back to the competency domains stated in the Competency Standards. The mix of additional CPD can be chosen by the Clinical Perfusionist, having mind to their professional and clinical needs, but must include at least 2 points from each domain.

*** In the case of a Clinical Perfusionist who is the head of unit (i.e. in effect has no clinical supervisor), this letter must be from the head of surgery. Duration and nature of pre-existing relationship between the clinical supervisor and the Clinical Perfusionist must be disclosed, including identification of any conflicts of interest (real, apparent perceived) in the arrangement. The ANZBP may require an additional third party to attest to the Clinical Perfusionist's competency, in such a case.

**** Letters of attestation must be drafted explicitly considering the Clinical Perfusionist's performance as against the Competency Standards.