From the Editor

Journey from Technician to Professional

Before 1975, there was no standard and no certifying body to determine the minimal requisites for the “pump technicians” that operated heart lung machines during cardiac surgery in the United States. Standards for perfusion training programs were also nonexistent. Needless to say, there was considerable variability in the expertise of the “pump technicians” across centers, because core competency, training, and experience were matters that were decided locally. Leaders in our field recognized that it would not be in the best interest for public safety to continue without recognized minimal requirements for individuals that operated heart lung machines. Subsequently, they founded The American Board of Cardiovascular Perfusion. The Board’s origin traces back to the early work of AmSECT’s Certification and Education Committee in the early 1970s. This committee wrote and administered a certification exam in 1972. The exam was offered to anyone that had 2 years of clinical experience and could document participation in 100 clinical cases. AmSECT relinquished the duties of certification and recertification to the American Board of Cardiovascular Perfusion (ABCP) in 1975. The newly founded Board’s mission was to “Strive to maintain quality standards in cardiovascular perfusion that promote safety and protection of the public.” The formation of American Board was a crucial step that brought about a sweeping change in North America and furthermore served as a template for certification in many other countries. It set requirements in terms of education, experience, and annual minimum procedure requirements, and began a process for the accreditation of perfusion schools. Certification was a politically and emotionally charged issue. Anderson and colleagues wrote a special report, Cardiovascular Perfusion: Evolution to Allied Health Profession and Status 1986, which provides relevant insight (1). While many surgeons supported the concept of formalized training and certification, there were concerns about the effect of certification on manpower. These concerns brought together, in January of 1982 a group comprised of members of the American Association of Thoracic Surgeons (AATS), The Society of Thoracic Surgeons (STS), AmSECT, Committee on Allied Health Education and Accreditation (CAHEA), The Joint Review Committee on Perfusion Education (JRC-PE), ABCP, the Council of Perfusion Program Directors, and The Society of Cardiovascular Anesthesiologists (SCA). This group, led by Dr. Gerald Rainer, representing a cross-section of professional organizations, set out to debate the manpower issue. Mark Richmond, at the groups request, conducted a manpower survey that ultimately dismissed concerns about a shortage of manpower.

We are all deeply indebted to the early leaders for establishing a certifying body and to those that have served on the Board. Their early, thoughtful efforts established a solid foundation for our profession by developing a widely recognized standard, Certified Clinical Perfusionist. In this issue of the Journal, we are pleased to publish an invited editorial by David Palmer (current Board Member) and Linda Mongero (past President) of the ABCP. The editorial is comprised of an interview with Mark and Beth Richmond. The Richmonds have served as Executive Directors of the ABCP since 1979. I trust that this dialog will provide insight into the history of perfusionist certification in the United States and serve as a reminder of the importance of developing and maintaining standards. Clearly, certification was not just a step, it was a bounding leap forward in the journey from technician to professional, realized through vision, determination, and broad collaboration.

Robert C. Groom, MS, CCP
Editor-in-Chief

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