



Training Process Guide

Taking on a trainee is an important investment in the future perfusion workforce. For units doing this for the first time, the pathway can initially appear complex because it involves the employing hospital, the Australian and New Zealand Board of Perfusion (ANZBP), and Monash University.

In practice, the process can be broken into a series of manageable steps.

The pathway is:

1. Training Site Accreditation
2. Supervisor Approval
3. Advertise and Recruitment – ensuring Monash eligibility
4. ANZBP Trainee Registration
5. Monash Application/Enrolment
6. Clinical Training and Milestone Submissions
7. Certification

This guide provides an overview of each stage and the responsibilities of the training unit, supervisors and trainee. Current ANZBP policies and Monash University requirements always take precedence where requirements change.

1. TRAINING SITE ACCREDITATION

Before appointing a trainee, the perfusion service must be accredited by the ANZBP as a Local Training Unit. Accreditation is designed to ensure that the trainee will have sufficient clinical exposure, appropriate supervision and a safe, sustainable learning environment.

Key training-site requirements are outlined in the Training Accreditation Policy

A prospective training unit should ordinarily have:

- an established perfusion/open-heart surgery service with at least 24 months of experience
- sufficient cardiopulmonary bypass case volume and case mix
- adequate perfusion staffing and rostering to provide supervision without compromising clinical service delivery
- access to ANZBP-approved supervisors
- appropriately maintained perfusion equipment
- current CPB protocols and emergency procedures
- incident reporting, escalation and clinical governance systems
- organisational support for the trainee's clinical and academic development
- capacity to support attendance at required academic activities, workshops and ANZBP examinations.

The unit completes the ANZBP Local Training Unit Accreditation Application.





The application asks the unit to describe its:

- perfusion service and maturity
- annual CPB workload
- case mix
- number of proposed trainees
- staffing and supervision capacity
- equipment and protocols
- governance and emergency arrangements
- support for academic participation
- proposed supervision arrangements.

The unit must also develop a documented supervision plan describing:

- expected clinical exposure
- progression in case complexity
- supervision arrangements
- review points
- escalation processes
- any limitations or conditions applicable to the trainee.

Organisational support

- Supporting documentation is required from appropriate institutional stakeholders. The current accreditation application includes support from the:
 - Head of Perfusion
 - authorised hospital/executive representative
 - Head of Cardiothoracic Surgery or appropriate senior surgical representative.
- This demonstrates that employing and educating the trainee is supported by the broader organisation rather than being solely the responsibility of the individual perfusion supervisor.

Training-unit accreditation is currently subject to ongoing monitoring and is ordinarily renewed every three years.

2. SUPERVISOR APPROVAL

Training-site accreditation and supervisor approval work together.

A unit requires a nominated Lead Supervisor as well as sufficient Clinical Supervisors to safely provide day-to-day supervision.

Lead Supervisor:

- The Lead Supervisor has overarching responsibility for the trainee's:
 - supervision plan
 - clinical progression
 - evaluations and feedback
 - escalation of concerns
 - liaison with the ANZBP and Monash University





- The current policy requires the Lead Supervisor to hold current CCP (ANZ) or OTP (ANZ) certification and ordinarily have at least five years of relevant post-certification experience.
- The lead supervisor is not necessarily required to be the most senior or chief perfusionist, and where possible, it is advised this role is given to a clinical supervisor who is passionate in education and will provide longitudinal support across the training program.

Clinical Supervisor:

- Clinical Supervisors provide day-to-day supervision of the trainee.
- The current policy ordinarily requires a Clinical Supervisor to hold current CCP (ANZ) or OTP (ANZ) certification and have at least two years of post-qualification experience.

Only ANZBP-approved supervisors can provide recognised supervision within the local training pathway.

Supervisor applications should be submitted with the training-site accreditation application where required, and can be submitted via the [Supervisor Application](#)

3. **ADVERTISING AND RECRUITMENT OF A TRAINEE**

Once the unit is confident that it can meet the training requirements, recruitment can commence.

The Australian and New Zealand pathway is a work-integrated training model requiring concurrent employment and academic study.

What should be included in the advertisement?

- A trainee advertisement should clearly identify the position as a Trainee Clinical Perfusionist
- It is useful to explain that the successful applicant will be expected to:
 - undertake supervised clinical perfusion training
 - register as a trainee with the ANZBP
 - meet the admission requirements for the Monash University Master of Cardiovascular Perfusion
 - enrol in and successfully complete the academic program concurrently with clinical training
- The position should provide at least the minimum employment commitment required for training. The current ANZBP and Monash requirements specify a minimum of three days per week in an approved clinical training environment for the duration of the program.

Checking academic eligibility

- Units should encourage applicants to check their eligibility for the Monash program before appointment.
- For the current entry-level trainee pathway, Monash requires an Australian bachelor's degree or equivalent in a relevant area with at least a 60 WAM, together with prerequisite study including:
 - human anatomy
 - human physiology
 - physics
 - chemistry.





- Applicants must also satisfy Monash University's English language and other admission requirements including Australian or New Zealand citizenship or permanent residency requirements.
- Meeting the ANZBP training requirements or being appointed to a trainee position does not automatically guarantee admission to Monash University. Final admission decisions remain with the University.

What to look for in a prospective candidate:

- A successful candidate does not need to arrive with any prior knowledge about cardiac surgery or perfusion.
- The aim is to identify someone with the underlying academic ability, professional behaviours and capacity to develop into a safe clinical perfusionist.
- Some qualities that may be helpful in a prospective trainee include:
 - good organisation and attention to detail
 - ability to manage competing priorities
 - clear communication and teamwork
 - adaptability in changing clinical situations
 - problem-solving and situational awareness
 - openness to feedback and ongoing learning
 - reliability and professionalism
 - capacity to balance clinical training with postgraduate study
- Feedback from current supervisors often relays that experience working in a healthcare setting may make the transition into perfusion much smoother. Skills such as situational awareness, working under pressure, communicating within a MDT and the ability to prioritise and multitask are difficult to assess during an interview.
 - Current Trainee backgrounds include: Autotransfusion, Paramedicine, Cardiac Physiology, Echocardiography, Blood Bank/Pathology, Biomedical Engineering, Medical Scientists, Respiratory Physiologists, Exercise Physiologists and Critical Care Nursing.

Timing for recruitment

- Based on feedback from two previous cohorts, where possible it is recommended that recruitment and start dates occur 2 – 6 months prior to the academic start date.
- This allows for onboarding and local orientation before the academic component commences.
- There are considerable practice components in the Monash program (e.g. Priming a circuit as an assessment task).

4. ANZBP TRAINEE REGISTRATION AND MONASH APPLICATION

After the successful applicant has formally secured their trainee position, there are several important administrative steps.

Step 1 - Register the trainee with the ANZBP

- The trainee completes the [ANZBP Trainee Registration Form](#).
- Current registration requirements include certified copies of:
 - proof of identity
 - degree qualification





- academic transcript.
- The trainee must be employed in an appropriate trainee position at an ANZBP-approved training unit before completing trainee registration.

Step 2 – Apply to Monash University

- The trainee completes the formal application for the Master of Cardiovascular Perfusion – M6050. They can do this earlier when shortlisted for interview if needed a conditional offer for recruitment.
- The program is undertaken concurrently with the clinical traineeship. Continued enrolment depends upon the trainee maintaining suitable clinical perfusion employment in an ANZBP-accredited training environment

Step 3 - ANZBP confirms the training arrangement

- The ANZBP confirms that the trainee is:
 - employed at an accredited training institution
 - registered in the local trainee pathway
 - training under appropriate approved supervision.
- This is important because Monash currently requires written verification from the ANZBP as part of the admission process for the trainee pathway. This progresses a trainee's Monash application from conditional to a formal offer of enrolment.

5. CLINICAL TRAINING AND MILESTONES SUBMISSIONS

The [Clinical Supervision Policy](#) requires trainees to be appropriately orientated to the:

- clinical environment
- perfusion equipment
- local protocols
- emergency procedures
- escalation pathways
- expectations of the trainee-supervisor relationship.

Training should then progress according to the trainee's demonstrated competence, experience and the complexity of the clinical case.

Direct supervision

- For the trainee's first 125 clinical cases, the supervising perfusionist must provide direct supervision.
- Direct supervision means the supervisor is physically present in the room while the trainee is performing the clinical functions.

After 125 cases: Indirect Supervision

- Reaching 125 cases does not automatically mean the trainee becomes indirectly supervised.
- Indirect supervision may only commence when the Approved Lead Supervisor considers the trainee ready based upon demonstrated:
 - Competence
 - Judgement



- Reliability
 - Professionalism
 - safe clinical performance.
- Under indirect supervision, the supervisor must remain:
 - on-site
 - immediately available
 - able to attend when required
 - free from simultaneous responsibility for another procedure.

A trainee must not be rostered to provide unsupervised on-call perfusion practice.

20 Case Milestones: Structured Feedback and Progress Review

- At each 20-case milestone, the trainee and supervisor should undertake a formal, structured feedback meeting of approximately 30 minutes.
 - 20 → 40 → 60 → 80 → 100 → 120 → 140 → 160 → 180 → 200 cases
 - These forms are available on the [ANZBP Trainee Submission Portal](#)
- The meeting provides a dedicated opportunity to review the trainee's progress, discuss performance, identify development priorities and agree on goals for the next stage of training.
- The discussion should be informed by the feedback framework and EPA assessment matrix available in the [Clinical Trainee Guidelines](#) and may include:
 - trainee self-reflection
 - supervisor feedback and observations
 - review of EPA progression and level of entrustment
 - breadth and complexity of recent case exposure
 - strengths and areas for development
 - any gaps requiring additional clinical exposure or support
 - agreed goals for the next 20 cases.
- Each review should build on the previous meeting, creating a continuous feedback loop:
 - Review performance → Discuss feedback → Agree priorities → Set goals → Apply in practice → Review at the next milestone
- Following the meeting, the required Case Evaluation/Reflection and updated Clinical Case Logbook should be completed and submitted through the [ANZBP Trainee Submission Portal](#).

Other Clinical Training Requirements

- In addition to completing the required case logbook, current trainees must complete 200 supervised CPB cases.
- Trainees must also complete clinical observations outside their usual training exposure.
- The current requirement is 15 observations, comprising:
 - 10 observations in the alternate patient population — for example, paediatric cases for someone training in an adult centre, or adult cases for someone primarily training paediatrics
 - 5 additional observations at another training unit/site.



- Observation documentation should be submitted through the [ANZBP Trainee Submission Portal](#) following completion.
- Trainees are also currently required to undertake and present a research project at the ANZCP Annual Scientific Meeting as part of the pathway toward certification.

Supporting the Training and Academic Program

- Clinical training and university education occur concurrently.
- Academic program
 - Typically 2 semesters per year as per the Monash calendar
 - Semester 1 – March to May
 - Semester 2 – July to October
- Training units should therefore anticipate that trainees require protected opportunities to participate in:
 - Monash teaching and tutorials
 - academic assessments
 - required workshops
 - study activities
 - ANZBP examinations
 - other compulsory educational activities.
- The accreditation process specifically asks units to demonstrate how they will support these requirements.
- The ANZBP trainee portal currently describes a minimum commitment of three days per week within the clinical training environment and notes an expectation of dedicated non-clinical/study time within the training arrangement.
 - Recommendation: least 1 day per week is ideal, which may be split up as 2 half days per week
- Units should discuss expectations around university fees, examination expenses, conference attendance, travel and study support with the trainee before appointment, including which expenses will be met by the employer and which remain the trainee's responsibility.



Quick Checklist for a Unit Considering a Trainee

1. Before advertising

- ☐ Read the ANZBP Training Accreditation Policy
- ☐ Read the ANZBP Clinical Supervision Policy
- ☐ Confirm adequate annual CPB workload and case mix
- ☐ Confirm staffing and rostering capacity
- ☐ Identify proposed Lead Supervisor
- ☐ Identify Clinical Supervisors
- ☐ Obtain organisational support
- ☐ Prepare supervision plan
- ☐ Apply for ANZBP training-site accreditation
- ☐ Submit supervisor applications

2. Recruitment

- ☐ Advertise Trainee Clinical Perfusionist position
- ☐ Explain concurrent ANZBP and Monash requirements
- ☐ Encourage candidates to check Monash prerequisites
- ☐ Discuss employment duration and minimum weekly commitment
- ☐ Clarify educational/study support and financial arrangements

3. Once the trainee is appointed

- ☐ Complete ANZBP trainee registration
- ☐ Submit required certified qualification documentation
- ☐ Confirm approved supervisors and supervision plan
- ☐ Obtain ANZBP verification for Monash
- ☐ Trainee applies/enrols in the Master of Cardiovascular Perfusion
- ☐ Complete local orientation
- ☐ Establish expectations for clinical feedback and 20-case reviews

4. During training

- ☐ Maintain appropriate supervision
- ☐ Upload Case Evaluation/Reflection every 20 cases
- ☐ Upload updated Logbook every 20 cases
- ☐ Review learning goals every 20 cases
- ☐ Complete required external/alternate population observations
- ☐ Support academic and workshop attendance
- ☐ Support research/ASM requirement
- ☐ Review supervision arrangements at 125 cases
- ☐ Notify the ANZBP of significant changes to employment, supervision, staffing or training environment.

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