

Continuing Professional Development Program

DEVELOPING AND RECOGNISING THE PROFESSIONALISM AND SKILLS OF CLINICAL PERFUSIONISTS

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About Continuing Professional Development.

Continuing Professional Development (or CPD) is, using the definition adopted by the National Alliance of Self-Regulating Health Professions in its 'Regulating Health Profession Peak Bodies Membership Standards'¹ from the Allied Health Professions project in the UK (2002):

... a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving Scope of Practice.

Clinical Perfusionists are tertiary trained skilled and allied health professionals who play a critical role in surgeries and medical procedures in which it is necessary to support or temporarily replace the patient's cardio-pulmonary or circulatory function for the purpose of organ or limb preservation. It is essential for patient outcomes that the skills and knowledge of a Clinical Perfusionist are kept up-to-date, through the completion of mandatory continuing professional development and by maintaining their practice hours.

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 practice and to update and extend their professional practice knowledge and skills.

The Australian and New Zealand College of Perfusionists (ANZCP) requires that Certified Clinical Perfusionists maintain their skills and knowledge by compliance with the requirements of this CPD Program. This reinforces an expectation of commitment from Clinical Perfusionists to life-long professional learning to ensure the perfusionist's knowledge remains current, relevant and evidence-based. This commitment is reflected in the Code of Ethical Standards and Professional Conduct that Clinical Perfusionists agree to uphold and reinforced by the mandatory declarations which Clinical Perfusionists are required by the Mandatory Declarations Policy to make when applying for initial certification, or for re-certification.

Standards in, and compliance with, the Program is overseen by Australian and New Zealand Board of Perfusion, the education sub-committee of the ANZCP.

The professional skills of perfusionists are initially gained through tertiary education and clinical practice as set out in the Certification Procedures. These are enhanced and developed over the career of the Clinical Perfusionist through ongoing practice requirements and CPD, as outlined on the following page:

¹ http://nasrhp.org.au/wp-content/uploads/2018/01/SR_Standards_Full_Dec_2.pdf, at p. 21.



* The requirement to maintain a minimum number of practice hours is set out in the Recency of Practice Policy.

Key areas of CPD.

This CPD Program requires minimum level of engagement in a range of activities, in each of the following FOUR areas:

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

CPD year.

The CPD year runs from 1 January to 31 December. CPD reports are submitted to the ANZBP by 31 May, in time for the certification prior to the next certification year, which runs from 1 July to 30 June of the following year.

How do the CPD requirements work?

New Certified Clinical Perfusionists

Clinical Perfusionists who become certified for the first time by the ANZCP, are required to comply with the CPD requirements in the year in which they become Certified and to demonstrate compliance at Re-Certification. The exception to this requirement, is Clinical Perfusionists who become certified from 1

September onwards in a CPD year and who are only required to comply on a pro rata basis.

Provisionally Certified Clinical Perfusionists

Provisionally Certified Clinical Perfusionists must meet the requirements CPD Program applying to re-certifying Certified Clinical Perfusionists, as described more fully below, and any additional requirements placed on their Provisional Certification.

If a Provisionally Certified Clinical Perfusionist is unable to demonstrate compliance with the requirements for Certification at the end of the period of Provisional Certification, they will not be certified or provisionally certified for the following year unless they apply for and are successful through the initial certification process.

Part-time Certified Clinical Perfusionists

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 perfusionists and are based on similar CPD programs in other allied health professions and medical colleges with the requirements being fair and reasonable to achieve.

Re-certification of Certified Clinical Perfusionists

For a CCP to be eligible for re-certification, or in the case of a Provisionally Certified Clinical Perfusionist to be eligible to become unconditionally Certified, the Clinical Perfusionist must:

1. Have submitted evidence demonstrating they accrued a minimum of 65 points in clinical and professional activity in the previous CPD year as follows:
 - Clinical Activity: minimum 50 points which must be no less than 200 hours
 - minimum of 40 points from core perfusion activity, of which at least 20 points must be completed in activities, skills and knowledge relative to maintaining professional competency in the Clinical Perfusionist's current area of practice.
 - maximum of 10 points non-core activity (see Appendix One, Table 1)
 - Professional Activity: minimum 15 points (see Appendix One, Table 2).
 - Complete the Mandatory Declaration of compliance with the CPD Program, as part of the re-certification process.

In the case of the Provisionally Certified Clinical Perfusionist, they must also have complied with any other requirements placed on their Provisional Certification.

CPD plans.

A Clinical Perfusionist should prepare a professional development plan in advance of the CPD year, to ensure that they cover the key areas of practice (described on page 3) across a range of CPD activity types (see CPD log forms and documentation, on page 6, for further information) and meet the

minimum requirements for clinical and professional CPD (see “How does the perfusionist accrue points?” on page 6).

Applications for exemptions and extensions.

Exemptions, in the form of:

- a reduction in; or
- an extension of the time to comply with,

the annual CPD requirements are available on written application on the grounds of personal circumstances and/or professional hardship. CPD Program requirements will not be waived for a full CPD year, except in extreme circumstances.

Examples of grounds for seeking exemptions:

- **Personal circumstances** include but are not limited to: parental leave; leave of absence from practice; sabbatical leave; prolonged significant illness; or on compassionate grounds; and
- **Professional hardship** include but are not limited to: significant and unplanned extra professional duties.

Applications for exemptions or extensions should be made in writing to abcpsec@anzcp.org stating the grounds upon which the application is being made and how those grounds have impacted the Clinical Perfusionist’s ability to comply with the CPD Program. Clinical Perfusionists who believe they may need an exemption are encouraged to contact the ANZBP to request consideration of an exemption within the CPD year to which the extension sought would apply.

Decisions of the ANZBP on whether to grant exemptions and the nature of the exemption granted, are not subject to appeal. These decisions will be made on the circumstances of the case, having mind to the guidelines described in Appendix 2, and any other matters deemed relevant by the ANZBP.

In the event that:

- the ANZBP decides that the exemption or extension should not be granted, and the failure to comply with CPD requirements poses a risk to practice; and
- the Clinical Perfusionist indicates that, notwithstanding that, they cannot comply with the full requirements,

the ANZBP may remove Certification and impose provisional certification under Clauses 20-22 of the Certification Policy, a decision which is subject to the appeals process and timeline outlined in that document.

How does the perfusionist 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 maintaining the competency required for professional practice as a Perfusionist (see the Competency Standards, which all Certified Clinical Practitioners must continue to meet) and extend the knowledge and skills of the perfusionist. 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, e.g., perfusions cases; Cell salvage; Ventricular Assist Device or Extracorporeal Life Support cases (see Appendix One Table 1).

A minimum of 15 points per year must be accrued in professional development activities which advance your skills and knowledge, e.g., 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 (see Appendix One Table 2). 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

The CPD Proforma, an activity log file for clinical and professional activity is available to download from the ANZCP website. This must be completed electronically, then lodged via the ANZCP website CPD submission portal. Supporting documents (scanned or hard copies) are NOT required; however, can be uploaded to the website portal only if deemed necessary by the perfusionist to support their proforma submission, or requested in the event of an audit. If a perfusionist is unsure as to whether an activity is appropriate to include or how many points it attracts, contact should be made with the ANZBP at abcpsec@anzcp.org.

It is the responsibility of each perfusionist to retain supporting documentation reflecting the activity in which they have been engaged, and which supports their CPD activities in the required fields.

The perfusionist is ultimately responsible to provide verification of all professional activity recorded in the submitted proforma, if subject to a random audit by the ANZCP.

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.

All supporting documentation must ensure patient confidentiality and must be de-identified. This also applies to other supporting documentation that includes colleague and student details.

Date / Time and for points earned

- Clinical perfusionists must 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 Appendix One, Tables 1 and 2.

Table 3 and Table 4 in Appendix One show examples of how the log must be completed in regard to documenting clinical and professional activity.

Record-keeping

CPD Logs and supporting documentation must be retained for no less than the previous **two periods** of certification including any periods of provisional certification. I.e. A Clinical Perfusionist is required to develop the CPD Log for the current CPD year and retain their records for the previous two CPD years.

Auditing of CPD compliance

The audit process is the standard method of ensuring validity of the Program and upholding the ANZCP NASRHP membership requirements. Via an audit process, the ANZBP is able to provide assurance to the ANZCP, peers, consumers and employers that perfusionists participating in CPD are meeting the requirements of the Program.

Following a recertification period, no less than 5% of CPD submissions will be randomly selected for audit, as well as all CPD Logs of Clinical Perfusionists with Provisional Certification. In conducting an audit, the ANZCP can choose to focus on a sub-group of Clinical Perfusionists to ensure CPD adherence (e.g. recently accredited units, Clinical Perfusionists who work in a particular type of facility, or who have failed CPD audits before). The ANZCP can also conduct random auditing throughout the CPD year as it

sees fit.

Following the submission of the proforma, Clinical Perfusionists who have been randomly selected for an audit will receive an email from the ANZCP Registrar notifying them of the audit. The audit will be conducted by a current ANZBP member. This email outlines the audit process and aim, which is to confirm that information supplied is correct and complete, and meets the standards set for the CPD Program in terms of the CPD completed, across the required mix of activities and CPD types.

In extenuating circumstances, the individual may submit a request to exclude a particular ANZBP auditor. This conflict of interest will be assessed by the ANZCP Executive Committee and instruct the ANZBP of the decision. Records will be kept in line with appropriate governance expectations.

The Clinical Perfusionist is expected to provide, via email, all supporting documentation relevant to CPD year or years being audited - CPD log forms and documentation. (i.e. if 80 core cases and 25 educational activity points are documented, verification must be provided for each activity point listed in the individual's proforma). The auditor will advise the ANZCP Registrar of the outcome of the audit.

If required, a suitable time will be arranged between the auditor and the perfusionist to discuss the documentation supplied.

If the Clinical Perfusionist is unable to undertake an audit process due to legitimate reasons such as illness or leave, as determined by the ANZBP in its absolute discretion, the Clinical Perfusionist will be asked to make contact to discuss temporary deferment of the audit.

What if a perfusionist fails their CPD audit?

In the instance of an audit failure, the ANZBP and Clinical Perfusionist will immediately commence discussions about the potential for remediation (see Appendix Two for guidelines).

If the ANZBP believes there is a risk in the Clinical Perfusionist's practice or that remediation will take longer than three months, the ANZBP may decide to:

- (a) Remove Certification and grant Provisional Certification status under Clauses 20-22 of the Certification Policy, a decision which is subject to the appeals process and timeline outlined in that document.

or

- (b) Refer the matter as a complaint under the Complaints Procedure, making a recommendation of disciplinary action. Complaints made by the ANZBP about noncompliance with the CPD Program are referred directly to the Complaints Committee under Clause 9 of the Complaints Procedure and are subject to all natural justice and procedural fairness requirements, and have the appeal process and the timelines stated in that Procedure.

The ANZBP is free to consider any matters it deems fit in deciding whether to take either of the above steps.



Failure to submit CPD documentation

If a Clinical Perfusionist fails to present recertification documentation by the designated timeframe and does not formally request an extension from the ANZBP, the ANZBP will contact the Clinical Perfusionist and seek to have the documentation submitted within an agreed period (but no greater than 28 days) and ascertain the reasons for non-submission.

If the documentation is not submitted within the agreed period, the ANZBP will meet to discuss. The ANZBP may choose to impose Provisional status, refer the matter under the Complaints Procedure or to provide a last extension of no more than 7 days after which, if not complied with, the ANZBP will impose Provisional status or refer the matter under the Complaints Procedure.

Decisions to impose Provisional status may be appealed in accordance with the Appeals section, below.

Complaints made by the ANZBP about noncompliance with the CPD Program are referred directly to the Complaints Committee under Clause 9 of the Complaints Procedure and are subject to all natural justice and procedural fairness requirements and have the appeal process and the timelines stated in that Procedure.



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 |
| CPB: Primary Perfusionist, where a case exceeds three hours of cumulative bypass time. | 2 / case (max 20 points) |
| CPB: 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 |
| CPB: Directly supervising a recognised College Trainee, or OTP (indirect supervision not eligible) | 1 / case (max 20 points) |
| 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 (e.g., Liver) | 1 / case (max 5 points) |
| | |
| Clinical Activity – Non-core perfusion activity | Points Max 10 per year |
| Off Pump Standby for CPB – requiring only in-hospital attendance (no set up) | 0.25 / case (max 5) |
| Cell salvaging and processing | 0.5 / case (max 5) |
| Intra-aortic Balloon Pump (IABP) - establishment of support | 0.5 / case (max 5) |
| Procurement and preservation of donor organ | 1 / case (max 5) |
| | |



Table 2: Continuing Professional Development – 15 professional activity points per year.

| Professional Activity – Attendance at Professional Meetings | Points |
|--|------------------|
| Meeting activity listed below is <u>allocated points per hour of attendance</u> (and not per day of the conference). Documentation of registration along with evidence of sessional attendance will be required. | |
| ANZCP Annual Scientific Meeting | 20 max |
| ANZCP Annual Scientific Meeting (virtual) | 10 max |
| Other local, state, national or international meetings | 1 point per hour |
| | |
| Professional Activity – Educational Workshops/Simulation/Mission Trips | Points |
| Simulation Seminar / Workshop | 5 |
| Active participation in an ANZCP recognised Simulation Course. (Evidence / Course material must demonstrate perfusionists were active participants in the simulation scenarios) | 5 max |
| Active participation as an Instructor in the ANZCP/recognised Simulation Course – 2 case equivalents (max per course) | 5 max |
| ANZBP Autotransfusion Course | 10 |
| Overseas heart mission | 5 |
| An ANZCP/ANZBP (or sub-committee) led webinar | 2 |



| Professional Activity – Other meetings / events | Points |
|--|---------------------------------|
| Visiting another hospital for learning purposes | 2 points per day (max 5 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 | 3 |

| Professional Activity – Active Participation in the ANZCP | Points |
|--|---------------|
| ANZCP Executive Committee Member | 10 |
| ANZBP Member | 10 |
| Sub-Committee Member | 5 |
| Editorial Committee Member | 5 |
| Preparing or reviewing ANZCP documents or policies | 5 |
| Preparing or reviewing ANZBP course material | 5 |
| Member of the ANZCP ASM Organising Committee | 5 |



| 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 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-yr Masters, 6 yr 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) Note: all members have access to JECT | 2 / journal (max 4 pts.) |
| Perfusion related online learning course/video | 1 / hour of content (max 4 points) |
| Other non-research publication in ANZCP Gazette | 3 |

| Professional Activity – Teaching and Mentoring | Points |
|---|-----------------------------|
| Development of perfusion curriculum | 10 / subject |
| Examining in the ANZBP trainee’s final competency exams | 5 |
| Marking of ANZBP local and OTP certification exams | 2 / paper (max 6 pts) |
| Participating in ANZBP Board examination Viva Voce interviews | 2 / interview |
| Teaching including preparation and presenting tutorials | 3 |
| ANZBP Competency Evaluations of trainees providing feedback | 1 (max 2 points) |
| Mentoring or professional supervision of a ANZBP trainee or OTP | 2 points per mentee (max 6) |



| Professional Activity – Other sources for competency verification | Points |
|---|----------------------------|
| Peer review or appraisal of clinical practice and report by surgical director | 2 |
| Clinical audit of own practice or input into group audit | 2 (max 4 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 (must include goals and a plan for the following year) | 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) Core Perfusion Activity
Non Core Perfusion Activity**



Core Perfusion Activity Report

50 points (or 40 points Core Activity minimum with balance of points Non-Core Activity)
Activities to be submitted from Calendar Year 2025 : For Currency 1st July 2026 - 30th June 2027

| | | |
|-------|-------------|---|
| Name: | John Gibbon | Please ensure name is entered here and the file saved under this name |
|-------|-------------|---|

Summary Table of All Activities:

| | | | |
|-----------------------------------|--------------------------|--------------|-----------|
| Core Perfusion Activities | 40 points minimum | Total | 40 |
| Non Core Perfusion Activities | 10 points maximum | Total | 10 |
| Total Perfusion Activities | 50 points minimum | Total | 50 |
| Professional Activity | 15 points minimum | Total | 15 |

These totals will auto populate once all activities are completed

Please click on each cell under Case Type to select from the drop down menu.

Points will automatically populate.

If audited, you will be required to provide evidence for all data provided in this proforma, including those in excess of the minimum required.

Core Perfusion Activities

| No. | Date | Hospital | Procedure | Surgeon | Case Type | Points |
|-----|-----------|--------------------|-----------|----------|---|--------|
| 1 | 2/1/2025 | St George Hospital | CABG | Dr Happy | CPB: Primary Perfusionist | 1 |
| 2 | 3/1/2025 | St George Hospital | AVR | Dr Happy | CPB: Supervising an ANZBP Trainee as an approved supervisor | 1 |
| 3 | 4/1/2025 | St George Hospital | Redo AVR | Dr Angry | CPB: Primary Perfusionist CPB Case > 3 Hrs | 2 |
| 4 | 5/1/2025 | St George Hospital | CABG | Dr Angry | CPB: Primary Perfusionist CPB Case > 3 Hrs | 2 |
| 5 | 6/1/2025 | St George Hospital | HPEC | Dr Hipec | HPEC or Isolated Limb Perfusion | 1 |
| 6 | 7/2/2025 | St George Hospital | HPEC | Dr Hipec | HPEC or Isolated Limb Perfusion | 1 |
| 7 | 7/2/2025 | St George Hospital | HPEC | Dr Hipec | HPEC or Isolated Limb Perfusion | 1 |
| 8 | 8/2/2025 | St George Hospital | HPEC | Dr Hipec | HPEC or Isolated Limb Perfusion | 1 |
| 9 | 9/2/2025 | St George Hospital | HPEC | Dr Hipec | HPEC or Isolated Limb Perfusion | 1 |
| 10 | 9/2/2025 | St George Hospital | HPEC | Dr Hipec | HPEC or Isolated Limb Perfusion | 1 |
| 11 | 10/2/2025 | St George Hospital | CABG | Dr Happy | CPB: Primary Perfusionist | 1 |
| 12 | 11/2/2025 | St George Hospital | CABG | Dr Happy | CPB: Primary Perfusionist | 1 |

| Legend: Choose from the drop down menu under "Case Type" | Points per Case | Max per type |
|---|-----------------|--------------|
| CPB: Primary Perfusionist | 1 | |
| CPB: Primary Perfusionist CPB Case > 3 Hrs | 2 | 20 |
| CPB: Supervising an ANZBP Trainee as an approved supervisor | 1 | 20 |
| VAD/ECLS: Establishment/Wear | 1 | 5 |
| VAD/ECLS: Management | 1 | 5 |
| HPEC or Isolated Limb Perfusion | 1 | 5 |
| Perfusion/CPB for surgery not involving Heart/Lungs | 1 | 5 |
| Off Pump Standby for CPB: In theatre/set-up | 0.5 | 10 |



**Australian and New Zealand
Board of Perfusion**

Non-Core Perfusion Activity Report

Balance of Points – 10 points maximum
Activities to be submitted from Calendar Year 2025 : For Currency 1st July 2026 – 30th June 2027

| | | |
|--------------|--------------------|--|
| Name: | John Gibbon | <small>Please ensure name is entered here and the file saved under this name</small> |
|--------------|--------------------|--|

Summary Table of All Activities:

| | | | |
|--------------------------------------|--------------------------|--------------|-----------|
| Core Perfusion Activities | 40 points minimum | Total | 40 |
| Non Core Perfusion Activities | 10 points maximum | Total | 10 |
| Total Perfusion Activities | 50 points minimum | Total | 50 |
| Professional Activity | 15 points minimum | Total | 15 |

These totals will autopopulate once all activities are completed

Please click on each cell under Case Type to select from the drop down menu.

Points will automatically populate.

If audited you will be required to provide evidence for all data provided in this proforma including those in excess of the minimum required.

Non-Core Perfusion Activities

| No. | Date | Hospital | Procedure | Surgeon | Case Type | Points |
|-----|-----------|--------------------|-----------|----------|---|--------|
| 1 | 1/1/2025 | St George Hospital | LSCS | Dr Baby | Cell Salvage and Processing | 0.5 |
| 2 | 1/1/2025 | St George Hospital | LSCS | Dr Baby | Cell Salvage and Processing | 0.5 |
| 3 | 2/1/2025 | St George Hospital | OPCAB | Dr Happy | Off Pump Standby for CPB: In hospital/no set-up | 0.25 |
| 4 | 3/1/2025 | St George Hospital | OPCAB | Dr Sad | Cell Salvage and Processing | 0.5 |
| 5 | 4/1/2025 | St George Hospital | IABP | Dr Happy | IABP: Establishment of Support | 0.5 |
| 6 | 5/1/2025 | St George Hospital | IABP | Dr Happy | IABP: Establishment of Support | 0.5 |
| 7 | 6/1/2025 | St George Hospital | IABP | Dr Happy | IABP: Establishment of Support | 0.5 |
| 8 | 7/1/2025 | St George Hospital | IABP | Dr Happy | IABP: Establishment of Support | 0.5 |
| 9 | 8/1/2025 | St George Hospital | OPCAB | Dr OPCAB | Off Pump Standby for CPB: In hospital/no set-up | 0.25 |
| 10 | 9/1/2025 | St George Hospital | OPCAB | Dr OPCAB | Off Pump Standby for CPB: In hospital/no set-up | 0.25 |
| 11 | 10/1/2025 | St George Hospital | OPCAB | Dr OPCAB | Off Pump Standby for CPB: In hospital/no set-up | 0.25 |
| 12 | 11/1/2025 | St George Hospital | OPCAB | Dr OPCAB | Off Pump Standby for CPB: In hospital/no set-up | 0.25 |

| <i>Legend: Choose from the drop down menu under 'Case Type'</i> | <i>Points per Case</i> | <i>Max per type</i> |
|---|------------------------|---------------------|
| Off Pump Standby for CPB: In hospital/no set-up | 0.25 | 5 |
| Cell Salvage and Processing | 0.5 | 5 |
| IABP: Establishment of Support | 0.5 | 5 |
| Organ Procurement and Preservation | 1 | 5 |

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



Professional Activity Report

15 points minimum per year

Activities to be submitted from Calendar Year 2025 : For Currency 1st July 2026 - 30th June 2027

| | | |
|-------|-------------|--|
| Name: | John Gibbon | <small>Please ensure name is entered here and the file is saved under this name.</small> |
|-------|-------------|--|

Summary Table of All Activities:

| | | | |
|-----------------------------------|--------------------------|--------------|-----------|
| Core Perfusion Activities | 40 points minimum | Total | 40 |
| Non Core Perfusion Activities | 10 points maximum | Total | 10 |
| Total Perfusion Activities | 50 points minimum | Total | 50 |
| Professional Activity | 15 points minimum | Total | 15 |

These totals will autopopulate once all activities are completed

Please click on each cell under Case Type to select from the drop down menu.

Points will automatically populate.

(Audited you will be required to provide evidence for all data provided in this proforma, including those in excess of the minimum required.

Professional Activities

| No. | Date | Category | Activity Type | Description <small>(where appropriate)</small> | Points |
|-----|------------|----------------------|---|---|--------|
| 1 | 19/11/2025 | Presentations | Presentation at an in-service, M&M, audit or journal club | Cardiology Inservice - IABP | 3 |
| 2 | 20/11/2025 | Meetings or Events | Hospital-Based Simulation Activity | Hospital simulation on ECPR | 2 |
| 3 | 22/12/2025 | Professional Meeting | ANZCP Conference (virtual) | | 10 |
| 4 | | | | | 0 |
| 5 | | | | | 0 |
| 6 | | | | | 0 |
| 7 | | | | | 0 |
| 8 | | | | | 0 |
| 9 | | | | | 0 |
| 10 | | | | | 0 |
| 11 | | | | | 0 |

| Legend: Choose from the drop down menu under 'Category' | Legend: Choose from the drop down menu under 'Activity Type' | Points | Max Per Year |
|---|--|--------|--------------|
| Professional Meeting | ANZCP Conference | 20 | 20 |
| | ANZCP Conference (virtual) | 10 | 10 |
| | Local, State or International Meetings (to be entered manually 1 point per hour) | | |
| Educational Workshops, Simulation or Mission Trips | Simulation Seminar / Workshop | 5 | |
| | Active Participation in an ANZCP Recognised Simulation Workshop | 5 | 5 |
| | ANZBP Autotransfusion Course | 10 | 10 |
| | Overseas Heart Mission | 5 | |
| Other Meetings or Events | An ANZCP/ANZBP (or subcommittee) led webinar | 2 | |
| | Visiting another hospital for learning purposes (per day) | 2 | 5 |
| | Hospital-Based Simulation Activity | 2 | 4 |
| | Company-sponsored educational event or general (non-sponsored) workshop | 2 | 4 |



APPENDIX TWO

Guidelines in the event where adequate points cannot be attained

The ANZBP will give due consideration to individual situations.

The ANZBP will assess the Clinical Perfusionist's ability to maintain competency (as benchmarked against the Competency Standards) and fitness to practice, in determining recertification in circumstances where the requisite number of points has not been attained. This assessment may involve discussions with the Clinical Perfusionist and (with permission) with colleagues who have knowledge and insight as to the Clinical Perfusionist's background, conditions and experience, skill, proficiency and competency.

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

- A discussion around how more points may possibly be achieved,
- Activity point targets may be 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.
- CPD requirements reduced to reflect extenuating circumstances, which might include maternity leave, changed circumstances or for personal / health reasons.

Contact with the ANZBP via abcpsec@anzcp.org as early as possible, is the first course of action.