

# AUSTRALIAN AND NEW ZEALAND BOARD OF PERFUSION Training Accreditation Policy

## POLICY PROVISIONS

### 1. Purpose

- a) This Policy sets out the minimum requirements for accreditation of local hospitals, institutions and perfusion departments as ANZBP-approved training units for the purposes of local perfusion training.
- b) The purpose of local training accreditation is to ensure that trainees are employed and trained in clinical environments that provide sufficient case volume, case mix, supervision, staffing, equipment, governance and patient safety arrangements to support safe and effective work-integrated learning and progression toward independent practice.
- c) This Policy also supports the integrity of the ANZBP local training and certification pathway by ensuring that only institutions able to provide an appropriate training environment are recognised for ANZBP-accredited local training.
- d) In addition, this Policy 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 training environments 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) Please refer to Section 19 regarding this partnership.

### 2. Scope

- a) This Policy applies to local institutions across Australia and New Zealand seeking ANZBP accreditation as a training unit for Local Trainee Perfusionists progressing toward CCP (ANZ).
- b) This Policy apply to:
  - i) new applications for local training accreditation;

- ii) renewal of existing local training accreditation;
- iii) variation to an existing accredited training arrangement, including increasing trainee numbers or introducing shared trainee arrangements; and
- iv) ongoing monitoring, auditing, and review of accredited training units.

### 3. Relationship to Other Policies

- a) This Policy should be read in conjunction with the following policies, together with any other policy determined by the ANZBP from time to time.
  - i) ANZBP Clinical Supervision Policy
  - ii) Examination Policy
  - iii) Certification Policy
  - iv) CPD Policy, Mandatory Declarations Policy
  - v) 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. 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) **ANZBP-Accredited Local Training Unit**: means a local hospital, institution or perfusion department approved by the ANZBP to provide a training environment for Local Trainee Perfusionists under the ANZBP local training pathway.
- e) **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.
- f) **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.
- g) **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.

- h) **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.
- i) **Shared Trainee Arrangement;** means a Board-approved arrangement whereby a Local Trainee Perfusionist is trained across more than one institution in order to meet case volume, case mix or other training requirements.

## APPLICATION AND SUPPORTING DOCUMENTATION

### 5. Application Process

- a) Applications for Local Training Site Accreditation must be submitted via the College portal or as required by the ANZBP.
- b) Lead Supervisor and Clinical Supervisor applications must also be submitted concurrently as these will also be used to determine suitability for a site to be approved.
- c) The ANZBP may request clarification, further documents, or more information before making a decision.

### 6. Application Requirements

For an application to be considered for approval, the institution must provide sufficient information and evidence to satisfy the ANZBP that it:

- a) is an established perfusion service with sufficient service maturity to support local training, as described in Clause 7;
- b) has sufficient case volume, case mix, supervision capacity and trainee staging to support the number of trainee positions sought, as described in Clauses 8 and 14;
- c) has sufficient departmental staffing, rostering, resources and organisational capacity to support training without compromising service delivery or patient safety, as described in Clause 9;
- d) a supervision plan that demonstrates access to ANZBP-approved supervisors able to support the trainee or trainees, including an Approved Lead Supervisor and appropriate Approved Clinical Supervisors, as described in Clauses 14 and 15;
- e) has appropriate equipment, protocols, emergency procedures, incident reporting, orientation and competency systems in place, as described in Clauses 10 and 11;
- f) an provide employment and training arrangements that support completion of training within the required timeframe and participation in the academic and assessment requirements of the ANZBP pathway, as described in Clause 12;

- g) can demonstrate institutional commitment to the local training pathway through the required supporting documentation and institutional letters, as described in Clause 13;
- h) can meet any additional requirements relating to multiple trainees or Shared Trainee Arrangements, where applicable, as described in Clauses 8 and 16; and
- i) accepts that accreditation remains subject to ANZBP monitoring, audit, review, renewal and ongoing notification obligations, as described in Clauses 17-22.

## 7. Established Service Requirement

- a) The institution should be an established perfusion service with at least 24 months' experience in open-heart surgery.

## 8. Case Volume Requirement

- a) To be accredited as a local training unit, the institution should ordinarily demonstrate sufficient annual case volume to support the number of Local Trainee Perfusionists employed within the unit.
- b) As a guide, the ANZBP expects a minimum benchmark of the following case volume for each trainee position supported by the unit, unless otherwise approved by the ANZBP.
  - i) 200 cardiopulmonary bypass cases per year for an adult unit; or
  - ii) 150 cardiopulmonary bypass cases per year for a paediatric unit,
- c) Where a unit seeks to employ more than one trainee, the ANZBP will consider not only total case volume, but also whether the trainees are appropriately staggered in experience and progression.
- d) This may include consideration of whether a more senior trainee has progressed to a level of practice that permits indirect supervision in accordance with ANZBP policy, such that supervision capacity, case access and trainee development for all trainees can be maintained safely.
- e) The ANZBP may approve more than one trainee within a unit where it is satisfied that:
  - i) trainees are appropriately staged in their training progression;
  - ii) sufficient case volume and case mix exists for each trainee;
  - iii) adequate Approved Lead Supervisor and Approved Clinical Supervisor capacity exists; and
  - iv) access to cases, learning opportunities and evaluations will not be unreasonably diluted; and
  - v) patient safety and training quality will not be compromised.
- f) Where these requirements cannot be demonstrated, the ANZBP may limit the number of trainees approved within the unit or require an alternative arrangement, including a Shared Trainee Arrangement.

## 9. Departmental Capacity

- a) The institution must have a perfusion department with sufficient staffing, resources and organisational capacity to maintain safe clinical service delivery and support education and supervision.
- b) The institution must have a staffing and rostering model that allows for supervision and education without compromising service delivery or patient safety.

## 10. Equipment and Safety Standards

- a) The institution must utilise maintained and in-service perfusion equipment, consumables and technology that meet the minimum safety standards detailed in the ANZCP Standards and Guidelines.

## 11. Protocols and Emergency Procedures

- a) The institution must have documented and current cardiopulmonary bypass protocols and emergency procedure manuals relevant to perfusion practice.
- b) The institution must also have appropriate processes for equipment maintenance, incident reporting, escalation, staff orientation and equipment competency.

## 12. Employment and Training Arrangements

- a) The institution must be able to demonstrate, to the satisfaction of the ANZBP, that the trainee has secured employment and access to an appropriate work-integrated learning environment for the duration required to support both the academic and clinical components of the ANZBP-recognised training pathway.
- b) Evidence may be required by the ANZBP, including employment arrangements, rostering capacity, supervision arrangements, or other documentation relevant to training continuity.
- c) This requirement reflects not only ANZBP training and patient safety expectations, but also the academic and admissions expectations arising from the partnership between the ANZBP and Monash University. In that context, Monash University expects students to have secured employment and an appropriate clinical learning environment for the duration of their enrolment, and the ANZBP accordingly requires sufficient oversight of local training unit suitability at the point of admissions and throughout the training period.
- d) The ANZBP recommends a minimum of three days per week of employment is required for appropriate training.
  - i) Evidence of this will be required in the form of a letter or a contract by the trainee for Monash admissions.

- e) The institution must provide a suitable environment and appropriately allocate time for course examinations and associated academic requirements.
- f) The institution must take all reasonable steps to support attendance at required workshops and other Board-approved educational activities.
- g) Training arrangements should be planned across the duration of training so that case exposure, progression of complexity and supervision intensity are appropriate to the trainee's stage of development.
- h) Entry Requirements into the academic program
  - i) Accreditation of a local training unit by the ANZBP does not, of itself, guarantee admission of any individual applicant to Monash University.
  - ii) Admission to the Monash University Master of Cardiovascular Perfusion is determined by Monash University in accordance with its published admission requirements, as amended from time to time.
  - iii) Secure employment within an ANZBP-accredited training environment is not only a training requirement, but also a foundational requirement for entry to, and continuation in, the Monash University pathway.

### 13. Letters and Documentation

- a) Official letters on official letter heads including;
  - i) an official letter from the Head of Department of Perfusion, or equivalent, supporting the application;
  - ii) an official letter from the surgical Head of Department, or equivalent, supporting the application for local training accreditation; and
  - iii) an official letter of support from a hospital executive or authorised institutional representative.
- b) Unless otherwise waived by the ANZBP, the letters submitted under this section must, collectively and to the extent applicable to the role of the signatory, expressly confirm:
  - i) the institution's support for accreditation as an ANZBP local training unit;
  - ii) that the institution intends to employ and train Local Trainee Perfusionists under the ANZBP local training pathway;
  - iii) that the institution supports the provision of appropriate clinical exposure, case volume, case mix, supervision, governance and patient safety arrangements;
  - iv) that the institution has, or will have, access to ANZBP-approved supervisors able to support the trainee;
  - v) that the institution supports the trainee's participation in the relevant academic program, examinations, workshops and required educational activities;

- vi) The employing unit retains responsibility for ensuring that supervision arrangements are adequately resourced, appropriately structured, and sustainable. A failure to maintain sufficient approved supervision capacity may result in the unit being determined unsuitable to continue supporting trainees under the ANZBP pathway.
- vii) That the institution will notify the ANZBP of material changes relevant to accreditation, including changes to supervision, staffing, case volume, governance, equipment, institutional support or patient safety;
- viii) That accreditation is limited to the scope approved by the ANZBP and remains subject to ANZBP audit, review and renewal requirements.
- ix) The ANZBP may request clarification, further documents, interviews or independent verification before making a decision.
- x) Acknowledgement, and permission to share with the University as required (refer to Clause 19)

#### 14. Supervision Plan

- a) Each Local Trainee Perfusionist must have a documented supervision plan approved by the Lead Supervisor and supported by the employing unit.
- b) The supervision plan must identify;
  - i) The plan for training exposure and complexity progression
  - ii) Proposed supervision plan
  - iii) Description of how direct and indirect supervision will be managed safely
  - iv) Nominated supervisors
  - v) Review points
  - vi) Escalation arrangements for trainee progression, clinical concerns, professionalism or patient safety issues
  - vii) Any conditions or limitations relevant to practice
- c) This is required to be uploaded as per the Training Accreditation process.

#### 15. ANZBP Approved Supervision

- a) The detailed supervision requirements applicable to Local Trainee Perfusionists are set out in the ANZBP Clinical Supervision Policy.
- b) This Policy does not replace or restate the full supervision requirements of the ANZBP Clinical Supervision Policy. Rather, they identify the accreditation expectations that a local training unit must satisfy in order to support supervision under that Policy.
- c) Accreditation Expectations Relating to Supervision

- i) To be accredited as a local training unit, the institution must demonstrate that it:
  - a. has, or will have, access to ANZBP-approved supervisors able to support the trainee or trainees;
  - b. can provide an Approved Lead Supervisor with overarching responsibility for trainee progression and liaison requirements;
  - c. can provide sufficient Approved Clinical Supervisor capacity for day-to-day clinical supervision;
  - d. can support the supervision needs of the trainee or trainees having regard to trainee number, trainee staging, case complexity and patient safety;
  - e. can maintain supervision arrangements that are consistent with the ANZBP Clinical Supervision Policy; and
  - f. will notify the ANZBP of any material change affecting supervision arrangements.
- d) Multiple Trainees and Supervision Capacity
  - i) Where a unit seeks to support more than one trainee, the institution must demonstrate that supervision capacity is sufficient for the number and stage of trainees employed.
  - ii) In considering whether supervision capacity is adequate, the ANZBP may take into account:
    - a. the number of Approved Lead Supervisors and Approved Clinical Supervisors available;
    - b. whether trainees are appropriately staged, including whether more senior trainees have progressed to a level of supervision compatible with the ANZBP Clinical Supervision Policy;
    - c. whether supervision availability, case access, evaluation quality and progression opportunities can be maintained for all trainees; and
    - d. whether patient safety and training quality can be maintained.
  - iii) The ANZBP may impose conditions on the number of trainees, require staged recruitment, or require a Shared Trainee Arrangement where it is not satisfied that supervision capacity is sufficient.
- e) Supervisor Approval, Renewal and Review
  - i) Supervisor approval is not indefinite and remains subject to ANZBP review.
  - ii) The ANZBP may require renewal of supervisor approval at intervals determined by the Board, and ordinarily in conjunction with review or renewal of the relevant training unit accreditation unless otherwise specified.
  - iii) The ANZBP may require updated information or supporting documentation for renewal, including confirmation of the supervisor's current role, continued institutional endorsement, current perfusion practice, supervision activity, and any other information reasonably requested.

- iv) 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 an ANZBP-accredited local training arrangement.

## 16. Shared Trainee Arrangements

- a) A Shared Trainee Arrangement is a formal training arrangement approved by the ANZBP whereby a Local Trainee Perfusionist is employed, rostered or trained across more than one institution in order to meet case volume, case mix, supervision, staging or other training requirements that cannot be adequately met within a single unit.
- b) A Shared Trainee Arrangement must not commence unless and until it has been expressly approved by the ANZBP.
- c) Application Requirement
  - i) Where a Shared Trainee Arrangement is proposed, a joint application must be submitted to the Chair of the ANZBP in writing.
  - ii) The ANZBP will require a full application from both institutions.
  - iii) For approval to be granted, the ANZBP must be satisfied that the arrangement is genuine, workable, appropriately governed, and capable of supporting safe and effective trainee progression.
- d) Minimum Requirements of the Arrangement
  - i) proposed Shared Trainee Arrangement must demonstrate, to the satisfaction of the ANZBP:
    - a. that both institutions support the trainee's participation in a shared training model;
    - b. that the trainee will have access to sufficient case volume, case mix and staged progression across the combined arrangement;
    - c. that supervision responsibilities are clear, coordinated and consistent across both institutions;
    - d. that there is a defined Approved Lead Supervisor with overarching responsibility for the trainee's progression at both sites;
    - e. that each participating site has appropriate Approved Clinical Supervisors available for day-to-day clinical supervision;
    - f. that roster, employment and training arrangements are realistic and sustainable;
    - g. that communication, reporting and evaluation arrangements are clearly defined across both sites;
    - h. that patient safety, service delivery and training quality will not be compromised.
    - i. Details of:

- Rationale of the shared agreement
- Role of each institution
- Expected allocation across sites
- Communication arrangements across both sites

## ii) Required Institutional Letters

- a. In addition to the requirements of the letters describe in Clause 13 of this Policy, letters should also describe:
  - that both institutions support the Shared Trainee Arrangement;
  - the rationale for the arrangement;
  - the role of each institution in the trainee's employment, case exposure, supervision, education and evaluation;
  - that both institutions understand and accept the shared governance responsibilities associated with the arrangement;
  - that both institutions support the trainee's participation in the academic program, examinations, workshops and required educational activities;
  - that both institutions will notify the ANZBP of material changes relevant to the arrangement; and
  - that the arrangement remains subject to ANZBP approval, monitoring, review and withdrawal.

## iii) Training Plan and Governance Requirements

- a. The cross-institutional training plan must clearly set out:
  - which institution is the primary training unit;
  - which supervisor will act as the Approved Lead Supervisor at both sites;
  - the expected allocation of training time, cases and responsibilities across the two sites;
  - how direct and indirect supervision will be managed across the arrangement;
  - how evaluations, progress reviews and communications with the ANZBP will be coordinated;
  - how concerns regarding trainee progression, supervision, professionalism or patient safety will be escalated; and
  - how the arrangement will ensure continuity of training and fairness of access to cases.

## **POLICY REVIEW AND ADMINISTRATION**

### **17. Monitoring and Audit**

- a) The ANZBP reserves the right to monitor and audit any accredited local training unit at any time.
- b) The ANZBP may request supporting documents, training records, supervision records, staffing information, protocols, case volume data or any other information relevant to accreditation, training quality, governance or patient safety.

### **18. Ongoing Notification Obligations**

- a) Accredited institutions must notify the ANZBP as soon as practicable of any material change relevant to their accreditation, including but not limited to changes in supervision arrangements, staffing, case volume, trainee numbers, service capability, equipment, governance, institutional support, or significant patient safety concerns.

### **19. University Partnership**

- a) Monash University expects students to have secured employment and an appropriate work-integrated learning environment for the duration of their study.
- b) The ANZBP therefore requires evidence that an institution can provide a stable, appropriately supported and sustainable training position, so that trainees have a realistic prospect of completing both the academic and clinical components of the pathway and progressing toward future professional outcomes
- c) As required, Monash University may seek copies of, or confirmation of the status of, local training unit applications, supervisor applications, or related ANZBP approval documentation relevant to admissions, enrolment or training governance purposes.

### **20. Review, Suspension and Withdrawal of Accreditation**

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

### **21. Renewal of Accreditation**

- a) An institution is required to renew its local training accreditation every three (3) years, unless otherwise specified by the ANZBP.

- b) Renewal may require updated evidence of case volume, trainee staging, staffing, supervision arrangements, institutional support, equipment, protocols, safety systems and any other information reasonably requested by the ANZBP.

## 22. Administrative Authority

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

## 23. Policy Review

- a) This Policy will be reviewed periodically, and ordinarily at least once every two years, by the ANZBP to ensure their 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: Training Accreditation Checklist

Ensure that all requirements in Clause 6 are met prior to application

<b>Documentation Required for Portal Application</b>
Official Letter from Head of Perfusion supporting Clause 13(b) requirements
Official Letter from Surgical Head of Department supporting Clause 13(b) requirements
Official Letter from Hospital Executive or authorised hospital representative supporting Clause 13(b) requirements
Supervision Plan (Clause 14)
Lead Supervisor Application (Clinical Supervision Policy)
Clinical Supervisor Application (Clinical Supervision Policy)
Shared Training Arrangement (where required) supporting Clause 16 requirements