

## **Final Report**

### **AAPM-ACMP Ad-hoc Committee on Professional Medical Physics Issues**

#### **Committee Membership**

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Consultants- Michael T. Gillin (AAPM Professional Council chair), Richard L. Morin (ACR Commission on Physics Chair)

#### **Preface**

The professional aspects of the clinical practice of medical physics are an integral component of the clinical activities of each practicing medical physicist. These aspects include but are not limited to reimbursement, compensation, liability, standards, public and professional education, and ethics. In order to increase the effort and focus on the professional aspects of the clinical practice of medical physics, the ACMP and the AAPM should develop mechanisms to improve synergy, increase efficacy, and reduce duplication of effort on professional activities. A cooperative, coordinated two-bodied (AAPM and ACMP) approach can provide a flexible and powerful advocacy that demonstrates the importance of the professional activities related to our practice and benefits medical physicists.

The summary recommendations are presented on the following page. The committee feels that implementation of these recommendations accomplishes a significant first step toward improving communication, coordination, and cooperation of the ACMP and the AAPM and increasing the professional practice activities on behalf of medical physicists in clinical practice. The recommendations are followed by an appendix, which contains the original charge and a summary of discussions held by the committee.

In considering the summary recommendations, it is important to recognize that all members of ACMP are AAPM members.

## **Summary Recommendations of the Committee to the AAPM and ACMP**

The ad hoc committee reached consensus and recommends that the following be endorsed or enacted by the respective boards of the AAPM and ACMP.

1. Benefit of Coordinated Joint Effort- it is recognized that there is benefit in the AAPM and ACMP working jointly to ensure coordination of professional aspects of clinical practice. It is recommended that the boards of both organizations adopt this underlying principle.
2. Increased Coordination with Sister Societies- It is recognized that there is benefit in the AAPM and ACMP working closely with sister societies (ACR, ASTRO, etc.) in addressing medical physics clinical practice specific efforts. It is recommended that the boards of both organizations recognize this principle.
3. Recommended Actions - AAPM and ACMP should:
  - Establish a Joint AAPM-ACMP Committee on Professional Practice.
    1. Its membership would consist of (a) Professional Council Chair and Vice Chair plus two at-large members from AAPM and (b) four members from ACMP.
    2. This is a standing committee, making recommendations to Executive Committees of the AAPM and ACMP.
    3. The charge of the Joint AAPM-ACMP Committee on Professional Practice is to make recommendations to the respective organizations that
      - coordinate short-term and long-term professional practice activities of both societies,
      - 
      - encourage effective and efficient professional practice specific activities of both societies.
  - 4. The committee is expected to meet no less than twice annually (e.g. ACMP and AAPM)
    - Develop a joint business model for a clinical medical physics journal (JACMP).
    - Organize joint symposia to be held at meetings of AAPM, ACMP, ASTRO, etc.
    - Arrange adjacent booths at annual meetings of the AAPM and ACMP.
    - Coordinate summer schools and educational programs. (Appendix VI.1).
    - Establish reciprocal liaisons to appropriate committees and subcommittees within ACMP and AAPM.
    - Develop joint documents, where appropriate.
    - Develop linked or supplemental documents for common areas, when appropriate (e.g. task group reports with practice guidelines).

## **Appendix**

### **I. Goal and Charge of Committee**

#### Goal

To investigate the potential for improving the synergism, efficiency and efficacy of efforts of the AAPM and ACMP that address professional medical physics issues.

#### Charge

1. Identify and classify the professional efforts of the AAPM and ACMP, determining areas of exclusivity and overlap.
2. Identify and classify medical physics professional issues for which AAPM and ACMP effort is needed.
3. Define potential structural models for addressing professional medical physics issues in the future, including but not limited to: (1) the current AAPM and ACMP structure, (2) modifying the structures of the ACMP and AAPM Professional Council, and (3) merging the ACMP and AAPM Professional Council.
4. Determine the advantages and disadvantages of each of the potential structural models.
5. Develop a preliminary report for the Executive Committees of each organization by July 2002. Receive feedback from each and deliver a final report to the Executive Committees by November, 2002. The report should summarize the accomplishments of the ad-hoc committee and recommend any changes in future structure and a strategy for accomplishing it.

### **II. Methodology**

Three committee Meetings were held on: (1) November 28, 2001 in Chicago at RSNA annual meeting, (2) May 22-23, 2002 at a special meeting in Chicago, and (3) December 2, 2002 in Chicago at RSNA annual meeting. Each committee meeting had an agenda in which committee members discussed issues and suggested models by which issues could be addressed. These meetings were supplemented by numerous discussions within the leadership of the AAPM and the ACMP. Prior to the final meeting, a draft of this report was distributed to committee members for refinement at our final meeting.

### **III. Classification and Overview of Professional Issues**

#### Definition of Professional Issues

Professional issues are issues that are characteristic of and related to the activities that a medical physicist performs rather than the task itself. For example, performing a specific quality assurance procedure or carrying out an experiment on an image reconstruction algorithm is the practice itself. Competency, ethics, liability, and other characteristics of the practice represent professional issues.

#### Delineation of “Clinical Practice Specific” vs “Non –Clinical Practice Specific”

Professional issues can be classified as either “clinical practice specific” or “non-clinical practice specific.” Clinical practice specific effort involves procedures directly and immediately related to medical care. Non-clinical practice specific effort includes education and scientific research.

### Summary and Classification of Professional Issues

Professional issues can be classified into broad categories, which can apply to clinical practice, non-clinical practice, or both. Professional issues can be classified as follows:

1. Defining Medical Physicists
2. Clinical Practice Education
3. Continuing Competence
4. Economics
5. Government Relations (both regulatory and economic)
6. Models of Practice
7. Ethics
8. Liability
9. Public Relations
10. Professional Relations

### Focus of AAPM-ACMP Professional Efforts

The ACMP is a professional organization that focuses primarily on clinical practice specific issues, whereas the AAPM focuses on this as well as non-clinical practice specific issues (e.g., science and education of future medical physicists). Professional issues encompass all areas. For example, ethics involves both clinical practice and non-clinical practice specific issues, whereas billing is only related to direct clinical practice.

Therefore, the actions of this ad-hoc committee have concentrated on the areas in which there is overlap, namely clinical practice specific professional issues.

### Clinical Practice Specific Professional Issues

Clinical practice specific professional issues can be classified and expanded as follows:

1. Definition of the practicing medical physicist
  - a) Qualifications
  - b) Scope of practice
  - c) Behavior
  - d) Standards of Practice
2. Clinical practical education,
  - a) Basic procedural
  - b) Support for the continuing education process
  - c) Support and guidance for CAMPEP
    - (1) Residency training
    - d) Detailed practice guidelines
3. Competence of practicing medical physicists
  - a) Support for board certification and continuing competence
    - (1) ABR in traditional areas
    - (2) ABMP in non-traditional areas and extended competencies
  - b) Practice accreditation
4. Economics
  - a) Salary/Compensation
  - b) Reimbursement
  - c) Developing funds to achieve professional goals
5. Government affairs and relations
  - a) Regulatory – NRC and States

- b) Influence on policy – CMS, etc.
- c) Federal and state legislation
  - (1) Licensure
  - (2) State registration
- 6. Models of Practice
  - a) Independence of the practice of medical physics
  - b) Practice models and survival
    - (1) Academic practice
    - (2) Private practice
    - (3) Community practice
  - c) Contract preparation
    - (1) Protection of practitioner and necessary resources
- 7. Ethics
  - a) Within the profession (between medical physicists)
  - b) Relative to physicians and other colleagues
  - c) Relative to the patient
- 8. Legal representation and litigation
- 9. Public relations (and education of these individuals about the Qualified Medical Physicist)
  - a) With public
  - b) With patients
  - c) With allied health professionals (radiology technologists, radiation therapists, medical dosimetrists, etc.)
  - d) With physicians and administrators
  - e) With government entities
- 10. Professional liaison to other active professional groups
  - a) ACR, ASTRO, SNM, RSNA, etc.
  - b) Dissemination of clinical and professional information
    - (1) Professional communications
      - (a) Newsletters
      - (b) Web sites
    - (2) Clinical practice education
      - (a) JACMP
      - (b) Practical clinical symposia
    - (3)

#### **IV. Needs of Professional Activities Related to Clinical Practice**

There is a perceived need for the stature and long term health of the profession of clinical medical physics that the professional activities related to clinical practice should improve. Therefore, it is the consensus of this committee that it address professional issues relevant to such needs. The committee identified the following needs, which include, but is not limited to the following:

1. Increases Focus- there is a need for greater focus and effort on medical physics clinical practice specific issues.

2. Increased Coordination- there is a need for improving coordination of activities in the AAPM and ACMP that address clinical practice specific issues. Our efforts should be complimentary (not duplicative) at worst and synergistic at best. This requires coordination of efforts in areas such as education, economics, government affairs, clinical practice standards and guidelines, public and professional relations, and publications.
3. Improved Integration with Sister Societies- there is a need for greater integration with our sister societies that deal with clinical practice specific issues, particularly with those of our physician colleagues (e.g. ACR, ASTRO, etc.), especially with the ACR Commission on Medical Physics (CMP). This requires improved communication and joint efforts (e.g. with standards, government relations, and economics). . Joint standards have more significance.
4. Increased Participation of Medical Physicists- There is a need for increased participation of medical physicists in professional clinical practice specific efforts. This includes, but is not limited to, increased membership and funding, improved awareness and action, and additional volunteer effort.

## **V. Potential ACMP/AAPM Models for Addressing Clinical Practice Specific Professional Issues**

To address the needs above, the ad hoc committee brainstormed various new models for addressing medical physics clinical practice specific professional issues and assessed their potential.

1. Model 1: Status Quo
  - a) Description – AAPM and ACMP remain independent entities
  - b) Advantages – Two independent voices in support of medical physicists
  - c) Disadvantages – Inefficient, ineffective, divisive, with little or no coordination
2. Model 2: AAPM-ACMP Joint Committees
  - a) Description – Official Joint committee structure similar to ASTRO-ACR. Appointees must be a member of both organizations to be on the committee. Committees make recommendations to AAPM and ACMP boards. Examples are professional practice, economics, and government affairs committees.
  - b) Advantages – Two independent but coordinated voices. Develops formal synergy. Each Board can independently assess the merits of adopting the recommendations of the committee.
  - c) Disadvantages – Boards do not have to adopt recommendations of the Joint Committee. Requires bylaws and rules changes. Takes longer to take actions as approval of two boards required.
3. Model 3: ACMP Committees Only, with Equal AAPM Representation
  - a) Description - Professional clinical practice committees, reside within the ACMP with equal (joint) membership from the ACMP and AAPM. (The AAPM appointees would likely be liaisons with full voting privileges)
    - (1) AAPM/ACMP Committees within the ACMP Commission structure
      - (a) Credentials Commission
        - i) Licensure Committee– (Joint)
        - ii) Continuing Education Committee – with liaison to AAPM CE Committee
      - (b) Professional Practice Commission

- i) Reimbursement Committee (Joint)
- ii) Standards Committee (Joint)
- iii) Government Affairs Committee (Joint)
- (c) Communications Commission
  - i) Public Relations Committee (Joint)
  - ii) Publications Committee
  - iii) Ethics Committee
- (d) Liaisons to AAPM Committees
- (e) Liaisons with the ACR committees
- (f) These committees meet at ACMP and AAPM annual meeting and as otherwise needed.
- (2) AAPM Professional Council would focus its efforts on non-clinical practice-specific professional activities retaining the following committees:
  - (a) Ethics Committee
  - (b) Professional Survey Subcommittee (Joint)
  - (c) Professional and Public Relations Committee (PR of Science, Technology and Education issues and AAPM meetings)
  - (d) Legislation and Government Affairs (Government Relations Coordination should include representation from ACMP committees)
- b) Advantages – provides a single focused entity that represents professional clinical practice issues, yet maintains two bodies supporting medical physicists.
- c) Disadvantages – is a large step, AAPM Professional Council changes character substantially, may not be financially sound or broadly representative if membership of ACMP does not increase. Adequate funding of these committees is not clear.
- 4. Model 4: AAPM Professional Council Committees Only
  - a) Description – AAPM changes charter to include clinical practice professional issues within the AAPM professional council, including new responsibilities such as standards, practice guidelines and reimbursement. All professional clinical practice and non-clinical practice issues addressed through this body.
  - b) Advantages – provides a single entity to represent professional issues. Has the strength of AAPM numbers
  - c) Disadvantages- Not all AAPM members are interested in their dues being spent on professional practice issues. This could further increase perceived tension between professional- and academic-oriented members of AAPM. Major change in bylaws and rules of AAPM. ACMP disappears, losing the voice of a second society dedicated solely to medical physicist clinical practice interests. The ACMP tax status is more favorable for lobbying efforts.

## **VI. Additional Avenues Where Cooperation Would Benefit Medical Physics**

The ad hoc committee discussed avenues whereby cooperation between the AAPM and the ACMP would meet the needs of professional clinical practice of medical physics.

1. Coordinate Meetings/Education
  - a) Repeating courses of value at ACMP and AAPM meetings
  - b) Professional Practice Symposia
  - c) Summer schools and ACMP workshops
  - d) Proffered professional clinical practice sessions at AAPM and ACMP
  - e) ACMP annual meeting time separated more from AAPM annual meeting (e.g., February or March)

- f) Board Review Courses
- 2. Clinical Journal
  - a) AAPM and ACMP recognize the need for the clinical journal.
  - b) Develop model of joint ownership (in progress).
  - c) Rename the journal, e.g. “Clinical Medical Physics.”
- 3. Other Potential Considerations Discussed
  - a) Economics and Membership Potential
    - (1) It is proposed that any plan be implemented with neutral or positive overall budgets (long term).
    - (2) Increase ACMP membership by joint billing (on AAPM dues statement)
      - (a) Would the requirements for ACMP membership change, i.e.– to not explicitly require clinical practice?
      - (b) Full membership would require board certification, active in the practice of medical physics.
      - (c) Provisional (associate) membership also available for non-board certified individuals.
    - (3) Increase AAPM membership by focussing the professional practice activities in the ACMP (provide more value for science).
    - (4) Must be an AAPM member to join ACMP.
    - (5) Develop financial model for attractive and effective member dues rate for existing AAPM members to join ACMP.
    - (6) Investigate potential for utilization of AAPM HQ tools, space and services for a fee [Note: AAPM representation recommends this be a low priority issue.]
    - (7) ABR and ABMP diplomates, medical physics residents get automatic invitation to ACMP.
  - b) ACR and other society coordination.
    - (1) Develop collaborative efforts with the appropriate ACR–CMP committees
      - (a) The chairs of ACR committees should be members of the appropriate ACMP/AAPM committees, and those AAPM/ACMP committee chairs should also be considered for membership in the ACR committees. ACR committees include:
        - i) Economics Committee
        - ii) Government Relations Committee
        - iii) Standards and Accreditation Committee
    - (2) This can also benefit the ACR–CMP efforts.