

# AUSTRALIAN AND NEW ZEALAND BOARD OF PERFUSION Clinical Supervision Policy

## POLICY PROVISIONS

### 1. Purpose

- a) This Policy sets out the requirements, standards and governance arrangements for clinical supervision within the Australian and New Zealand Board of Perfusion (ANZBP) local training pathway.
- b) The purpose of this Policy is to ensure that Local Trainee Perfusionists are supervised in a manner that supports patient safety, safe trainee progression, high-quality work-integrated learning, and the integrity of the CCP(ANZ) certification pathway.
- c) This Policy also supports the academic and admissions expectations of the ANZBP-recognised university pathway.
  - i) The ANZBP and Monash University have entered into a partnership in relation to the academic preparation of perfusion trainees, and that partnership requires the ANZBP to maintain appropriate oversight of the clinical environments and supervision arrangements linked to admissions under the local pathway.
  - ii) Through that partnership, Monash University recognises that the ANZBP has established the professional standards for clinical training and education in perfusion, aligned with the expectations of NASRHP membership and the ANZBP certification pathway.
  - iii) Clinical supervision is therefore a core governance mechanism by which the ANZBP assures that trainees are employed within a supervised environment capable of supporting both the academic and clinical components of the pathway.
  - iv) Please refer to the ANZBP Trainee Accreditation Policy for more information regarding this partnership.

### 2. Scope

- a) This Policy applies to:
  - i) Local Trainee Perfusionists progressing toward CCP (ANZ);
  - ii) Approved Lead Supervisors and Approved Clinical Supervisors responsible for local trainees;
  - iii) ANZBP-accredited local training units employing local trainees; and

- iv) managers, departments and institutions responsible for establishing and maintaining supervision arrangements under the ANZBP local training pathway.

### 3. Relationship to Other Policies

- a) This Policy should be read in conjunction with;
  - i) ANZBP Training Accreditation Guidelines,
  - ii) Examination Policy
  - iii) Certification Policy
  - iv) CPD Policy
  - v) Mandatory Declarations Policy
  - vi) ANZCP Standards and Guidelines
- b) Where an inconsistency arises, the ANZBP may determine the applicable requirement having regard to patient safety, training quality, certification integrity and the purpose of the relevant policies.

### 4. Guiding Principles

Clinical supervision under the ANZBP local training pathway is guided by the following principles:

- a) Patient Safety – supervision must ensure that patients are not exposed to unacceptable risk from unsupervised or inadequately supervised practice.
- b) Training Quality – supervision must provide structured, progressive and clinically meaningful development for trainees.
- c) Credentialling Integrity – only training completed under approved supervision arrangements may count toward ANZBP clinical milestones and certification requirements.
- d) Accountability – trainees, supervisors, managers and institutions are each accountable for compliance with supervision requirements.
- e) Consistency and Fairness – supervision arrangements should be equitable, transparent and applied consistently.
- f) Professionalism – supervision relationships must be conducted with professionalism, respect and clear boundaries.
- g) Sustainability – supervision arrangements must be realistic, adequately resourced and capable of being maintained over time.

### 5. Definitions

For the purposes of this Policy:

- a) **ANZBP**: means the Australian and New Zealand Board of Perfusion.

- b) **ANZCP:** means the Australian and New Zealand College of Perfusionists
- c) **Local Trainee Perfusionist:** means a trainee registered in the ANZBP local training pathway and progressing toward CCP(ANZ).
- d) **Approved Lead Supervisor:** means a supervisor who has received formal approval from the ANZBP to assume overarching responsibility for a trainee's supervision plan, evaluations, progression and liaison requirements under the local training pathway. Must hold CCP (ANZ) or OTP (ANZ) with a minimum of 5 years' experience post certification.
- e) **Approved Clinical Supervisor;** means a supervisor who has received formal approval from the ANZBP to provide day-to-day clinical supervision to a Local Trainee Perfusionist under the local training pathway. Must hold CCP (ANZ) or OTP (ANZ) with a minimum of 2 years' experience post certification.
- f) **Direct Supervision:** means the supervising perfusionist is physically present in the same room as the trainee while the trainee is performing clinical functions. This must occur up until 125 cases.
- g) **Indirect Supervision:** means the supervising perfusionist is on-site, immediately contactable, able to attend within minutes, and not simultaneously responsible for another procedure, with the level of oversight determined in accordance with ANZBP policy. This may only occur after 125 cases, but the decision for implementation after 125 cases still depends on the discretion of the Lead Supervisor. The supervisor may still be required to be physically present during initiation, weaning, high-risk events, emergencies or other circumstances determined by the Approved Lead Supervisor or the needs of the trainee.
- h) **Supervised Case:** means a case undertaken by a Local Trainee Perfusionist under an ANZBP-approved supervision arrangement and including all required aspects of conduct of cardiopulmonary bypass or ECLS relevant to the case.

## SUPERVISOR APPROVAL FRAMEWORK

### 6. General Requirement for Approved Supervisors

- a) All clinical supervision recognised under the ANZBP local training pathway must be provided by ANZBP-approved supervisors.
- b) Only an Approved Lead Supervisor or Approved Clinical Supervisor may provide clinical supervision under this Policy.
- c) A person who has not received ANZBP approval as an Approved Lead Supervisor or Approved Clinical Supervisor must not provide clinical supervision under an ANZBP-approved local training arrangement, but may provide educational support, teaching, mentoring or observational guidance outside the formal clinical supervision framework. Such involvement does not constitute ANZBP-recognised clinical supervision.

## 7. Eligibility for Supervisor Approval

### a) Approved Lead Supervisor

#### i) An Approved Lead Supervisor must:

- a. hold current CCP (ANZ) certification or OTP (ANZ) recognition;
- b. have at least five years' experience post board certification.
- c. demonstrate the capacity to oversee supervision planning, evaluations, progression and communication with the ANZBP; and
- d. be considered suitable by the Head of the Perfusion Department and the ANZBP to undertake the role.
- e. be able to assume full responsibility for the case and take over from the trainee where required; and

#### ii) Supporting documentation to be uploaded:

- a. complete the Lead Supervisor Application form by the ANZBP
- b. provide a supporting letter addressing their experience in supervision, education and training support, and why they are suitable to undertake the role.
- c. A letter of support from the head of perfusion department (if the Lead Supervisor is the head of department, the referee should be the head of cardiothoracic surgery or anaesthetics) supporting their role as a lead supervisor.

### b) Approved Clinical Supervisor

#### i) An Approved Clinical Supervisor must:

- a. hold current CCP (ANZ) certification or OTP (ANZ) recognition;
- b. have at least two years' experience post board certification;
- c. be able to assume full responsibility for the case and take over from the trainee where required; and
- d. be considered suitable by the Head of the Department to undertake the role.

#### ii) Supporting documentation to be uploaded:

- a. complete the Clinical Supervisor Application form by the ANZBP
- b. provide a supporting letter addressing their experience in supervision, education and training support, and why they are suitable to undertake the role.
- c. A letter of support from the lead supervisor, or head of department supporting their role as a clinical supervisor.

## 8. Units without appropriate supervision capacity

- a) A local training unit must have sufficient appropriate supervision capacity to support the trainee or trainees employed within the unit, as established by the ANZBP and Monash.

- b) Where the ANZBP considers that the supervisory profile or workforce composition of a unit does not provide appropriate CCP (ANZ) or OTP (ANZ) supervision for safe trainee progression, the Head of Department, Head or Chief of Perfusion, and employing institution must use reasonable endeavours to establish compliant supervision arrangements as soon as practicable.
- c) This may include:
  - i) securing appropriate CCP(ANZ) or OTP(ANZ) supervisors within the unit;
  - ii) restructuring supervision responsibilities within the unit;
  - iii) supporting suitably experienced overseas-trained perfusionists at their unit to enter and actively progress through the OTP pathway; and/or
  - iv) seeking ANZBP approval for another transitional supervision arrangement.
- d) Where the ANZBP is satisfied that an overseas-trained perfusionist is suitably qualified, appropriately experienced, and actively progressing through the OTP pathway, the ANZBP may, at its discretion and subject to any conditions it considers necessary, grant provisional approval for that individual to participate in supervision arrangements for a defined period.
  - i) Any provisional approval under this section:
    - a. is exceptional and temporary;
    - b. does not remove the requirement for the unit to work toward compliant ongoing supervision arrangements;
    - c. may be subject to conditions, limitations, review points, or scope restrictions determined by the ANZBP; and
    - d. may be withdrawn at any time if the ANZBP is no longer satisfied that patient safety, supervision quality, or governance requirements are being maintained.
- e) Where appropriate supervision arrangements cannot be established or maintained, the unit may be determined by the ANZBP to be unsuitable for accreditation as a local training unit, or unsuitable to continue supporting trainees under the ANZBP local training pathway.

## 9. Approval, Renewal and Review of Supervisors

- a) Supervisor approval is not automatic and is not indefinite and is required to be renewed every three (3) years.
- b) The ANZBP may require initial application, renewal, updated documentation, institutional endorsement, evidence of current practice, and any other information reasonably required to determine continued suitability.
- c) Supervisor approval may be reviewed, not renewed, suspended or withdrawn at any time where the ANZBP is no longer satisfied that the supervisor continues to meet the requirements of this Policy or where concerns arise regarding supervision quality, professional conduct, governance or patient safety.

- d) If supervisor approval lapses, is not renewed, or is withdrawn, that person must not continue to act as an Approved Lead Supervisor or Approved Clinical Supervisor under the ANZBP local training pathway.

## 10. Supervisor Education and Development

- a) The ANZBP acknowledges the importance of supporting supervisors to provide clinical supervision that is consistent with contemporary expectations across regulated and other health professions.
- b) The ANZBP and Monash University expect Approved Lead Supervisors and Approved Clinical Supervisors to engage in ongoing development relevant to clinical supervision, feedback, reflective practice, trainee support and workplace-based learning, as part of the CPD Program.
- c) To support this, the ANZBP may;
  - i) recommend or endorse specific education, training or professional development activities for supervisors;
  - ii) require supervisors to undertake an ANZBP-endorsed supervision course or other formal supervisor development activity; and/or
  - iii) require completion of such education as a condition of initial approval, renewal, or continued approval as a supervisor.
- d) Where the ANZBP determines that a supervisor must complete an endorsed supervision course or other formal supervisor development activity, the supervisor must complete that requirement within the timeframe specified by the ANZBP.
- e) This requirement is intended to ensure that ANZBP-recognised supervision remains current, evidence-informed, and aligned with contemporary supervision frameworks and expectations in healthcare education and clinical training.
- f) Further information and suggested resources are provided in Appendix A.

## SUPERVISION REQUIREMENTS

### 11. General Supervision Requirement

- a) All Local Trainee Perfusionists must be supervised on an individual basis throughout their employment and training.
- b) The employing institution must ensure that all trainees have access to appropriate direct or indirect supervision by ANZBP-approved supervisors for every case undertaken as a trainee.
- c) Clinical supervision arrangements must be equitable, systematic and responsive to trainee supervision needs.

### 12. Minimum Standards of Clinical Supervision

As a minimum, clinical supervision under the ANZBP local training pathway must:

- a) be clearly planned and understood by the trainee, supervisor and employing unit;
- b) be matched to the trainee's stage of progression, the complexity of the case, and the level of risk to patient safety;
- c) be delivered only by ANZBP-approved supervisors acting within an ANZBP-approved training arrangement;
- d) include appropriate orientation to the clinical environment, equipment, protocols, escalation pathways and expectations of the supervision relationship;
- e) include regular feedback, review and documented evaluation of the trainee's progress;
- f) ensure that the supervisor is available, appropriately skilled, and able to assume responsibility for the case and take over where required;
- g) be supported by adequate staffing, rostering, time and organisational commitment, so that supervision is not merely nominal or administrative;
- h) include clear escalation of concerns relating to competence, professionalism, wellbeing, governance or patient safety;
- i) be recorded in a manner that enables ANZBP oversight of the level of supervision provided and the trainee's progression; and
- j) be reviewed and adjusted over time as the trainee progresses, or where concerns arise.

*Note: For the avoidance of doubt, supervision that is inconsistent, poorly documented, unavailable when required, or undertaken outside ANZBP-approved arrangements does not meet the minimum standard required under this Policy.*

### **13. Direct and Indirect Supervision**

- a) A Local Trainee Perfusionist must have direct supervision for the first 125 cases.
- b) After the first 125 cases, indirect supervision may occur only where the Approved Lead Supervisor deems it appropriate, having regard to the trainee's demonstrated competence, judgement, reliability, professionalism and safe clinical performance, and where the arrangement remains consistent with this Policy and any other ANZBP requirement.
- c) Under indirect supervision:
  - i) the supervisor must remain on-site, immediately available, and not simultaneously responsible for another procedure;
  - ii) the trainee's delegated responsibilities must remain appropriate to their stage of progression and the complexity of the case; and
  - iii) the supervisor may still be required to be physically present during initiation, weaning, emergencies, high-risk events, or other situations determined by the Approved Lead Supervisor.

## Scope of Supervised Cases

- d) To be recognised toward ANZBP training requirements, supervised cases must include all relevant aspects of conduct of the heart-lung machine or ECLS circuit, from the start to the end of the procedure.
- e) Trainees must be supervised, whether directly or indirectly, as appropriate under this Policy, for all ECLS shifts and procedures.
- f) Standby cardiopulmonary bypass or ECLS cases may be indirectly supervised; however, if CPB or ECLS is required, the standard supervision requirement for the trainee's stage of progression applies.
- g) A trainee must not be rostered to provide on-call coverage independently, and when called in, must be appropriately supervised.

## 14. Recognition of Cases and Non-approved Arrangements

- a) Cases in which the trainee does not participate in the relevant conduct of the case to the standard required by the ANZBP must not be counted in the trainee case log as supervised cases.
  - i) For the avoidance of doubt, a trainee may only count a case toward ANZBP clinical milestones, case progression requirements, or logbook requirements where the trainee has participated in the case from commencement to completion in a manner consistent with the training objectives of the case and the requirements of the ANZBP.
  - ii) Observation, partial case involvement, or attendance for only part of the conduct of the case does not constitute a full supervised case.
- b) Only cases completed under an ANZBP-approved supervision arrangement may be recognised toward clinical milestones, case progression requirements, logbook requirements, or other training requirements.
- c) Any cases entered by a trainee that are completed under a non-approved supervision or training arrangement will not be recognised by the ANZBP toward clinical milestones, case progression requirements, or other training requirements.

## SUPERVISION PLANNING, EVALUATION AND RECORDS

### 15. Supervision Planning

- a) Supervision between supervisors and trainees must be planned.
- b) Each trainee must have a clearly identified Approved Lead Supervisor and must know who their case supervisor is on a case-by-case basis.
- c) Supervision planning should include, as appropriate:

- i) trainee stage of progression;
- ii) level of supervision required;
- iii) learning objectives and clinical goals;
- iv) case allocation and exposure requirements;
- v) strategies for feedback and performance review; and
- vi) escalation pathways for concerns.

## 16. Records and Monitoring

- a) The Approved Lead Supervisor is responsible for ensuring records are kept to monitor the trainee receiving supervision and the degree of supervision received.
- b) These records form part of the trainee's case log and training record.
- c) The ANZBP may require submission, review or audit of supervision records, case logs, evaluations and associated documentation at any time.

## 17. Trainee Outcome Evaluations and Logbook

- a) After every 20 cases, an ANZBP Case Review must be conducted by the trainee and the Approved Lead Supervisor to review the supervision process and clinical practice progress made.
- b) These evaluation forms must be completed in the form required by the ANZBP and can be downloaded and submitted via the College portal
- c) A logbook must be formally completed and submitted at each 20-case interval.

## RESPONSIBILITIES OF SUPERVISORS, TRAINEES AND MANAGERS

### 18. Responsibilities of the Approved Lead Supervisor

- a) The Approved Lead Supervisor is responsible for:
  - i) overseeing the trainee's supervision plan and progression;
  - ii) reviewing and assessing clinical work;
  - iii) providing or coordinating clinical feedback;
  - iv) supporting problem-solving and setting clinical goals;
  - v) supporting education and professional development;
  - vi) liaising with the ANZBP regarding trainee progression, documentation and any concerns;
  - vii) ensuring records and evaluations are completed as required;

- viii) ensuring supervision arrangements remain appropriate to the trainee's stage of development; and
- ix) advising the ANZBP if the employment contract of the trainee ceases during the traineeship or if another material change arises.

## 19. Responsibilities of Approved Clinical Supervisors

- a) Approved Clinical Supervisors are responsible for:
  - i) providing day-to-day clinical supervision appropriate to the trainee's stage of progression;
  - ii) assuming full responsibility for the case and taking over where required;
  - iii) providing feedback to the trainee and, where relevant, the Approved Lead Supervisor;
  - iv) supporting trainee development while maintaining patient safety; and
  - v) informing the Approved Lead Supervisor of concerns relevant to trainee progression, conduct or supervision.

## 20. Supervisor Expectations and Professional Conduct

- a) Supervisors are expected to maintain an ongoing commitment to clinical supervision and incorporate it into their work practice.
- b) Supervisors should:
  - i) be available and maintain regular contact with the trainee;
  - ii) be aware of the trainee's level of competence, scope of practice, learning objectives and support needs;
  - iii) be organised and prepared for supervision activities;
  - iv) be respectful, professional and supportive;
  - v) set clear expectations and appropriate boundaries;
  - vi) provide explanations, feedback and guidance that support learning;
  - vii) maintain confidentiality, subject to appropriate escalation where serious concerns arise; and
  - viii) maintain the professional development and clinical practice necessary to provide quality supervision.
- c) Clinical supervision should be focused on clinical practice. Where personal issues arise that are outside the purpose of clinical supervision, other forms of support should be considered through the department or employer.

## 21. Responsibilities of Trainees

- a) Local Trainee Perfusionists are responsible for:
  - i) ensuring they are registered with the ANZBP as a trainee prior to commencing training;
  - ii) knowing who their supervisor is on a case-by-case basis;
  - iii) initiating clinical discussion, when required, with the case supervisor;
  - iv) participating in supervision arrangements, evaluations and reviews as required by the ANZBP;
  - v) maintaining accurate case logs and training records;
  - vi) ensuring that their Case Reviews and Logbooks are submitted every 20 cases.
  - vii) contacting the ANZBP if they believe their supervision is inadequate or not of an acceptable standard for their professional development; and
  - viii) complying with the requirements of the local training pathway, including academic, clinical and professional requirements.

## 22. Responsibilities of Managers and Training Units

- a) Managers and training units are responsible for:
  - i) ensuring their trainee is registered with the ANZBP prior to commencing training;
  - ii) ensuring trainees and supervisors know the relevant policies and procedures and have access to clinical supervision;
  - iii) arranging and supporting the supervision requirements of the trainee;
  - iv) reviewing and discussing supervision arrangements as required;
  - v) providing information on available supervisors to trainees;
  - vi) supporting trainees to participate in required ANZBP-recognised academic and professional activities; and
  - vii) maintaining supervision arrangements that are consistent with ANZBP policy and patient safety requirements.

## GOVERNANCE, COMPLIANCE AND REVIEW

### 23. Material Changes and Notification

- a) The trainee, supervisors, managers and institution must notify the ANZBP as soon as practicable of any material change relevant to supervision, including but not limited to changes in employment, supervisor availability, supervision level, institutional support, patient safety concerns, or trainee progression.

## 24. Review, Suspension and Withdrawal of Supervision Arrangements

- a) The ANZBP may review, vary, suspend or withdraw recognition of a supervision arrangement at any time where it is no longer satisfied that the requirements of this Policy are being met, or where patient safety, supervision quality, governance or certification integrity concerns arise.
- b) Where a supervision arrangement is suspended or withdrawn, the ANZBP may determine what transitional or alternative arrangements, if any, will apply to the trainee.

## 25. Administrative Authority

- a) The ANZBP retains authority to interpret and apply this Policy, and to make decisions necessary for the administration of clinical supervision within the local training pathway, provided such decisions are consistent with patient safety, procedural fairness and the purpose of the ANZBP certification pathway.

## 26. Policy Review

- a) This Policy will be reviewed periodically, and ordinarily at least once every two years, by the ANZBP to ensure its continuing relevance, effectiveness and alignment with contemporary professional standards, university partnership expectations, and governance requirements.
- b) Any amendments to this Policy will be approved and communicated in accordance with ANZBP governance processes.

## APPENDIX A: CLINICAL SUPERVISION

### 1. Clinical Supervision

- a) For the purposes of the ANZBP local training pathway, clinical supervision is the structured oversight, guidance and support provided by an ANZBP-approved supervisor to a Local Trainee Perfusionist in order to support safe clinical practice, patient safety, progressive learning, professional development, and sound clinical judgement.
- b) Clinical supervision is not merely physical presence. Effective clinical supervision includes appropriate observation, graduated responsibility, discussion of decision-making, case-based teaching, oversight of performance, feedback, and escalation where concerns arise.

### 2. Feedback

- a) Feedback is information provided to a trainee about their performance, behaviour, judgement, or professional conduct for the purpose of reinforcing effective practice, identifying areas for improvement, and supporting development.
- b) Effective feedback is timely, specific, respectful, clinically relevant, and linked to observable behaviour or performance. Feedback should assist the trainee to understand what was done well, what needs improvement, and what actions or strategies should be taken next.

### 3. Reflection

- a) Reflection is the process by which a trainee critically considers their own clinical experience, actions, decision-making, performance, and professional behaviour in order to identify learning, improve future practice, and strengthen self-awareness.
- b) Reflection has been embedded after every Case Review, and the supervisor should be encouraging the student to engage meaningfully in this process.
- c) Reflection may occur informally through clinical discussion or more formally through written or verbal review. Reflection should focus on what occurred, why it occurred, what was learned, and how future practice may be adapted.

### 4. Suggested Reference Materials

- a) The ANZBP may from time-to-time direct trainees, supervisors and training units to relevant resources relating to clinical supervision, feedback, reflective practice, communication, or supervisor development.
- b) Examples of useful resources include:
  - i) [AHPRA Supervised practice framework](#) – useful for shared understanding of supervised practice arrangements, supervisor and supervisee expectations, and the importance of approved supervision plans.

- ii) [AHPRA Supervision guidelines](#) – useful for principles relating to effective supervision, oversight, and regulatory expectations for supervised practice.
  - iii) [SESLHD Allied Health Clinical Supervision Guideline](#) – useful for practical supervision principles, supervision structure, feedback, review and organisational responsibilities within a health service context.
  - iv) Monash University – [Reflective practice](#) / [reflective writing](#) resources – useful for understanding reflective practice, critical reflection, and how reflection supports professional learning and development.
  - v) [Farnan JM et al.](#) on the effect of clinical supervision on patient and trainee outcomes – useful for understanding the evidence that stronger supervision is associated with improved patient- and education-related outcomes.
  - vi) [Rothwell C et al.](#) on enablers and barriers to effective clinical supervision in healthcare – useful for understanding what supports or undermines effective supervision in practice settings.
- c) Training units and supervisors should use resources that are appropriate to the local context, the ANZBP pathway, and the trainee’s stage of development.