1. **REASON FOR ISSUE**: To establish Department of Veterans Affairs (VA) qualification standard for Clinical Perfusionist, GS-0601 (previously Medical Instrument Technician (Perfusion), GS-0649) appointed under 38 U.S.C. § 7401(3) and 38 U.S.C. § 7405(a)(1)(B).

2. **SUMMARY OF CONTENTS/MAJOR CHANGES**: This handbook contains mandatory procedures on staffing. This revision establishes the Clinical Perfusionist, GS-0601, hybrid title 38 occupation under Appendix G63 and removes the assignment of perfusionist from the Medical Instrument Technician Standard, GS-0649, Appendix G27. This policy revises the series for this occupation and the education and certification requirements. It also establishes the grades of the entry through full performance and advanced level assignments and the revision of knowledge, skills and abilities at all levels for each assignment. The policy is established under VA's title 38 hybrid excepted service employment system and the authority of P.L. 111-163, "Caregivers and Veterans Omnibus Health Services Act of 2010." Authority is given to the Secretary of VA under 38 U.S.C. § 7402, to prescribe qualifications for occupations identified in or established under 38 U.S.C. § 7401(3) and 38 U.S.C. § 7405(a)(1)(B). These changes will be incorporated into the electronic version of VA Handbook 5005 that is maintained on the Office of the Chief Human Capital Officer Website.


5. **RESCISSION**: None.

**CERTIFIED BY:**

/s/
Karen L. Brazell
Principal Executive Director, Office of Acquisition, Logistics and Construction and Chief Acquisition Officer, and Acting Assistant Secretary for Enterprise Integration

**BY DIRECTION OF THE SECRETARY OF VETERANS AFFAIRS:**

/s/
Daniel R. Sitterly
Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness

**DISTRIBUTION**: Electronic only
<table>
<thead>
<tr>
<th>APPENDICES-Continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-G35 MEDICAL RECORD TECHNICIAN [(CANCER REGISTRAR)] .................................. II-G35-1</td>
</tr>
<tr>
<td>II-G36 DENTAL ASSISTANT .................................................................................. II-G36-1</td>
</tr>
<tr>
<td>II-G37 DENTAL HYGIENIST ............................................................................... II-G37-1</td>
</tr>
<tr>
<td>II-G38 BIOMEDICAL ENGINEER ........................................................................ II-G38-1</td>
</tr>
<tr>
<td>II-G39 SOCIAL WORKER ................................................................................... II-G39-1</td>
</tr>
<tr>
<td>II-G40 DEVELOPMENT OF QUALIFICATION STANDARDS FOR VETERANS HEALTH ADMINISTRATION (VHA) POSITIONS FILLED UNDER 38 U.S.C. 7401(1) ........................................ II-G40-1</td>
</tr>
<tr>
<td>II-G41 BLIND REHABILITATION SPECIALIST ..................................................... II-G41-1</td>
</tr>
<tr>
<td>II-G42 BLIND REHABILITATION OUTPATIENT SPECIALIST .................................. II-G42-1</td>
</tr>
<tr>
<td>II-G43 LICENSED PROFESSIONAL MENTAL HEALTH COUNSELOR ..................... II-G43-1</td>
</tr>
<tr>
<td>II-G44 MARRIAGE AND FAMILY THERAPIST ...................................................... II-G44-1</td>
</tr>
<tr>
<td>II-G45 MEDICAL SUPPORT ASSISTANT ............................................................. II-G45-1</td>
</tr>
<tr>
<td>II-G46 NURSING ASSISTANT ............................................................................. II-G46-1</td>
</tr>
<tr>
<td>II-G47 MEDICAL SUPPLY TECHNICIAN (STERILE PROCESSING) ....................... II-G47-1</td>
</tr>
<tr>
<td>II-G48 THERAPEUTIC MEDICAL PHYSICIST ..................................................... II-G48-1</td>
</tr>
<tr>
<td>II-G49 BIOMEDICAL EQUIPMENT SUPPORT SPECIALIST .................................. II-G49-1</td>
</tr>
<tr>
<td>II-G50 HEALTH TECHNICIAN (TELEHEALTH CLINICAL) .................................... II-G50-1</td>
</tr>
<tr>
<td>II-G51 GENETIC COUNSELOR ......................................................................... II-G51-1</td>
</tr>
<tr>
<td>II-G52 HEALTH TECHNICIAN (OPHTHALMOLOGY) ........................................... II-G52-1</td>
</tr>
<tr>
<td>II-G53 ACUPUNCTURIST ................................................................................. II-G53-1</td>
</tr>
<tr>
<td>II-G54 RADIOLOGIST ASSISTANT ................................................................. II-G54-1</td>
</tr>
<tr>
<td>II-G55 HISTOPATHOLOGY TECHNICIAN ............................................................ II-G55-1</td>
</tr>
<tr>
<td>II-G56 HEALTH TECHNICIAN (MASSAGE THERAPY) ........................................ II-G56-1</td>
</tr>
<tr>
<td>II-G57 MEDICAL RECORD TECHNICIAN (CODER) ............................................ II-G57-1</td>
</tr>
<tr>
<td>II-G58 MEDICAL RECORD TECHNICIAN (HEALTH INFORMATION TECHNICIAN) .. II-G58-1</td>
</tr>
<tr>
<td>II-G59 MEDICAL RECORD TECHNICIAN (RELEASE OF INFORMATION) ............ II-G59-1</td>
</tr>
<tr>
<td>II-G60 RECREATION AND CREATIVE ARTS THERAPIST .................................. II-G60-1</td>
</tr>
<tr>
<td>II-G61 CYTOTECHNOLOGIST ........................................................................ II-G61-1</td>
</tr>
<tr>
<td>II-G62 REHABILITATION COUNSELOR [NOT YET PUBLISHED] ......................... II-G62-1</td>
</tr>
<tr>
<td>II-G63 CLINICAL PERFUSIONIST .................................................................. II-G63-1</td>
</tr>
<tr>
<td>II-H. APPOINTMENT PROCEDURES BY OCCUPATION/ASSIGNMENT</td>
</tr>
<tr>
<td>II-H1. PROCEDURES FOR APPOINTING PHYSICIANS TO SERVICE CHIEF AND COMPARABLE POSITIONS ........................................................................................................... II-H1-1</td>
</tr>
</tbody>
</table>
[APPENDIX G63. Clinical Perfusionist
GS-0601
Veterans Health Administration

1. COVERAGE. This standard applies to all Clinical Perfusionist (CP) positions in the 
Veterans Health Administration (VHA). A CP is a medical professional qualified by 
academic education, clinical education and professional credentialing to provide 
extracorporeal patient care services. Patient care services include conducting and 
managing cardiopulmonary bypass, autotransfusion, intra-aortic counter pulsation and may 
include ventricular assistance and extracorporeal membrane oxygenation. CPs are 
responsible for the selection of appropriate equipment and techniques necessary for the 
support, treatment, measurement and supplementation of the cardiopulmonary system of a 
patient. They use a comprehensive understanding of anatomy, physiology, physics, 
pharmaceutical administration and mechanics of extracorporeal circulation to provide 
monitoring, analysis and treatment of patient physiologic conditions to maintain blood 
pressure, anticoagulation, myocardial electromechanical silence and preservation (with 
unique administration of cardioplegia), thermal regulation, fluid balance, electrolyte/acid-
base balance and blood gas composition according to established guidelines and 
protocols. The scope of practice of the CP is a dynamic and continuously evolving 
profession with emerging areas of practice.

2. DEFINITIONS.

a. Journey Level. The full performance level for this qualification standard is GS-12.

b. Creditable Experience. Knowledge of current clinical perfusion practices. To be 
creditable, the experience must have required the use of knowledge, skills and abilities 
(KSAs) associated with current professional clinical perfusion practice. The experience 
must be post bachelor’s degree. Experience satisfying this requirement must be active 
professional practice, which is paid/non-paid employment as a professional CP.

c. Quality of Experience. Experience is only creditable if it is obtained following 
graduation with a bachelor’s degree or higher in clinical perfusion from an accredited 
training program. Qualifying experience must also be at a level comparable to CP 
experience at the next lower grade level. For all assignments above the full 
performance level, the higher-level duties must consist of significantly larger scope, 
administrative independence, complexity (difficulty) and range of variety as described in 
this standard at the specified grade level and be performed by the incumbent at least 
25% of the time.

d. Part-Time Experience. Part-time experience as a professional CP is creditable 
according to its relationship to the full-time work week. For example, a CP employed 20 
hours per week, or on a half time basis, would receive one full-time workweek of credit 
for each 2 weeks of service.
e. **Commission on Accreditation of Allied Health Education Programs (CAAHEP).** The CAAHEP is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation.

f. **EQual™ Canada.** The official accrediting agency for perfusion programs in Canada is EQual™ Canada, a branch of Accreditation Canada and the Health Standards Organization. Until 2018, the Conjoint Committee on Accreditation of the Canadian Medical Association, accredited the Canadian perfusion programs. Effective February 1, 2018, Accreditation Canada took over accreditation services to allied health education programs through the EQual™ Canada program.

g. **American Board of Cardiovascular Perfusion (ABCP).** The ABCP establishes qualifications for examination and procedures for recertification in the field of cardiovascular perfusion. Its requirements and procedures are reviewed and modified periodically as necessary.

h. **Provisional Certification.** ABCP issues a letter of provisional certification to individuals who have graduated from an accredited program and met the clinical requirements.

i. **Board Certification.** ABCP issues a certification to individuals who have graduated from an accredited program, completed all clinical requirements and achieved satisfactory performance on the ABCP’s 2-part certification examination. Once an individual has received this certification they are board certified in the field of clinical perfusion as a Certified Clinical Perfusionist (CCP) by the ABCP. Reference to “certified” or “board certified” throughout this standard is intended for those who have been deemed board certified.

3. **BASIC REQUIREMENTS.**

a. **Citizenship.** Be a Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3.g., this part.) See 38 U.S.C. § 7401(3); 38 U.S.C. § 7405(a)(1)(B); 38 U.S.C. § 7407(a).

b. **Education.** Candidates must hold a degree in perfusion as described below in paragraphs (1) and (2) that has been accredited by either CAAHEP or EQual™ Canada at the time the program was completed.

   (1) Bachelor’s or master’s degree in perfusion from a program in the United States or Canada accredited by the CAAHEP or EQual™ Canada.

   OR,

   (2) Bachelor’s or master’s degree in addition to a post-baccalaureate certificate in perfusion from a program accredited by CAAHEP or the EQual™ Canada.

   NOTE: The degree must have been obtained from an institution whose accreditation was in place for the year in which the course of study was completed.
The degree is to be verified by submitting a request to mail@caahep.org. The request must include the name of the school, city, state and graduation date of individual.

c. **Board Certification.** Persons hired or reassigned to CP positions in VHA must be board-certified in the field of clinical perfusion as a Certified Clinical Perfusionist by the ABCP. The board certification must be current, and the applicant must abide by the certifying body’s requirements for continuing education.

(1) **Exception for Non-Board Certified, Entry Level Candidates.** CPs who possess a letter of provisional certification from the certifying agency (e.g., ABCP), who otherwise meet the eligibility requirements, may be given a temporary appointment as a CP under the authority of 38 U.S.C. § 7405(a)(1)(D). The appointing official may waive the requirement of certification for a period not to exceed two years for a CP who provides care under the supervision of a board-certified CP at or above the full performance level. This exception only applies at the entry levels (GS-5 and GS-7). For grade levels at or above the GS-9 level, the candidate must be board certified. Temporary appointments of non-board-certified CPs, may not be extended beyond two years or converted to a new temporary appointment. The Human Resources Office will provide the CP in writing the requirement to: obtain their board certification; the date by which the CP board certification must be acquired; and the consequences for not becoming board certified CP by the deadline date. The written notice must be provided to the selectee prior to the entrance on duty date.

NOTE: This temporary appointment cannot be extended or renewed.

(2) **Failure to Obtain Board Certification.** In all cases, provisionally certified CPs must actively pursue obtaining board certification from the date of their appointment. Failure to become board certified within two years from date of appointment will result in removal from the GS-0601 CP series and may result in termination of employment.

(3) **Loss of Board Certification.** Once board certified, a CP must maintain a full, valid and unrestricted board certification to remain qualified for employment. Loss of licensure, credential, or required certification will result in removal from the GS-0601 CP occupation and may result in termination of employment.

d. **Licensure.** None required, but a license or license eligibility or State required credential is strongly preferred.

e. **Grandfathering Provision.** All persons employed in VHA as a CP or Medical Instrument Technician (Perfusion), GS-0649 on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including education and/or certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following apply:
(1) Such employees may be reassigned, promoted up to and including the full performance (journey) level or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) Such employees in an occupation that requires a licensure/certification/registration only at higher-grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher-grade levels.

(3) CPs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(4) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or certification that meet all the basic requirements of the qualification standard must maintain the required credentials as a condition of employment in the occupation.

(5) CPs who are converted to the occupational series 0601 title 38 hybrid status under this policy and provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a CP.


g. English Language Proficiency. Candidates must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403(f).

4. GRADE REQUIREMENTS.

a. Grade Determination. In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) Clinical Perfusionist, GS-5

(a) Experience and Education. None beyond basic requirements.

(b) Assignment. The entry level is used for CPs who have graduated from an accredited program and received their letter of provisional certification and are thus provisionally certified and/or board-certified CPs with less than one year of experience.

(2) Clinical Perfusionist, GS-7

(a) Experience and Education. None beyond basic requirements. This level is used for CPs who are provisionally certified and/or board-certified CPs who meet the basic requirements listed and have less than one year of experience and
possess one of the following for advanced entry level placement below:

i. Bachelor’s degree from an accredited college or university, with an exemplary academic record as demonstrated by at least one of the following:

   a. Class Standing: Applicants must be in the upper third of the graduating class in the college, university or major subdivision, such as the College of Liberal Arts or the School of Business Administration, based on completed courses.

   b. Grade-Point Average (GPA): Applicants must have a grade-point average of:

      (1) 3.0 or higher out of a possible 4.0 ("B" or better) as recorded on their official transcript, or as computed based on four years of education, or as computed based on courses completed during the final two years of the curriculum; or

      (2) 3.5 or higher out of a possible 4.0 ("B+" or better) based on the average of the required courses completed in the major field or the required courses in the major field completed during the final two years of the curriculum.

(b) Assignment. Candidates at this level serve in a developmental position practicing under close supervision of a CP at or above the full-performance level. Employees at this level must be provisionally certified, but are not required to be board certified by ABCP, if on a temporary appointment provided under 3c(1) of this appendix.

(c) Demonstrated Knowledge, Skills and Abilities. In addition to the experience above, the candidate must demonstrate following KSAs:

   i. Knowledge of general anatomy, physiology and pathology with a detailed knowledge of cardiovascular anatomy, physiology and pathology.

   ii. Ability to formulate, modify and execute the perfusion plan as needed throughout the procedure while applying all safety precautions and equipment to minimize and mitigate risks and ensure environmental maintenance using judgement to ensure patient safety.

   iii. Ability to select proper equipment and circuit after a pre-procedure assessment of the patient’s medical history.

(3) Clinical Perfusionist, GS-9

(a) Experience, Certification and Education. In addition to the basic requirements, candidates must have:
i. Graduated from an accredited program and met the clinical requirements; and,

ii. Obtained their provisional certification and have at least one year of CP experience equivalent to the GS-7 grade level; or

iii. Obtained their provisional certification and met one of the options under advance entry level placement in paragraph 4a(2) above with at least one year of CP experience equivalent to the GS-7 grade level; or

iv. Have obtained ABCP certification as a CCP.

(b) Assignment. Candidates at this grade level serve as a CP in a position progressively expanding their ability to provide perfusion services for a wider range of clinical scenarios. CPs at this level receive some clinical supervision and/or guidance by a higher-level CP. CPs at this level have obtained their ABCP certification as a CCP. CPs at this level are responsible for the management of circulatory and respiratory functions, physiologic and metabolic needs of the patient during procedures involving the heart-lung machine and/or ancillary perfusion equipment utilizing an understanding of anatomy, physiology, pharmacology, anticoagulation, physics and mechanics of cardiopulmonary bypass and/or ancillary techniques. At this level, the CP provides clinical patient assessments, perfusion, circulatory pressure, oxygenation, thermal regulation, volatile anesthetic, renal replacement, management of anticoagulation, myocardial electromechanical silence and preservation, fluid management, blood product administration, blood gas analysis and management, electrolyte and acid base balance and pharmaceutical administration according to established guidelines while using aseptic techniques. This includes anticipating, analyzing and monitoring and responding appropriately to maintain patient hemodynamic stability and homeostasis by independently adjusting and modifying case management decisions according to specific patient requirements in surgical procedures of varying complexity. Duties also include providing routine and emergent management of Intra-Aortic Balloon Pump counter pulsation, autotransfusion/cell salvage and standby/surgical assistance for any procedures that fall within the CP’s scope of practice and may include Extracorporeal Membrane Oxygenation and Ventricular Assist Devices.

(c) Demonstrated Knowledge, Skills and Abilities. In addition to the experience above, the candidate must demonstrate following KSAs:

i. Knowledge of general anatomy, physiology and pathology with a detailed knowledge of cardiovascular anatomy, physiology and pathology.

ii. Knowledge of extracorporeal circulation technology including adjunctive techniques.

iii. Ability to formulate, modify and execute the perfusion plan as needed throughout the procedure while applying all safety precautions and equipment.
to minimize and mitigate risks and ensure environmental maintenance using a high degree of discretion and judgement to ensure patient safety.

iv. Ability to select proper equipment and circuit after a pre-procedure assessment of the patient’s medical history.

v. Ability to precisely document pre-bypass checklist(s) and official perfusion record(s).

(4) Clinical Perfusionist, GS-11

(a) Experience, Certification, and Education. In addition to the basic requirements, candidates must have at least one year of CP experience equivalent to the next lower grade and have obtained ABCP certification as a CCP. License is preferred, but not required.

(b) Assignment. Employees at this grade level practice independently, seeking guidance when necessary, have the qualifications to exhibit exceptional clinical skills and consistently demonstrate a high-level of expertise in diagnosing and treating seriously ill, multi-symptomatic patients. CPs at this level demonstrate a comprehensive, professional understanding of perfusion clinical practice and the proper application of perfusion techniques, while exhibiting the qualifications to perform more complex procedures requiring skills and competency beyond that expected in the previous grade. CPs at this level have extensive working knowledge of extracorporeal technology. At this level, CPs work collaboratively with physicians in the care of patients by autonomously managing and conducting cardiopulmonary bypass to provide complete life support during any medical situation where it is necessary to support the patient’s cardiopulmonary function. Full performance CPs independently formulate a perfusion plan of action which includes multiple tasks and priorities including review of pre-procedure patient history, pre-operative consults and clinical findings. They assist the surgeon by independently developing perfusion treatment strategies for specialty populations and providing associated specialized perfusion services (which may include isolated limb infusion, isolated limb perfusion, left heart bypass, liver bypass, thermogenic lavage, blood component therapy, platelet gel/sequestration, aquapheresis, non-differentiated progenitor cell harvest, acute normovolemic hemodilution, organ procurement and organ preservation). They work on-call independently for extended periods with no back up relief. CPs at this level may provide clinical oversight and consultation for lower graded perfusionists and medical center staff within the CP’s scope of practice and its potential applications in other medical, surgical, and specialty areas. They may also participate in collaborative research and adjunctive therapies.

(c) Demonstrated Knowledge, Skills and Abilities. In addition to the experience above, the candidate must demonstrate all the following KSAs:

i. Ability to independently provide effective care to patients characterized by using sound judgement in assessing, planning, implementing, documenting
and evaluating perfusion applications for assigned patients.

ii. Ability to apply in-depth knowledge of anatomy, physiology, and specialized clinical procedures consistent with updated standard of care in the profession.

iii. Ability to independently practice perfusion utilizing a collaborative team concept of perfusion care, providing clinicians and professional staff with consultation.

iv. Ability to perform, under administrative direction, with wide latitude and independent judgment, work of clinical difficulty and responsibility.

v. Knowledge of associated specialized procedures to assist in independently developing the perfusion treatment strategies for specialty populations to assist the surgeon.

vi. Knowledge of specialized perfusion services.

vii. Ability to anticipate and respond appropriately to potentially serious situations involving the patient and/or equipment that may arise with the ability to use a high degree of discretion and judgement.

viii. Ability to apply expert in-depth knowledge of the principles and operation of all equipment to provide stat troubleshooting assistance.

(5) Clinical Perfusionist, GS-12

(a) Experience, Certification and Education. In addition to the basic requirements, candidates must have at least one year of CP experience equivalent to the next lower grade level and have obtained their ABCP certification as a CCP. License is preferred, but not required.

(b) Assignment. This assignment is the full performance level. CPs at this level perform at the highest level of perfusion clinical practice and independently perform task of unusual difficulty or complexity. The CP assesses, plans and evaluates the clinical perfusion program to ensure proper coordination of care. CPs oversee all aspects of perfusion documentation for the clinical perfusion department. CPs evaluate the delivery system of patient care within the area of assignment, present findings and recommendations, and contribute to changes that enhance the quality and timeliness of care. At this level they provide clinical oversight and consultation for lower graded perfusionists and medical center staff within the CP’s scope of practice and its potential applications in other medical, surgical and specialty areas. Individuals in this role create, implement, update and maintain all perfusion related documents and databases (policies/procedures, functional statements, perfusion records, paper and/or electronic). Individuals in this role implement and manage the proper storage of perfusion related documents according to established guidelines, requirements and protocols. The CP at this level instructs perfusionists, students and other facilities on perfusion related subject matter, provides educational opportunities.
and serves as an educational resource. Individuals in this role develop, implement, execute and coordinate education programs to provide the appropriate resources to meet the training needs of staff. Individuals in this position perform clinical teaching, didactic teaching and provide recurring in-service training to ensure the competency of staff. CPs support evidence-based and goal directed practice with the overall goal of improving clinical practice. They also share other pertinent medical literature research findings with colleagues to enhance patient care delivery. CPs may be responsible for the development and maintenance of a system of internal reviews, direct quality control, and performance improvement studies. This includes the collection and tracking of metrics in a database and analytic software and oversight of the quality performance of perfusion devices. Their duties may include conduction and/or participation in collaborative research/adjunctive therapies and communication of findings through reports, abstracts, presentations, and publications. CP’s at this level may serve as the clinical education coordinator for perfusion students; establishing, negotiating and maintaining perfusion student agreements; coordinating clinical training rotations; and designing, conducting and evaluating educational experiences with the affiliated university.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all the following KSAs:

i. Ability to apply the principles of program management and oversight required to develop program goals and objectives, administer and monitor programs, evaluate program outcomes/accomplishments, set and redefine priorities and implement effective solutions as needed to present findings and recommendations to the appropriate management officials.

ii. Ability to provide oversight, judgement and management of the application of clinical perfusion to patient care, organization processes and/or systems and long/short range goals, with a focus on delivering patient care and achieving program outcomes.

iii. Expert level of knowledge of best practice in the perfusion profession.

iv. Ability to validate or identify barriers to safe effective care, and manage all aspects of clinical perfusion, technical, fiscal, and administrative including daily assignments and call schedule preparation.

v. Ability to serve as a liaison, interfacing with other departments to incorporate the expertise of all disciplines in a comprehensive, integrated approach to patient care.

vi. Ability to develop, coordinate, review organizations and accrediting agencies, and manage a perfusion regulatory program including follow-up actions to ensure departmental compliance with regulatory agencies as required.

(6) **Supervisory Clinical Perfusionist, GS-12**
(a) **Experience, Certification, and Education.** In addition to the basic requirements, candidates must have at least one year of CP experience equivalent to the next lower grade level and have obtained their ABCP certification as a CCP. License is preferred, but not required.

(b) **Assignment.** For all assignments designated as supervisory, the duties must be performed by the incumbent at least 25% of the time. CPs at this level perform at the highest level of perfusion clinical practice and independently perform tasks of unusual difficulty and/or complexity. The supervisory CP is a perfusionist who has full administrative and professional responsibility for the clinical perfusion program directing, evaluating and supervising the work of at least three (3) subordinate employees. The individual assesses, plans and evaluates the clinical perfusion program to ensure proper coordination of care. The individual facilitates team or unit processes by working in collaboration with team members to ensure that tasks, priorities, goals and achievements are coordinated. The individual is responsible for ensuring compliance with internal and external regulatory authorities. The supervisory CP reviews and makes recommendations regarding new and emerging procedures; provides instruction and training to new staff; interviews candidates for positions; recommends selections for placement, advancements and promotions; takes and/or recommends disciplinary action when necessary; completes performance appraisals; and identifies initial and/or recurrent training needs.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all the following KSAs specific to the advanced assignment:

i. Knowledge of the principles of program management and oversight required to develop program goals and objectives, administer and monitor program, evaluate program outcomes and accomplishments, set and redefine priorities and implement effective solutions as needed.

ii. Knowledge of advanced clinical perfusion principles and techniques across multiple areas of practice in order to develop, implement and coordinate best practices and supervise clinical perfusion staff.

iii. Ability to exercise independent judgment, make high level decisions and manage all aspects of clinical perfusion along technical, supervisory, fiscal and/or administrative lines with a focus on delivering patient care and achieving program outcomes.

iv. Ability to make high level decisions and provide clinical guidance with a focus on delivering patient care and achieving program outcomes.

v. Ability to supervise, direct, assign and counsel staff, students or ancillary personnel to effectively execute responsibilities.

vi. Ability to serve as a liaison and clinical perfusion consultant interfacing with
other medical center departments to incorporate the expertise of all disciplines to provide a comprehensive, integrated approach to patient care.

vii. Ability to manage daily assignment and call schedules to ensure necessary perfusion coverage while accommodating changing work conditions and staffing.

viii. Knowledge of regulatory and accrediting agency requirements.

5. DEVIATIONS.

   a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for CPs in VHA whose composite record of accomplishments, performance and qualifications, as well as, current assignments, warrant such action based on demonstrated competence to meet the requirements on the proposed grade.

   b. Under no circumstances will the educational requirements be waived. Under no circumstances will certification requirements be waived for grade levels GS-9 or above.

   c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

Authority: 38 U.S.C. §§ 7402, 7403, 7405.]