

Course Accreditation Standards for entry to practise Perfusion Education Programs in Australia and New Zealand

What is course accreditation?

Course accreditation is used here to describe a quality assurance process whereby an independent body (e.g. a professional association) assesses an education course of study (e.g. one provided by a university or private education provider) to determine whether it is producing high quality graduates who have the necessary skills, knowledge and professional attributes to practise safely and competently. ANZCP course accreditation is used as part of a broader suite of requirements for establishing competency of clinical perfusionists, including an examination and a traineeship (see Certification Policy for details).

What are course accreditation standards?

Course accreditation standards specify the minimum criteria against which a course of study and its provider are assessed for accreditation.

The ANZCP Course Accreditation Standards define what is expected of an entry to practise course of study, to ensure its graduates have the knowledge, skills and professional attributes needed to practise as a clinical perfusionist in Australia and New Zealand.

Course accreditation standards do not prescribe curriculum. Instead, they focus on the demonstration of outcomes, providing a set of standards to guide the development and assessment of courses. The standards accommodate a range of educational models and variations in curriculum design, teaching methods and assessment approaches. The focus is on demonstration that the student learning outcomes and assessment tasks map to all the competencies for clinical perfusionists. This allows each provider the flexibility to be innovative and develop a curriculum in accordance within the quality assurance mechanisms of the institution.

How were the ANZCP Course Accreditation Standards developed?

The development of these standards was informed by a review of similar accreditation standards documents of regulators and professional associations responsible for accrediting entry to practice courses for the allied health professions in Australia.

The ANZBP prepared an initial draft and commissioned *HealthWork International* to review and refine the draft. The draft was subject to final approval by the ANZCP Executive Committee and the Australian and New Zealand Board of Perfusion (ANZBP).

What are the benefits of course accreditation?

Course accreditation is a quality assurance function that has been implemented for most established health professions across Australia and New Zealand. It has benefits for various stakeholders:

For students: course accreditation provides assurance that a course is sustainable, high quality and provides a safe environment. Students undertaking an accredited course can be confident that they will be equipped with the necessary skills, knowledge and professional attributes to practise as a clinical perfusionist in Australia and New Zealand. Graduates of an accredited and approved clinical perfusion course may apply for ANZCP certification.

For the general public: course accreditation increases public protection, trust and confidence by assuring that those who graduate from an accredited course have the necessary skills, knowledge and professional attributes to practise safely and competently as a clinical perfusionist.

For employers: course accreditation helps employers recruit safe and competent clinical perfusionists. It also supports a steady stream of high quality, skilled graduates to ensure the sustainability of the clinical perfusion workforce.

For the clinical perfusion profession: course accreditation assures the profession that graduates are safe and competent to be employed as a clinical perfusionist. It enhances the reputation of the profession and supports renewal and sustainability of the profession.

For education providers: course accreditation increases the trust in and credibility of the education provider by assuring the public and the profession that the course meets industry standards and that the provider is committed to continuous quality improvement.

Structure of the accreditation standards

The Course Accreditation Standards comprise five standards:

1. Assuring safe practice
2. Academic governance and quality assurance of the course
3. Course design, implementation and resourcing
4. The student experience
5. Assessment

A standard statement describes the key purpose of each standard. Each standard is supported by multiple criteria. The criteria are not sub-standards, they are indicators that set out what is generally needed to meet the standard.

The ANZBP assessment considers whether the education provider and its course have met each criterion. In deciding whether the evidence provided is sufficient to demonstrate the standard has been met, the ANZBP weighs the findings for each criterion in the context of the overarching standard and its intent.

How are courses assessed and monitored?

Registered higher education providers who meet the eligibility criteria set out in the *ANZCP Course Accreditation Applicant Guidelines* may apply for a course to be accredited.

The Australian and New Zealand Board of Perfusion (ANZBP), established under Rule 80 of the Rules of The Australian and New Zealand College of Perfusionists Incorporated, coordinates the course accreditation process. The ANZBP sits independently of the ANZCP Executive Committee and makes the initial decision on course accreditation. The Executive Committee generally ratifies a decision of the ANZBP on course accreditation, unless there has been a departure from the required accreditation process. The ANZBP's [Terms of Reference](#) are available online in the College Documents repository.

The accreditation assessment process involves several steps: a desktop review of course documents; submission of a self-evaluation; and a site visit. The ANZBP relies on assessment of current documentary evidence submitted by the education provider during the accreditation process and experiential evidence obtained by the assessment team through the site visits and discussions with:

- students
- staff
- work-integrated learning (WIL) supervisors and other staff at health facilities with responsibilities for work-integrated learning, and
- graduates of the course and their employers.

The onus is on the education provider to present evidence that demonstrates how the course meets each of the accreditation standards.

An expert accreditation team established by the ANZBP evaluates the evidence the education provider presents for each criterion, using principles of fairness, validity, sufficiency and reliability. All accreditation assessors are trained in course accreditation. The team reports their evaluation findings to the ANZBP which considers the findings and decides whether the accreditation standards are met. The accreditation assessment team's [Terms of Reference](#) are available online in the College Documents repository.

What are the outcomes of an application for course accreditation?

There are four accreditation statuses:

- **Pre-accreditation.** This category is for new courses seeking accreditation for the first time. Graduates from a course which is only pre-accredited are not eligible for certification with the ANZCP based on successful completion of the course.
- **Provisional accreditation.** This assessment outcome is available for:
 - a. A course which has achieved accreditation for the first time; and
 - b. A course which previously held full accreditation but subsequently failed to meet the accreditation standards.

A graduate from a course which is provisionally accredited at the time they graduate, is eligible to apply for certification. They must meet all other requirements set out in the Certification Policy in order to achieve certification.

The ANZBP notice to the provider of provisional accreditation of the provider's course will state the deadline for review of the course against the accreditation standards, which will be no longer than 2 years from the decision to grant provisional accreditation. The course must meet the requirements for full accreditation in the review, or will be assessed as not accredited (see below). In exceptional circumstances, an extension may be granted by the ANZCP Executive Committee allowing a consecutive period of provisional accreditation.

If the provider does not submit the course for review, provisional accreditation will expire at the end of the period stated in the notice.

- **Full accreditation.** This assessment outcome is for courses which have been assessed, on review while being provisionally accreditation, as meeting the accreditation standards. Full accreditation is granted for a maximum period of 5 years and is subject to annual reporting on continued compliance with the accreditation standards and a mandatory obligation to notify the ANZBP, in advance in writing, of proposed changes to the course.
Graduates from courses that have full accreditation at the time that they graduate are eligible for certification, provided they meet the other requirements for certification.
- **Not accredited.** This assessment outcome is for courses which are assessed as not meeting the standard for accreditation.

The process of accreditation is different depending on whether the course is new or well-established.

Maintaining Accreditation

Education providers with accredited courses are required to report annually to the ANZBP, to ensure that accreditation standards continue to be met or when changes are made to the course. Periodic reaccreditation is required and in advance when major changes are planned to an accredited course.

The ANZBP monitors accredited courses to ensure they continue to meet the accreditation standards. During monitoring, the ANZBP relies primarily on assessment of documentary evidence submitted by the education provider. If the ANZBP is not reasonably satisfied the accreditation course continues to meet the accreditation standards, it may seek further evidence through discussions with the education provider and/or a site visit.

Publication of Decisions

The ANZCP understands the importance of prompt communication to students and the public about assessment decisions. A list of accredited courses and the accreditation decisions are published on the ANZCP's website as soon as is practical following ratification of the ANZBP's decision by the Executive Committee.

Appeals Process

If the ANZBP decides to not to approve an application for accreditation, or decides to withdraw accreditation, the ANZBP will notify the education provider in writing, along with the reasons for the decision.

The education provider can appeal this decision in writing to the Executive Committee at admin@anzcp.org within 15 Business Days of receipt of the decision.

The Executive Committee will nominate a date to meet to consider whether the appeal should be upheld or dismissed, which must be within 25 and 60 Business Days from receipt of the notice of appeal, and provide the education provider of notice of the date of the meeting.

The education provider has the right to make submissions:

- in writing, no less than 10 Business Days prior to the date nominated by the Executive Committee for the meeting; and/or
- by attending to speak at that meeting.

The Executive Committee will consider the report made by the accreditation assessment team to the ANZBP, submissions by the ANZBP, any submissions made by the education provider, and any other matter it finds relevant, in coming to its decision. It will then provide the education provider notice of, and reasons for, its decision within 15 Business Days of making the decision.

Decisions by the Executive Committee are final and cannot be appealed.

Changes to the ANZCP Competency Standards for Clinical Perfusionists

These Course Accreditation Standards should be read in conjunction with the *ANZCP Competency Standards* and any applicant guidelines published by the ANZCP, from time to time.

The ANZCP Competency Standards identify the knowledge, skills and professional attributes needed to safely and competently practise as a clinical perfusionist in Australia and New Zealand. Education providers are expected to map learning outcomes and assessment tasks to these competencies. Therefore any changes to the ANZCP Competency Standards require a review of the Course Accreditation Standards and subsequent changes to the design and/or delivery of accredited courses. This review, and any subsequent changes to Course Accreditation Standards, will be completed by the ANZCP within 6 months of changes to the Competency Standards.

Where the ANZCP amends the Competency Standards in a way that impacts the course accreditation standards or process, providers with pre-existing accreditation will be provided a reasonable timeframe to transition to and demonstrate compliance with the updated accreditation requirements. Similarly, providers working towards accreditation when the accreditation standards or process change will also be provided a reasonable timeframe to transition. The period granted for transition will be the same for all education providers within a given accreditation category for a given transition, but may differ from transition to transition depending on the extent and impact of the changes.

Feedback and further information

The ANZCP invites education providers, accreditation assessors and other users to provide feedback on the information in this document. Please email your comments and suggestions to the ANZCP (admin@anzcp.org).

The ANZBP will review all feedback and it will inform future refinements to the standards.

Review of accreditation standards

These accreditation standards will be reviewed from time to time as required. This will generally occur at least every five years.

Date of effect: 01 June 2026

Acknowledgements

These standards draw substantially, both in format and content, from two key documents:

- the Medical Radiation Practice Board of Australia's *Medical Radiation Practice Accreditation Standards 2019*
- the Australian Orthotic Prosthetic Association's *Course Accreditation Standards*.

Course Accreditation Standards

Standard 1: Quality and safety		
Standard statement: Assuring safe practice is paramount in course design, implementation and monitoring.		
Criteria		Suggested evidence
1.1	Safe practice is identified in the learning outcomes of the course, including work-integrated learning elements.	<ul style="list-style-type: none"> • Course materials and unit/subject profiles/outlines that show protection of the public and safe practice, including culturally safe practice, are addressed in the curriculum. • At least three different assessment tools or modalities which show that safe practice, including culturally safe practice, is being taught and assessed in the clinical setting. For each tool or modality, include at least three de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass and an example of unsatisfactory or fail. • Examples of implementation of formal mechanisms used to identify, report on and remedy issues impacting on safe practice in course design, implementation and monitoring.
1.2	Formal mechanisms exist to ensure students in the course are fit to practise safely at all times	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to monitor whether students are fit to practise safely throughout the duration of the course and manage situations where safety issues are identified. • Three de-identified examples of implementation of formal mechanisms used to ensure students are safe to engage in practice before work-integrated learning. This includes confidential disclosure of issues by students, vaccinations and, where mandated, completion of police checks and working with children checks.
1.3	Students in the course are required to achieve relevant pre-clinical competencies before each period of work-integrated learning.	<ul style="list-style-type: none"> • Documents showing the relevant learning outcomes to be achieved before each period of work-integrated learning in the course. • At least three different assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, include at least three de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or fail.

1.4	Clinical perfusionists and other health practitioners who supervise students in the course during work-integrated learning hold current registration or certification in Australia for the clinical elements they supervise.	<ul style="list-style-type: none"> • Examples of implementation of formal arrangements with facilities and health services used for work-integrated learning (for example, an agreement) that ensure those supervising students hold current registration or certification.
1.5	Equipment, facilities and health services used for work-integrated learning maintain relevant accreditation and licenses.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms that show facilities and health services used for work-integrated learning maintain relevant accreditation and licences. • Examples that show the education provider monitors the currency of accreditation and licences. • Register of agreements (formal contracts and/or other written communication securing work-integrated learning) between the education provider and facilities and health services used for work-integrated learning. • Examples of implementation of formal mechanisms used for clinical and workplace safety and the screening, reporting and control of infectious diseases.
1.6	The education provider requires students in the course to comply with the ANZCP's Code of Conduct and practice guidelines, and any statutory code of conduct that applies to non-registered health care workers in that jurisdiction.	<ul style="list-style-type: none"> • Information provided to students that refers to the requirement for them to comply with the ANZCP's Code of Conduct and practice guidelines. • Information provided to students on the Code of Conduct that applies to non-registered health care workers in the jurisdiction in which they are resident or undertake work-integrated learning. • Examples of implementation of a code of conduct that is consistent with the ANZCP's expectations on ethical and professional conduct.
<p>Standard 2: Academic governance and quality assurance of the course Standard statement: Academic governance and quality improvement arrangements are effective in developing and implementing sustainable, high-quality education at a course level.</p>		
Criteria		Suggested evidence
2.1	The education provider is currently a registered education provider with the TEQSA, under the <i>Tertiary Education and Quality and Standards Agency Act 2011</i> .	<ul style="list-style-type: none"> • Copy of written notice of decision from TEQSA on registration including whether TEQSA has granted self-accrediting authority.

2.2	The course is accredited by TEQSA or, for education providers with self-accrediting authority; the course has been approved by the education provider's relevant board or committee responsible for course approval.	<ul style="list-style-type: none"> • If TEQSA has not granted self-accrediting authority: <ul style="list-style-type: none"> - TEQSA's report on accreditation of the course - disclosure of any issues concerning the course that TEQSA has identified and details of any conditions imposed, and - subsequent dialogue with TEQSA about addressing the conditions. • If TEQSA has granted self-accrediting authority: <ul style="list-style-type: none"> - copy of the course approval decision made by the education provider's relevant board or committee, such as a record of resolution in meeting minutes - disclosure of any issues concerning the course that the board or committee has identified, and - subsequent dialogue with the board or committee about addressing the issues.
2.3	The Tertiary Education Quality Standards Agency (TEQSA), or the relevant education provider board or committee has approved the Australian Qualifications Framework (AQF) level of the course at Master's degree level (AQF Level 9) or higher.	<ul style="list-style-type: none"> • TEQSA or the education provider's relevant board or committee approval of the AQF level of the course.
2.4	Students, lecturers and work-integrated learning supervisors in the course have opportunities to contribute to the information that informs decision-making about course design, implementation and quality.	<ul style="list-style-type: none"> • Details of any student, lecturer and work-integrated learning supervisor representation in the governance and curriculum management arrangements for the course. • Examples that show consideration of information contributed by students, lecturers, and work-integrated learning supervisors when decisions about course design, implementation and quality are being made. • Examples of the use of student, lecturer and work-integrated learning supervisor satisfaction data or other feedback to improve the course.
2.5	The education provider has robust academic governance for the course that includes systematic monitoring, review and improvement, and a committee or group with the responsibility, authority and capacity to design, implement and improve the course to meet the needs of the clinical perfusion profession and the health workforce.	<ul style="list-style-type: none"> • Overview of formal academic governance arrangements for the course, including an organisational chart of governance for the course. • Current list of members of the committee or group responsible for course design, implementation and quality. • Examples of implementation of formal mechanisms relating to academic governance for the course. • Explanation of how monitoring and review contributes to improvement in the design, implementation and quality of the course.

		<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to monitor and review the design, implementation and quality of the course. • Schedule for monitoring, review and evaluation of the design, implementation and quality of the course. • Records of the three previous meetings of the key committee or group that has responsibility for design, implementation and quality of the course. • Record of the most recent internal course review of the course.
2.6	Formal mechanisms exist to evaluate and improve the design, implementation and quality of the course, including student feedback, internal and external academic and professional peer review, and other evaluations.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to evaluate and improve the design, implementation and quality of the course. • Details of outcomes and actions from internal or external reviews of the course in the past five years. • Summary of actions to improve the design, implementation and quality of the course in response to student or staff feedback.
2.7	Formal mechanisms exist to validate and evaluate improvements in the design, implementation and quality of the course.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to validate and evaluate improvements in the design, implementation and quality of the course.
2.8	There is external stakeholder input to the design, implementation and quality of the course, including from representatives of the clinical perfusion profession, other health professions, prospective employers, health consumers and graduates of the course.	<ul style="list-style-type: none"> • Examples of effective engagement with a diverse range of external stakeholders (including representatives of culturally diverse communities and other relevant health professions) about course design and implementation. • List of all external stakeholders that have had input into the design, implementation and quality improvement of the course. • Terms of reference of a current stakeholder group responsible for input into the design, implementation and quality of the course, including the list of representatives on the group and their current positions. • The current stakeholder group's meeting calendar for the current year. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and implemented.

2.9	Formal mechanisms exist to anticipate and respond to contemporary developments in clinical perfusion and education in perfusion medicine, within the curriculum of the course.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to anticipate and respond to contemporary developments in clinical perfusion and education in the field of perfusion within the curriculum of the course.
2.10	Formal mechanisms exist to ensure the ongoing quality assurance of work-integrated learning instruction and supervision in the course, including evaluation of student feedback.	<ul style="list-style-type: none"> • Examples of implementation of formal quality assurance mechanisms in the course. • Examples of evaluation of student feedback about their work-integrated learning experience and their feedback on the work-integrated learning supervisors. • Examples of responses to quality assurance findings.
2.11	Staff and students work and learn in a physically and culturally safe environment.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to ensure that the staff and student work and learning environment is physically and culturally safe. • Examples of resolving any issues that compromised the physical and/or cultural safety of the staff and student work and learning environment. • Examples of feedback from staff and students about the safety of the environment.
2.12	The education provider assesses and actively manages risks to the course, course outcomes and students enrolled in the course.	<ul style="list-style-type: none"> • Examples of implementation of a risk management plan and formal mechanisms for the course which include assessing and mitigating risk and identifying any subsequent course opportunities following a risk assessment.
2.13	The education provider appoints academic staff at an appropriate level to manage and lead the course.	<ul style="list-style-type: none"> • Staffing profile for staff responsible for management and leadership of the course, identifying their: <ul style="list-style-type: none"> - academic level of appointment - management or leadership role in the course - fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment - qualifications and experience relevant to their management and leadership responsibilities, and - engagement in further learning related to their role and responsibilities.
2.14	Staff managing and leading the course have sufficient autonomy to request the level and range of	<ul style="list-style-type: none"> • Examples of correspondence or meetings that show staff managing and leading the course are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision-makers.

	human resources, facilities and equipment in the course.	
2.15	The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health.	<ul style="list-style-type: none"> • Examples of any targeted recruitment of Aboriginal and Torres Strait Islander staff. • Examples of implementation of formal mechanisms used to recruit staff, including an equal employment opportunity policy for employment of Aboriginal and Torres Strait Islander Peoples. • Examples of implementation of formal mechanisms used to draw on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and Torres Strait Islander health. • Education provider's Reconciliation Action Plan, where available.
<p>Standard 3: Course design, implementation and resourcing</p> <p>Standard statement: Course design, implementation and resourcing enable students to achieve the competencies necessary to practise as a clinical perfusionist.</p>		
Criteria		Suggested evidence
3.1	Culturally safe practice is integrated in the design and implementation of the course and is articulated in unit/subject learning outcomes, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.	<ul style="list-style-type: none"> • Explanation of how culturally safe practice is integrated in the design and implementation of the course. • Details of unit/subject learning outcomes that articulate how culturally safe practice is integrated in the course, with emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.
3.2	A coherent educational philosophy informs the course design and implementation.	<ul style="list-style-type: none"> • Statement of the overall educational philosophy which informs the course design and implementation.
3.3	Unit/subject learning outcomes in the course address all the competencies for clinical perfusionists.	<ul style="list-style-type: none"> • Curriculum map that shows alignment and mapping of unit/subject learning outcomes to all the competencies. • Detailed profiles/outlines for each unit/subject taught in the course.
3.4	The curriculum design includes vertical and horizontal integration of theoretical concepts and practical application throughout the course including simulation and work-integrated learning experiences.	<ul style="list-style-type: none"> • Overview of the course identifying relationships between units/subjects in and between years of the course.

3.5	Unit/subject learning outcomes in the course address the principles of the quality use of medicines as they apply to clinical perfusion.	<ul style="list-style-type: none"> • Details of units/subjects demonstrating learning outcomes relevant to the quality use of medicines • Detailed information demonstrating that learning in relation to the safe use of medicines takes account of cultural and social influences and determinants of health. • Curriculum map that shows alignment and mapping of unit/subject learning outcomes to the relevant competencies required for the safe and effective use of medicines in the relevant context of clinical perfusion.
3.6	Unit/subject learning outcomes in the course address contemporary principles of interprofessional education and reflective practice.	<ul style="list-style-type: none"> • Course materials and unit/subject profiles/outlines that show where interprofessional education and reflective practice are addressed, including in relation to the safe and effective use of medicines.
3.7	Unit/subject learning outcomes and assessment in the course specifically reference the relevant NSQHS Standards, including in relation to collaborative practice, team-based care and culturally safe healthcare, particularly for Aboriginal and Torres Strait Islander Peoples.	<ul style="list-style-type: none"> • Course materials, unit/subject profiles/outlines and assessment tasks that show where the relevant <i>NSQHS Standards</i> are specifically referenced in the course.
3.8	Unit/subject learning outcomes in the course address social and cultural determinants of health.	<ul style="list-style-type: none"> • Course materials and unit/subject profiles/outlines that show where social and cultural determinants of health are addressed, in particular as they relate to the care of Aboriginal and Torres Strait Islander Peoples and the individual across the lifespan.
3.9	Legislative and regulatory requirements relevant to the clinical perfusion profession are taught and their application to practice is assessed, during periods of work-integrated learning in the course.	<ul style="list-style-type: none"> • Identification of where relevant legislative and regulatory requirements are taught and assessed during work-integrated learning.
3.10	The education provider ensures work-integrated learning experiences provide students in the course with regular opportunities to reflect on their observations of practice in the clinical setting.	<ul style="list-style-type: none"> • Three de-identified records of student feedback that includes an opportunity for reflection on their work-integrated learning experiences.
3.11	The education provider has an active relationship with those who provide instruction and supervision to students during work-integrated learning, and formal	<ul style="list-style-type: none"> • Examples of engagement between the education provider and those responsible for providing instruction and supervision to students during work-integrated learning.

	mechanisms exist for training and monitoring those supervisors.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used for training and monitoring work-integrated learning supervisors.
3.12	The quality, quantity, duration and diversity of student experience during work-integrated learning in the course is sufficient to produce a graduate who has demonstrated the knowledge, skills and professional attributes to safely and competently practise across a broad range of clinical perfusion settings.	<ul style="list-style-type: none"> • Explanation about how the education provider monitors the quality, quantity, duration and diversity of student experience during work-integrated learning to ensure it is sufficient to produce graduates that demonstrate the knowledge, skills and professional attributes to safely and competently practise Clinical perfusion. • Examples of implementation of formal mechanisms used for monitoring the quality, quantity, duration and diversity of student experience during work-integrated learning.
3.13	The education provider appoints academic staff at an appropriate level to implement the course.	<ul style="list-style-type: none"> • Staffing profile for staff responsible for implementation of the course, identifying their: <ul style="list-style-type: none"> - academic level of appointment - role in implementation of the course - fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment - qualifications and experience relevant to their responsibilities - relevant registration status, and - engagement in further learning related to their role and responsibilities.
3.14	The course has the level and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all the competencies for clinical perfusionists.	<ul style="list-style-type: none"> • Letter from the CEO or Vice Chancellor (or delegate) confirming ongoing support for the quality and resourcing of the course. • Description of, and examples that show, the facilities and equipment used by the education provider for teaching and learning in the course enable students to achieve all the competencies. • List of all perfusion equipment used by the education provider for teaching and learning in the course; a statement about other equipment used with the servicing schedule for relevant equipment.
3.15	The course has a defined mechanism for recognition of student prior learning, by way of credit/reduction in learning requirements	<ul style="list-style-type: none"> • Institutional recognition of prior learning or credit policy • Curriculum vitae of staff who would consider applications for prior learning, to ensure that they have the academic and clinical understanding required to determine how a student's prior learning in perfusion relates to a determination of competency (in line with the Competency Standards)

		<ul style="list-style-type: none"> Written response by those RPL assessors to a scenario involving a request for credit toward the course
Standard 4: The student experience Standard statement: Students in the course have equitable and timely access to course information and learning support.		
Criteria		Suggested evidence
4.1	Course information is complete, accurate, clear, accessible and up-to-date.	<ul style="list-style-type: none"> Information provided to prospective students (before enrolment) and enrolled students about the course. Explanation about when and how prospective and enrolled students are provided with full details about ANZCP certification requirements, course fees, refunds and any other costs involved in the course. Course information and/or links to website pages containing course information for prospective and enrolled students.
4.2	The education provider ensures cultural safety for students at all times.	<ul style="list-style-type: none"> Examples of implementation of formal mechanisms used to ensure cultural safety.
4.3	The education provider identifies and provides support services, including cultural support services, to meet the learning needs of students in the course.	<ul style="list-style-type: none"> Examples of implementation of support services to meet the learning needs of students in the course.
4.4	There are specific strategies to address the recruitment, admission, participation and completion of the course by Aboriginal and Torres Strait Islander Peoples.	<ul style="list-style-type: none"> Examples of implementation of formal mechanisms for recruitment and admission to the course by Aboriginal and Torres Strait Islander Peoples.
Standard 5: Assessment Standard statement: All graduates of the course have demonstrated achievement of the learning outcomes taught and assessed during the course.		
Criteria		Suggested evidence
5.1	All the competency standards for clinical perfusionists and unit/subject learning outcomes are mapped to assessment tasks in the course.	<ul style="list-style-type: none"> Assessment matrix or other consolidated and comprehensive assessment design documents to demonstrate alignment and mapping of all assessment tasks, all unit/subject learning outcomes and all competencies.

		<ul style="list-style-type: none"> Detailed unit/subject profiles/outlines for each unit/subject for the entire course, including details of the assessment tasks for the relevant unit/subject. At least three different assessment tools or modalities used during work-integrated learning that show how students attain the competencies. For each tool or modality, include at least three de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or fail.
5.2	Multiple valid and reliable assessment tools, modes and sampling are used throughout the course, including evaluation of student capability through direct observation of students in the clinical setting.	<ul style="list-style-type: none"> Details of the assessment strategy for each year of the course, identifying assessment tools, modes and sampling. Examples of implementation of formal mechanisms used to evaluate student capability in the clinical setting.
5.3	Formal mechanisms exist, including course management, unit/subject co-ordination and quality assurance processes that ensure assessment of learning outcomes for determining student competence reflects the principles of assessment.	<ul style="list-style-type: none"> Examples of implementation of formal mechanisms used to ensure assessment of learning outcomes for determining student competence reflects the principles of assessment. Examples of assessment statistical data and how it is reviewed and used to improve implementation of assessment. Examples of assessment moderation and validation, including the outcomes. Examples of assessment benchmarking including the outcomes.
5.4	Staff who assess students in the course are suitably experienced, prepared for the role, and hold appropriate qualifications where relevant.	<ul style="list-style-type: none"> Staffing profile for academic staff responsible for assessment of students in the course identifying their: <ul style="list-style-type: none"> academic level of appointment role in assessment of students in the course fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment qualifications and/or experience relevant to their responsibilities relevant registration or certification status, and engagement in further learning related to their role and responsibilities. Details of arrangements to monitor staff who assess students during work-integrated learning.

5.5	Formal mechanisms exist to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors.	<ul style="list-style-type: none"> • Examples of implementation of formal mechanisms used to ensure the learning outcomes and assessment for all work-integrated learning activities are defined and known to both students and supervisors. • Information provided to students and supervisors about work-integrated learning activities and assessment. • Examples of guidance provided to work-integrated learning supervisors on how to use assessment tools to enhance the validity and reliability of their assessments.
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Glossary and Acronyms

In these Course Accreditation Standards, capitalised terms and acronyms have the following meanings:

- **ANZBP** means the board established by the Executive Committee of the ANZCP, under rule 80 of the ANZCP Rules, for the purposes of (amongst other things) Certifying and Re-Certifying Clinical Perfusionists;
- **ANZCP** 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;
- **ANZCP Rules** means the “Rules of The Australian and New Zealand College of Perfusionists Incorporated”*, as approved by the ANZCP on 7th December 2024, or any subsequent superseding document by that name;
- **Business Day** means a day which is not a Saturday or Sunday, or a public holiday in Victoria in Australia;
- **NSQHS** means the National Safety and Quality Health Service;
- **TEQSA** means the Tertiary Education Quality Standards Agency; and
- **WIL** means work integrated learning or clinical placement, being opportunities for students to integrate theory in practice within a workplace setting.