



Australasian Society of Cardio~Vascular Perfusionists Incorporated

PATRON; SIR BRIAN BARRATT-BOYES KBE, ChM., FRACS, FACS (Hon), FRSNZ, FRCS (Hon.) DSc. (Hon.)

8 November 2005

Health Workforce Study
(Attention: Ms Jill Irvine)
Productivity Commission
PO Box 80
Belconnen ACT 2616

Submission in response to the Position Paper on Australia's Health Workforce

1. As President of the Australasian Society of Cardio-Vascular Perfusionists, I would like to commend the Productivity Commission for their work in producing this Position Paper and in particular for recognising the professional role of Clinical Perfusionists.
2. The Society believes that the Australian Federal and State Governments have a special duty of care to ensure that an appropriate level of training, qualifications and standards of practice are in place particularly for those health professionals, including perfusionists, where a failure or misadventure in the course of their every-day duties, could cause injury, disability or death to a patient.
3. The "unregistered" status of Clinical Perfusionists in Australia is a source of some disquiet amongst members of our Society and four years ago we began to look into ways and means of rectifying this situation. We soon discovered that there did not appear to be a clear or accessible pathway for applying for government registration of a relatively small group of health professionals like ours.
4. Therefore, in 2003, the Society decided to invest members' funds to engage professional help to find points of contact in appropriate Federal and State Government departments. As a result of this, we made contact with the Australian Council for Safety and Quality in Health Care and, on its advice, made a detailed Submission to AHMAC, dated 5 May 2004, seeking government registration. We understand that this Submission is currently under consideration by a sub-committee of AHMAC.
5. A somewhat frustrating aspect of this process has been that, although officers in the government departments seemed to agree that inadequately trained or accredited perfusionists would pose a safety risk to cardiac patients, we encountered a reluctance to take action on our proposals for registration, apparently based on a belief that the number

of Clinical Perfusionists practising in Australia (there are 91 on the register currently being maintained by the Society) is insufficient to justify the costs involved in establishing and maintaining State/Territory Registers.

6. However we contend that the small size of a group of health professionals is not related to the level of risk to which patients are exposed and should not determine the registration issue. We have also pointed out that a fatality has already occurred overseas, where the Coroner attributed a patient's death to the conduct of an inadequately trained, unregistered perfusionist.

7. With these legal aspects in mind, we fully support the statement on page 89 of the Position Paper, that "*registration gives professionals the legal right to practise*".

8. Our currently preferred model for the government registration of Clinical Perfusionists is for a single national register, managed, under a formal delegation from the Federal Government, by the Society (ASCVP).

9. We also fully support the Draft Proposal 6.1, that a *single national accreditation agency be formed to oversee the accreditation and registration of health professionals*, including small groups, such as perfusionists, who have a responsibility for the safety of patients in open-heart surgery.

10. However the Society is concerned about a sentence in the Position Paper, which is underlined in the following extract from page 109:

"The Australasian Society of Cardio Vascular Perfusionists and the Australasian College of Surgeons recommend that cardiopulmonary bypass may only be conducted by specialists who have undergone recognised training and certification in perfusion practice. In this instance, the case for registration maybe less pressing, as the responsibility for quality and safety has already been accepted by the surgeon."

11. As regards responsibility, the above statement implies that the surgeon has, in some way, relieved other members of the surgical team from bearing any individual responsibility for the patient's life and safety. Our understanding is that this is not, legally, the case. We have a legal advice that the person operating the Heart-Lung Bypass Machine in theatre is fully responsible for its correct operation.

12. We would contend therefore that, although the cardiac surgeon has overall responsibility for the conduct of the operation and will from time to time give directions to members of the surgical team, including the anaesthetist and the perfusionist, these members of the team will continue to bear some degree of responsibility for the safety and life of the patient.

13. With regard to the proposition in the Position Paper (quoted in paragraph 9 above), that the case for the government registration of clinical perfusionists "*may be less*

pressing”, we contend that in reality our case for registration is pressing and urgent - on two grounds: (1) that the perfusionist bears a significant level of responsibility for the safety of the patient during open-heart surgery, and (2) that, as stated in the Position Paper, “*registration gives professionals the legal right to practise*”.

14. We regard this point about the legal right to practise as a very important one and we believe that, on the grounds of consistency, the Federal Government should require Clinical Perfusionists to be formally accredited and registered to practise - as it already does in the case of other health professionals involved in cardiac surgery, including surgeons, anaesthetists, intensivists, nurses and physiotherapists.

Summary and conclusion

15. The Society is in broad agreement with the recommendations in Chapters 6 and 7 of the Position Paper concerning the accreditation and registration of health professionals. Specifically, the Society would urge the Australian Government to take urgent action to arrange for the accreditation and registration of Clinical Perfusionists, despite the comparatively small number of health professionals involved.

16. We would recommend a model for registration based, as far as practicable, on the Society’s existing register of diploma-qualified Clinical Perfusionists and the Society’s existing Australasian Board of Cardiovascular Perfusion (ABCP), which currently supervises (with support from the Colleges of Surgeons and Anaesthetists) a two-year, post-graduate training course in perfusion, and awards the Australasian Diploma of Perfusion. From March 2006 an on-line Masters Degree in Perfusion will be conducted through Swinburne University, in conjunction with the ABCP.

17. We recommend further, that consideration be given to the concept of a National Register of Clinical Perfusionists, with management of the register, as a form of self-regulation, formally delegated by the Federal Government to the Society (ASCVP).

18. I am forwarding this submission, on behalf of the members of our Society, for the favourable consideration of the Productivity Commission and remain

Yours truly,



Darryl McMillan
ASCVP President