



# 2023 ANNUAL REPORT

## REFERENCE SHEET

555 E. Wells Street, Suite 1100

Milwaukee, Wisconsin 53202

### COMPUTER-BASED TESTING

Both the *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* are administered in Testing Centers as computer-based examinations. Computer-Based Testing (CBT) allows candidates to take their certification examinations in a computer center in or near their home cities and offers a more secure and convenient examination environment.

In 2022, the ABCP changed the company that administers the ABCP examinations. The ABCP uses Professional Testing (PTI) to administer the PBSE and CAPE examinations. The change in examination centers has many benefits including an immediate return of preliminary examination results to the examinees.

The application and registration process did not change with the new testing company. As in the past, when the application process is completed and the examinees have been cleared for examination by the ABCP National Office, they log into the PTI website to reserve a location and time for taking their examinations. The ABCP works closely with the testing company to schedule examinations at times that the test centers are not experiencing heavy traffic. It is imperative, however, that examinees understand that they must reserve their test site seat and time as early as possible. This helps ensure that examinees take the test at the time and in the location of their choosing.

Although the PTI platform is similar to the previous Prometric platform, it does offer more assistance by allowing the National Office staff to find locations for test-takers by zip codes. If examinees are unable to find a location, they can call the National Office for assistance in finding a convenient testing center.

Computer-Based Testing works to the strong advantage of the examinees, as it minimizes travel and time requirements as compared to the traditional mode of testing. For each examination, the PBSE and the CAPE, there are five days scheduled for examination. Once the National Office validates their application materials and they are cleared for examination, examinees may pick any day in that window and choose which examination they wish to take first. The examinations are given twice annually, in the spring and in the fall.

### ONLINE FILING

The recertification ABCP Online Filing System (OFS) was used for the 21<sup>st</sup> year for the 2023 recertification process. The ABCP requires all CCPs to file annual recertification reports into the OFS.

In response to input from CCPs, the ABCP has transitioned to a new OFS in order to streamline the reporting process. The OFS is being updated to be available on any online platform. Additionally, the OFS will have the capability of harvesting essential recertification clinical data that will assist the ABCP in evaluating the needs of CCPs and identifying clinical trends in perfusion. The ABCP appreciates your patience with the transition to the new OFS.

The National Office will be glad to offer assistance to anyone having questions about using the new Online Filing System.

### RECERTIFICATION

#### Clinical Activity

A Certified Clinical Perfusionist (CCP) is required to perform a minimum of 40 clinical activities annually. Of the 40 clinical activities, a minimum of 25 activities must be documented from Table A as Primary Clinical Perfusion Activities (PCPA). Clinical case credit is only given to the perfusionist who is considered the primary perfusionist in a primary clinical perfusion activity. A primary perfusionist is defined as the perfusionist who is responsible for the conduct of perfusion for 60% of the case and whom the hospital/institution recognizes as the primary perfusionist. Only one perfusionist may submit for primary perfusionist per clinical case.

If a CCP is unable to obtain 40 primary clinical perfusion activities, a maximum of 15 activities may be documented from Table B as Secondary Clinical Perfusion Activities (SCPA) and will count towards the 40-case requirement. Only one SCPA case credit will be allowed during the conduction of one perfusion procedure.

The CCP must be documented at the institution as a member of the patient care team for that period, and a physician name must accompany the case in the Clinical Activity Report.

All clinical cases must be performed on human patients and documentable in an audit. Clinical activities and core elements of the clinical activity are defined in Tables A and Table B.

In 2023, there were changes made to Tables A and B recertification charts. Please review the following pages for all updates.

**Table A – Primary Clinical Perfusion Activities (PCPA)**

Primary Clinical Perfusion Activities (PCPA)	Clinical Definition	Core Elements
<p>1P Cardiopulmonary Bypass (CPB), Primary</p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine, used during cardiac surgery and other surgeries that require extracorporeal circulation, used to manage the patient's physiological status</p>	<p>Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring. Multiple pump runs per one OR visit equal 1 primary case credit.</p>
<p>2P Instructor CPB Bypass, Primary  <b>(Not eligible for PBSE or CAPE examination cases.)</b></p>	<p>A Certified Clinical Perfusionist (CCP) who serves as a clinical instructor to a student enrolled in an accredited perfusion program during primary clinical perfusion activities that require extracorporeal circulation, used to manage the patient's physiological status.</p>	<p>Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/ lab value monitoring. Primary clinical perfusion activities (PCPA) performed as clinical instructor in an accredited program are considered a primary perfusion activity and will receive full case credit. During clinical instruction in which the student is operating extracorporeal circulation equipment, there must be direct one-to-one supervision by the clinical instructor. Students may also receive credit toward certification eligibility for the same case.</p>
<p>3P Extra-Corporeal Membrane Oxygenation (ECMO), Primary</p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of Extra-Corporeal Membrane Oxygenation (ECMO) circuit that provides life support for respiratory and/or cardiac failure. The CCP must be documented at the institution as a member of the patient care team for that period and a physician name must accompany the case in the Clinical Activity Report.</p>	<p>Extracorporeal circuit, oxygenator, heat exchanger used accordingly with hemodynamic/lab value monitoring. For each ECMO case, one case credit per 24 hours will be awarded for initiating and bedside managing ECMO (4-hour minimum) or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple ECMO patients in this time period.</p>
<p>4P Normothermic Regional Perfusion (NRP), Ex Vivo Organ Perfusion, Primary  <b>(Not eligible for PBSE examination cases.)</b></p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of an (1) extracorporeal device/system used during organ recovery that require extracorporeal circulation, used to manage the patient's physiological status or of an (2) extracorporeal device, including an oxygenator/de-oxygenator and pump, used to manage the physiologic state of isolated and separated human organs from the body, for potential transplant opportunities.</p>	<p>Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring. No simultaneous credit will be awarded for managing multiple organs.</p>
<p>5P Veno-Venous or Left Heart Bypass, Isolated Limb, Primary  <b>(Not eligible for PBSE examination cases.)</b></p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of an extracorporeal device used to perfuse specific vascular regions within the circulatory system or recirculate venous blood for purposes such as clot/tissue removal. the primary operator of an extracorporeal device used to deliver anticancer drugs directly to an arm, leg, or organ and manages the patient's physiological status.</p>	<p>Blood pump, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.</p>
<p>6P Ventricular Assist Device (VAD), Primary</p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart.</p>	<p>For each VAD case, one case credit per 24 hours will be awarded for initiating and managing VAD or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple VAD patients in this time period.</p>

**Table B – Secondary Clinical Perfusion Activities (SCPA)**

Secondary Clinical Perfusion Activities (SCPA)	Clinical Definition	Core Elements
1S  CPB, First Assistant	The “CPB First Assistant” is the Certified Clinical Perfusionist (CCP) whom the hospital/institution recognizes as the assistant to the primary perfusionist during the conduction of perfusion.	The “CPB First Assistant” must be documented within the operating suite and actively assisting during the operative case. Multiple First Assistant credits will not be allowed on concurrent operative procedures. Multiple pump runs per one OR visit equal one secondary case credit.
2S  Cardiopulmonary Bypass (CPB) Standby Procedures, and Extracorporeal Membrane Oxygenation (ECMO) Standby Procedures	A Certified Clinical Perfusionist (CCP) who is the primary standby operator of the CPB machine which is used during cardiac surgeries that may require extracorporeal circulation to manage the patient's physiological status, or is the primary standby operator of the Extracorporeal Membrane Oxygenator (ECMO) that provides life support for respiratory and/or cardiac failure.	Any procedure that may require immediate and onsite extracorporeal circulatory support. Standby procedures must be documented, requested by the attending physician, and verifiable in an audit.
3S  Intraperitoneal Hyperthermic Chemoperfusion or Intrapleural Hyperthermic Chemoperfusion (HIPEC)	A Certified Clinical Perfusionist (CCP) who is the primary operator of an intraperitoneal or intrapleural device.	A device with pump flow, circulation, temperature, monitoring, and regulation of chemotherapeutic fluids within abdominal or thoracic cavity for periods exceeding 30 minutes. Syringe infusion devices will not be counted as a SCPA.
4S  First Assistant; Ex Vivo, Normothermic Regional Perfusion (NRP)	A Certified Clinical Perfusionist (CCP) who is the secondary operator of an extracorporeal device/system (1) used to manage the physiologic state of isolated and separated human organs from the body, for potential transplant opportunities (2) used to manage the patient physiological status.	Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring. No simultaneous credit will be awarded for managing multiple organs.
5S  High Fidelity Perfusion Simulation (HFPS)	A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine or ECMO circuit, used to manage physical and physiological variables during simulated perfusion scenarios taking place at an ABCP-recognized HFPS center. HFPS is the use of simulation modalities or mechanisms to create a realistic patient model or perfusion situation.	HFPS must be an interactive process facilitated by a CCP using standardized medical simulation devices that integrate realistic perfusion events experienced during CPB procedures in a realistic surgical setting using a conventional heart-lung machine or ECMO circuit. Each HFPS or series of HFPS must have an education/briefing, simulation, and debriefing. The simulation/simulation series length must be no less than 50 minutes of active simulation activity. One case credit is awarded for each HFPS activity that meets or exceeds these guidelines. Each HFPS must include and retain a participant evaluation form.

## Professional Activity

There were no changes to Professional Activity requirements in 2023. A summary of professional activity requirements may be found in the following charts.

Maximum CEUs Per Activity	Activity	Documentation	Maximum CEUs In 3-Year Period
	<b>CATEGORY I – ABCP Approved Perfusion Meetings and Related Activity</b> <b>[A minimum of 15 CEUs must be from this category]</b> <i>Perfusion meetings are those programs and seminars in which a minimum of 75% of the contact hours consists of perfusion or relevant cardiac surgery related material.</i>		
No maximum	Attendance at an ABCP approved Perfusion-related Meeting; Live, Interactive Webcast or Webinar (independent of an on-site meeting) approved by the ABCP	An official document from the meeting sponsor documenting attendance and the number of CEUs received	None
5	Authors listed in a publication of Perfusion-Related Book Chapter, or Article in Professional Journal (Society newsletters and correspondences are not included)	Complete reference of book or article (authors, title, journal, and date/volume of journal)	10
5	Presentation of a Talk at an ABCP-approved perfusion-related meeting; Presentation of a Talk during a Live, Interactive Webcast or Webinar approved by the ABCP	Copy of program agenda	10
2	Editorial Review of Perfusion Journal Articles; Presentation of a Poster or Other Exhibit at an ABCP approved perfusion-related meeting (Presenter(s) must be present for discussion during poster session)	Complete reference of journal article (authors, title, journal, and date/volume of journal)	6
5	Participation in ABCP Knowledge Base Survey	Documentation will be kept by the ABCP	5
No maximum	High Fidelity Perfusion Simulation (HFPS) event that is associated with an approved Category I meeting	Approved Perfusion Meeting, Live, Interactive Webinars, and non-case credit Simulation Activities: An official document from the activity sponsor documenting attendance and the number of CEUs received	None
3 (per year)	Serving as Clinical Instructor in an Accredited Perfusion Training Program	Clinical instructors in accredited programs must provide a letter of confirmation of their status from the Program Director	9
No maximum	Completion of ABCP approved Self-Directed Continuing Education material. Self-Directed Continuing Education (SDCE) is defined as individual participation in previously recorded electronic or written educational material as an individual, without the ability to interact with other participants or a moderator. This activity may be either online or in written format. Participant must take the required post-test and achieve a minimum score of 80% to receive credit.	An official document from the sponsor documenting successful completion of post-test on ABCP approved material and number of CEUs awarded. See information on <b>Page 26</b> of the Booklet of Information.	10
	<b>CATEGORY II – (Assigned per Non-Approved Perfusion Meetings Meeting) and Other Medical Meetings</b>		
15	Perfusion-related meeting or medical meeting NOT approved by the ABCP	A certificate of attendance issued by a professional organization that states the CEUs awarded; or A record of attendance	None
5	All Other Medical Meetings (Hospital-based Grand Rounds, In-services, M&M, Cath Conferences, etc.)	See above	10
5	Medical meeting or perfusion-related meeting not accessible to all perfusionists or manufacturer-specific or company sponsored educational events	See above	10

10	Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS)	See above	15
<b>CATEGORY III -- Individual Educational And Other Self-Study Activities</b> <i>Credit in Category III is acquired on an hour-for-hour basis of the time spent in these non-approved or non-supervised activities.</i>			
1 (per activity)	Reading Scientific Journals Use of Audiovisual Devices/ Podcasts/Additional SDCEs Participation in Electronic Forums; Podcasts; a Journal Club Participation in degree oriented, professionally related coursework Self-Learning Activities Self-Study modules Basic Life Support (BLS) training	All activities will require an official record of completion or written summary of the activity with s completion date.	15
1 (per activity)	Presentation at non-approved meeting	Copy of program agenda	3
1 (per contact hr.)	Serving as a Didactic Instructor in an Accredited Perfusion Training Program	Didactic instructors in accredited programs must provide a letter of confirmation of their status from the Program Director; course title and contact hours must be documented by the Program Director	6
5 (per activity)	Participation as an AC-PE Site Visitor	Documentation of date, site visited, and attendees	10
1 (per activity)	Membership in a professional perfusion organization at the international, national, or state level	Documentation of membership in a professional perfusion organization will be required for the period reported	3
1 (per contact hr.)	Simulation activities not occurring at an approved Category I meeting	Documentation of simulation activity, date, who supervised, and location	15



## ABCP RECOGNIZED HIGH FIDELITY PERFUSION CENTERS

High Fidelity Perfusion Simulation (HFPS) was added as a secondary perfusion activity following collaboration with the ABCP Liaison Panel representatives over a period of several years. For HFPS case credit to be awarded to a CCP, the administering HFPS Center is required to be recognized by the ABCP as having met the criteria that are deemed essential for receiving HFPS case credits. To attain recognition, HFPS centers seeking recognition must submit an application [here](#). Recognition will be awarded for one year and renewed annually. The ABCP appreciates the value of HFPS and supports the development and use of HFPS technology to educate the CCP and to promote safety for the public.

The HFPS Centers are recognized by the ABCP for the awarding of secondary clinical case credits can be found [here](#).

CCPs may receive CEUs for professional activity if they participate in simulation activities at an approved Category I professional meeting. Simulation activities not occurring at an approved Category I meeting may be documented as Category III with fifty minutes of simulation activity being awarded one Category III CEU.

If CEUs are awarded to a simulation activity at an approved Category I professional meeting, CCPs may NOT submit that activity for secondary case credit for the Clinical Activity Report.

## EXTENSION OF CERTIFICATION PERIOD

CCPs who are unable to fulfill recertification requirements by the end of a reporting period may request an extension of the filing deadline as follows:

- Requests must be made in writing by the July 31<sup>st</sup> filing deadline.
- The appropriate report(s) (*Clinical Activity Report* and/or *Professional Activity Report*) must be submitted, complete with all activity up to June 30th and the appropriate filing fee.
- If approved, the deadline will be extended to December 31st of the same year at which time the report(s) must be completed, and a late fee (\$100.00) paid.
- For those CCPs who requested an extension due to COVID-19, the extension fee was waived for 2021.
- An extension will not be granted to an individual more than once during a three-year period or to an individual on conditional certification. Due to pandemic-related issues, this requirement was waived in 2020-2021.

## CONDITIONAL CERTIFICATION

A CCP who fails to submit the completed recertification report with appropriate fee by the July 31<sup>st</sup> deadline and does not formally request an extension will be placed on conditional certification.

A CCP on conditional certification must apply to the ABCP for reinstatement before the next July 31<sup>st</sup> filing deadline. The petition statement must include:

1. An explanation in writing of the reasons for not completing the recertification requirements (clinical activity) for the previous year;
2. A completed recertification report for the current reporting year comprising 40 cases with the first 25 cases cardiopulmonary bypass (CPB) which are supervised and verified by a current CCP; and
3. Payment of all normal filing fees and a \$200.00 Late Filing Fee.

## EXTENDED LEAVE

If unable to successfully complete the reinstatement requirements for conditional certification, a CCP may request *extended leave* status in writing prior to the July 31<sup>st</sup> deadline of the conditional certification year.

Extended leave gives the CCP placed on conditional certification for clinical inactivity an additional year after the conditional certification year to complete the following clinical requirements:

1. A completed recertification report for the current reporting year comprising of 40 cases with the first 25 cases being cardiopulmonary bypass (CPB) which are supervised and verified by a current CCP; and
2. Payment of all normal filing fees and a \$200.00 Late Filing Fee.

If unable to satisfy the above requirements, reinstatement will be granted upon successful completion of the *Clinical Applications in Perfusion Examination* prior to the deadline of the *extended leave* year.

If none of the above requirements are completed by the July 31<sup>st</sup> deadline of the extended leave year, it will be necessary to successfully complete all steps listed in the *Re-entry into the Certification Process* section of the Booklet of Information.

## PROFESSIONAL ACTIVITY

### Conditional Certification and Extended Leave

CCPs on clinical activity conditional certification and extended leave are required to complete the *Professional Activity Report (PAR)* during the conditional certification period.

## AUDIT PROCEDURES

The ABCP recertification clinical case reporting procedures are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) standards; therefore, hospital case numbers are not required on the *Clinical Activity Report*. This change in reporting resulted in a change in the audit process. Rather than the cases being verified by the Medical Records Department, the audit is conducted by the Chief Perfusionist, the Operating Room Director, or another hospital authority designated by the CCP. This designated authority is asked to verify the accuracy of the cases in the audit. If the

cases cannot be verified by the designated authority, the perfusionist is contacted to provide verification of the cases and explain discrepancies. The revised audit process has been in effect since 2003 and has worked smoothly for 20 years without major problems. If fraudulent reporting of cases is discovered, the issue is submitted to the ABCP Ethics Committee for appropriate actions. The perfusionist is ultimately responsible for providing verification of the cases and explaining discrepancies.

Audits of *Professional Activity Reports* were performed in 2023 in accordance with the revision of the system for documenting professional activity that was implemented in 2001. Since 2001, each CCP is responsible for retaining supporting documentation for his/her professional activity reported on the *Professional Activity Report*, which is submitted every three years. Prior to 2001, the CCP mailed the documentation to the ABCP with the *Professional Activity Report*; under the current system, the CCP retains all documentation for the three-year period. Random audits are performed annually on a percentage of *Professional Activity Reports* as a validating procedure.

Failure to produce the necessary documentation, should the CCP be a subject of the random audit, can result in loss of the CCP credential. The CCP is ultimately responsible for providing verification of professional activity and for explaining discrepancies in reports.

## STATUS OF CCP EMERITUS

The American Board of Cardiovascular Perfusion (ABCP) confers the designation of CCP Emeritus to recognize retiring CCPs, with 20 or more cumulative years of experience as a CCP in good standing, to maintain acknowledgement of their former certified status.

To be conferred with this status the following stipulations must be met:

1. The retiring CCP, with 20 or more cumulative years of experience as a CCP in good standing, must request the CCP Emeritus status within 30 days of losing certification (January 31 of the year that certification is lost).
2. He/she must agree to use the title CCP Emeritus and **not** to use the title CCP, CCP-R, Certified Clinical Perfusionist, or Certified Clinical Perfusionist Retired.
3. He/she must maintain a current mailing/email address on file with the ABCP National Office.

Once the CCP Emeritus status is conferred, his/her name is published on the ABCP website with the title of CCP Emeritus, and each CCP Emeritus will be provided with a certificate recognizing his/her service as a CCP. He/she will also receive

the *ABCP Annual Report* and any other appropriate ABCP publications. There is no fee associated with this status.

The CCP Emeritus status has received a positive response from CCPs and has been especially popular with retired CCPs. At the current time, 968 retired CCPs have received the CCP Emeritus designation. The National Office encourages any eligible retirees seeking this status, who may not have been previously notified, to contact the office by telephone (414-918-3008) or email ([info@abcp.org](mailto:info@abcp.org)).

## ABCP COLLABORATION WITH STATE LICENSURE OF PERFUSIONISTS

The ABCP has been collaborating with licensure states since perfusion state licensure was initiated in 1996. The National Office of the ABCP provides the following certification and recertification information as specifically requested from the various licensure states:

- Following each examination session, a list of candidates who passed or failed (all licensure states do not require this)
- Following each examination session, a list of newly certified perfusionists
- Annual lists of CCPs who recertified
- Verification of ABCP certification for CCPs moving to a licensure state
- Other specific information as requested on an individual state basis.

The following states currently require the ABCP to supply certification information for licensure:

Arkansas, Connecticut, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, and Wisconsin.

The New York State Licensure process ended their grandfathering period October 20, 2018. Please visit the following website for information:

<http://www.op.nysed.gov/prof/perfusion/perflc.html>

## MAILING LIST

Professional organizations may use the ABCP mailing list, provided those organizations send the materials that are to be mailed to the ABCP National Office. The National Office will then mail all materials and charge the organization an appropriate fee. A schedule of fees is available from the ABCP National Office.