

Resumption of Practice Policy

DEFINITIONS

1. Where a term is defined in Clause 2 of this Policy as having a particular meaning, other parts of speech and grammatical forms of that word or expression have a corresponding meaning.
2. In this the following definitions apply:
 - (a) **ANZBP** means the board established by the Executive Committee of the ANZCP, under rule 80 of the ANZCP Rules;
 - (b) **ANZCP** means the Australian and New Zealand College of Perfusion (also known as The Australian and New Zealand College of Perfusionists) ABN 59 896 655 656;
 - (c) **ANZCP Rules** means the “Rules of The Australian and New Zealand College of Perfusionists Incorporated”*, as approved by the ANZCP on 7th December 2024, or any subsequent superseding document by that name;
 - (d) **Certification** means the process of becoming certified by the ANZCP against the standards described in the Certification Policy;
 - (e) **Certification Policy** means the ANZCP policy of that name*;
 - (f) **Certified Clinical Perfusionist** means a Clinical Perfusionist who is Certified by the ANZCP;
 - (g) **Clinical Perfusionist** means a member of the clinical perfusion profession;
 - (h) **Competency Standards** means the ANZCP Competency Standards* set by the ANZCP for the purpose of determining the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a Clinical Perfusionist and which form the basis for determining competency for the purposes of Certification;
 - (i) **CPD** means continuing professional development as required by the CPD Program*;
 - (j) **CPD Program** means the ANZCP document entitled Continuing Professional Development Program*;
 - (k) **Initial Certification** means the process of becoming Certified for the first time;
 - (l) **Mandatory Declaration** means a declaration made under the Mandatory Declarations Policy*;
 - (m) **Practice** means that Clinical Perfusionist is drawing on their relevant professional skills and knowledge in the course of their work to contribute to safe and effective delivery of services within the profession. Practice is not restricted to the provision of direct clinical care and may also include working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles for example. This work can be of a paid or formal volunteer nature on a full or part time basis.
 - (n) **Re-Certification** means the process of being re-certified by the ANZCP against the standards described in the Certification Policy. This may be for a:
 - i. A Certified Clinical Perfusionist;

- ii. A Clinical Perfusionist who has been Certified before but is not currently Certified;
or
 - iii. A Clinical Perfusionist who is seeking to move from Provisional Certification to become a Certified Clinical Perfusionist.
- (o) **Recency of Practice Policy** means the ANZCP Policy that sets out the minimum Recency of Practice requirements for Certified Clinical Perfusionists.
- (p) **Resumption of Practice Policy** means the ANZCP Policy that sets out the requirements imposed on a Clinical Perfusionist after an extended break of practice, a lapse in Certification, failure to meet Recency of Practice requirements, or any other circumstance where the ANZBP considers structured return-to-practice requirements are necessary.

PURPOSE AND APPLICATION

3. The public and the profession have the right to expect competent and contemporary service performed in line with best practice from all Certified Clinical Perfusionists.
4. This Policy sets out the requirements for Clinical Perfusionists who are seeking to resume Practice or Certification after an extended period away from Practice, a lapse in Certification, or failure to meet Recency of Practice requirements.
5. The purpose of this Policy is to support safe return to Practice by ensuring that Clinical Perfusionists who have not maintained recent Practice or continuous Certification are appropriately assessed, supported, supervised and where required, examined before full Certification is granted or restored.
6. This Policy applies to a Clinical Perfusionist who;
 - a. Was previously Certified by has not been Certified for more than one year;
 - b. Has had an extended break from Practice;
 - c. Is unable to demonstrate compliance with the Recency of Practice Policy
 - d. Is seeking Re-Certification after a period away from the Profession; or
 - e. Is otherwise required by the ANZBP to complete Resumption of Practice requirements
7. The ANZBP will determine the Resumption of Practice requirements that apply to each Clinical Perfusionist, having regard to;
 - a. The length of time since the Clinical Perfusionist was last Certified;
 - b. The length of time since the Clinical Perfusionist last engaged in direct clinical Practice;
 - c. The Clinical Perfusionist's qualifications and experience before the break from Practice or Certification;
 - d. The nature and extent of any professional Practice undertaken during the break;
 - e. Any evidence of ongoing CPD;
 - f. Any evidence of current clinical competence;
 - g. The proposed clinical environment for return to Practice;
 - h. The availability and suitability of supervision and mentoring; and
 - i. Any patient safety or professional conduct concerns.

APPLICATION FOR RESUMPTION OF PRACTICE

8. A Clinical Perfusionist to whom this Policy applies must apply to the ANZCP in writing by contacting admin@anzcp.org and paying the fee required by the ANZCP, as published on its website.
9. The application must include;
 - a. An outline of the applicant's circumstances
 - b. The period of time since the applicant was last Certified;
 - c. The period of time since the applicant last engaged in direct clinical Practice;
 - d. Details of any Practice, CPD, education, research, management, advisory or professional activities undertaken during the break;
 - e. Any supporting evidence requested by the ANZBP
 - f. A Resumption of Practice plan submitted to the ANZBP
10. The Resumption of Practice plan must include:
 - a. The proposed clinical placement arrangement
 - b. Name and role of the proposed clinical supervisor and/or mentor
 - c. The proposed scope of practice during the resumption period
 - d. The frequency and format of clinical supervision and feedback; and
 - e. Expected timeframes of completion.
11. The ANZBP may approve, amend or require further information about a proposed Resumption of Practice plan. An example can be found in Annexure B.
12. The applicant must agree to meet the Resumption of Practice Requirements as set by the ANZBP in a 12 month period, in addition to the CPD required for that same period under the CPD Program; and
13. The applicant must also meet the other standards for Re-Certification, including agreeing to Mandatory Declarations.

PROVISIONAL CERTIFICATION DURING RESUMPTION OF PRACTICE

14. Clinical Perfusionists are classified as Provisionally Certified while they are completing Resumption of Practice Requirements.
15. Provisional Certification may be subject to conditions including but not limited to;
 - a. Direct clinical supervision
 - b. Limits on independent Practice
 - c. Completion of a specified number of supervised cases;
 - d. Completion of specified CPD;
 - e. Participation in a mentoring arrangement;
 - f. Completion of a viva or examination;
 - g. Submission of progress reports; and/or
 - h. Any other requirement reasonable imposed by the ANZBP

16. Provisional Certification does not guarantee full Certification. Full Certification will only be granted where the ANZBP is satisfied that the Clinical Perfusionist has met the applicable Resumption of Practice Requirements and all other requirements for Certification.

RESUMPTION OF PRACTICE REQUIREMENTS

17. Unless otherwise determined by the ANZBP, Resumption of Practice requirements must be completed within a 12-month period
18. The ANZBP may grant an extension where it considers this appropriate, having regard to the Clinical Perfusionist's circumstances, progress, supervision arrangements, patient safety and any other relevant matter
19. Annexure A, sets out the usual minimum Resumption of Practice Requirements. The ANZBP may vary these requirements where appropriate, based on the individuals circumstances.
20. If the Clinical Perfusionist;
 - a. Provides the required evidence to the satisfaction of the ANZBP, and has met all other requirements for Certification (including maintaining recent practice as required by this Policy), they are eligible for Certification; and
 - b. Cannot or does not supply the required evidence, their Provisional Certification will be removed, under the Certification Policy.

SUPPORT DURING RESUMPTION OF PRACTICE

21. The purpose of Resumption of Practice Requirements is not only to assess a Clinical Perfusionist's readiness to return to Practice, but also to provide structured support to assist safe, contemporary and competent return to Practice.
22. Support during Resumption of Practice may include one or more of the following:
 - a. A formal mentoring arrangement
 - b. Clinical supervision
 - c. Workplace orientation
 - d. Staged return to duties
 - e. Completion of additional CPD
 - f. Progress meetings and/or formative feedback from a clinical supervisor, or person approved by the ANZBP

RESPONSIBILITIES DURING RESUMPTION OF PRACTICE

23. The following parties have responsibilities during the Resumption of Practice process;

Party	Responsibilities
Clinical Perfusionist	Responsible for applying for Resumption of Practice, providing accurate information, proposing appropriate support arrangements, completing all requirements, maintaining CPD, keeping case logs and evidence, engaging with feedback, and notifying the ANZBP of any change in employment, supervision, mentoring or capacity to complete requirements.
ANZBP	Responsible for determining the applicable Resumption of Practice Requirements, approving the Resumption of Practice Plan, considering proposed supervisors and mentors, monitoring progress where required, reviewing evidence of completion, determining whether requirements have been met, and making recommendations regarding Certification or Re-Certification.
Clinical Supervisor	Responsible for providing clinical supervision, overseeing supervised cases where required, giving timely feedback, confirming whether the Clinical Perfusionist is practising safely and competently, signing off case logs where appropriate, and notifying the ANZBP of any concerns about competence, safety, professionalism or progression.
Mentor	Responsible for providing structured professional support, meeting with the Clinical Perfusionist as agreed, supporting reflection and professional development, assisting the Clinical Perfusionist to identify learning needs, providing feedback, and notifying the ANZBP of any concerns relevant to safe Practice.
Employer, Head of Department or Clinical Site	Responsible for ensuring that any clinical Practice undertaken during the resumption period occurs in an appropriate environment, that supervision arrangements are feasible and understood, that the Clinical Perfusionist's scope of Practice is appropriate to their provisional status and resumption plan, and that patient safety is maintained.

Annexure A. Resumption of Practice Requirements

The following table sets out the usual minimum Resumption of Practice Requirements. The ANZBP may vary these requirements where appropriate.

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

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

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

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

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

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

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

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

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

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

Annexure B. Resumption of Practice Plan Template

All Clinical Perfusionists completing Resumption of Practice Requirements must have an ANZBP-approved Resumption of Practice Plan that identifies the supports in place, the responsible persons, reporting requirements and evidence for completion.

Name of Clinical Perfusionist	
Date last engaged in direct clinical practice	
Current Employer or Proposed Clinical Site	
Head of Department	
Proposed Clinical Supervisor	
Signature of Clinical Supervisor	
Proposed Mentor	
Signature of Mentor	
Date Plan Submitted to the ANZBP	
Proposed Resumption Period	
ANZBP Approval Date	

Proposed Return to Practice	
Proposed clinical role or duties during resumption period	
Any limits on independent Practice	
Proposed case types or clinical activities	
Any duties, procedures or case types to be excluded during this period	
Expected timeframe for completion	
Any relevant workplace considerations	
Proposed clinical role or duties during resumption period	

Supports in place: (mentoring, supervision, orientation, staged return, etc)