

SUBMISSION TO THE HEALTH COMMITTEE

ON

THE HEALTH PRACTITIONERS
QUALITY ASSURANCE BILL

This submission is made on behalf of the
Clinical Perfusionists of New Zealand
by the
Australasian Society of Cardio-Vascular Perfusionists Inc.
(ASCVP)

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Delegates of the Society wish to appear before the committee to present our case.

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Since the role of perfusionists can be difficult to understand we wish to show a short video. This will show some members of our profession performing some of their duties. We believe this will make an eloquent argument for the case and negate the need for many words.

The purpose of this submission is two fold.

1)

To demonstrate to the Committee that Clinical Perfusionists are Health Practitioners that require registration under the Bill.

2)

To demonstrate to the Committee that the Australasian Society of Cardio-Vascular Perfusionists is the appropriate body to appoint as the Registration Authority for Clinical Perfusionists.

Cardio-Vascular Perfusionists, Clinical Perfusionists or Perfusionist are all titles used in reference to members of the profession.

By reason of the highly specialised nature of the work and the small number of qualified perfusionists (a mere twenty-three in N.Z. and ninety five in Australia) it is reasonable to assume that few people within the Ministry of Health are aware of our role.

This submission is supported by an attached document to further explain the purpose of the Australasian Society of Cardio-Vascular Perfusionists. This may help committee members to better understand the role of the perfusionist within the health system and help them recognise the need to include them as Registered Health Practitioners under this legislation.

1) The argument that Clinical Perfusionists should be Registered.

Clinical Perfusionists who are responsible for operating the heart-lung machine during cardiac surgery arguably have the greatest interventionist role, and carry the greatest clinical responsibility, of all non-medically qualified health professionals.

Cardiopulmonary Bypass has been used to enable cardiac surgeons to operate in a field with the heart isolated and empty of blood since its first successful clinical application, in the USA, by John Gibbon in 1953. Cardiopulmonary bypass now involves the use of complex specialist machinery and equipment. During cardiopulmonary bypass the patient's venous blood is continuously drawn from the body through an extra-corporeal circuit (commonly known as the heart-lung machine) designed to bypass the heart and lungs. This bypass circuit includes an oxygenator, which acts as an artificial lung, and mechanical pumps to propel blood in place of the heart. The machine has sophisticated electronic control systems and monitoring devices. Following gas exchange within the oxygenator, the oxygen rich blood is pumped back into the circulation beyond the heart, thus bypassing the natural heart and lungs. The heart-lung machine therefore constitutes a life support device during cardiac surgery. The heart-lung machine is assembled, operated and monitored at all times by a qualified clinical perfusionist. Clinical perfusionists perform other similarly specialised roles, including being responsible for and operating longer-term life supporting equipment. These include both lung and heart assist devices used in theatre and the Intensive Care Unit.

The governing body for clinical perfusionists in New Zealand is the Australasian Society of Cardio-Vascular Perfusionists Inc. All clinical perfusionists currently practicing in New Zealand are certified by the Australasian Board of Cardiovascular Perfusionists Inc., which is the education/credentialing arm of the Society, or by a recognised perfusion credentialing authority (USA, UK, or European Boards of perfusion). Clinical perfusionists in the UK and Ireland, South Africa and most states of the USA are registered or licensed.

Clinical perfusionists practicing in New Zealand and Australia are not currently registered.

The Australasian Society of Cardio-Vascular Perfusionists is a body formed in 1985 with the following objectives.

- 1) To provide standards of care throughout Australia and New Zealand.
- 2) To provide a means of communication between clinical perfusionists.
- 3) To provide a regulatory body to uphold the recommendations and standards of care in the field of perfusion.
- 4) To achieve registration or licensure of appropriately qualified practicing clinical perfusionists.

Part 4) clearly indicates that the ASCVP fully supports this legislation for the registration and certification of health practitioners.

(For further information on the ASCVP, please see the attachment)

Since clinical perfusionists perform a major interventional role in patient care, with potential to harm or cause death, the ASCVP proposes that perfusionists be designated an appropriate profession to become registered and therefore included under clause 112 of the Bill.

2) The argument that the Australasian Society be appointed as the designated Authority to control all aspects of Clinical Perfusion.

The ASCVP has developed a system of education and accreditation for its members. In 1989 the ASCVP along with the Royal Australasian College of Surgeons and the Australian and New Zealand College of Anaesthetists created the Australasian Board of Cardiovascular Perfusion (ABCP). The ABCP manages the education, examination, certification and recertification of perfusionists in Australasia. The ASCVP has promulgated recommended standards of practice for clinical perfusionists and the ABCP has established a code of ethics.

The ABCP runs a structured, distance learning, postgraduate, course in all areas required for a clinical perfusionist to become a knowledgeable, skilled and safe professional. The course covers anatomy, pathology, physiology, pharmacology, physics and chemistry, biomedical electronics, instrumentation and measurement, perfusion technology, perfusion techniques and their application, perfusion equipment, general procedural knowledge, management and quality control. (Please see attachment)

The ASCVP has provision written into the constitution to censure members in accordance with its stated purpose “ To provide a regulatory body to uphold the recommendations and standards of care in the field of perfusion.”

The ASCVP recognises that, as a result of the new legislation, appropriate changes within the organisation may be required to comply with the Bill. The ASCVP undertakes to fulfil all requirements.

Since there is a system in place for education and certification of perfusionists and given the well established role of the ASCVP and ABCP, we propose that the Australasian Society of Cardiovascular Perfusion Inc. become the Regulatory Authority required under the Bill.

(All New Zealand based Clinical Perfusionists have been informed of the submission process by the ASCVP on their behalf and have indicated unanimous support.)