# Task delegation in clinical medical physics:
## Suggestions for a prudent approach
*From the AAPM Working Group on TG-100 Implementation*
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The logistical challenges caused by the community response to the Covid-19 pandemic are far reaching. Health systems have been particularly affected, and clinical medical physics services are no exception. Allied health professionals may have been redeployed for other hospital support functions, health systems may restrict access for consultant physicists, and medical physicist colleagues may be on medical leave. Consequently, many of us may be faced with an acute need to consider which tasks can be safely delegated to another individual. The question of how to ensure that safety and quality standards are maintained under these circumstances is an important one.

The AAPM has produced guidance documents in recent years that are highly relevant to this question: Medical Physics Practice Guideline (MPPG) 7.a, and the Task Group 100 (TG100) report.

MPPG 7.a provides guidance on supervision of medical physicist assistants (MPAs). The full document can be found at the MPPG landing page: https://www.aapm.org/pubs/MPPG/. The Guideline describes the responsibilities of the QMP in determining which tasks can safely be delegated and what level of supervision to provide; describes the responsibilities of the MPA; provides recommended ratios of MPAs to QMPs; and provides guidance on competency assessment and examples of formal supervision plans.

The TG100 report provides a framework to assess which tasks can be safely delegated. Given the rapidly changing circumstances, there may be insufficient time to rigorously complete all of the components recommended in the report. A streamlined approach would include the generation of a process map for the tasks under consideration, and the conduction of an informal Process FMEA. Ideally, this should be done in a multidisciplinary team approach, however, if under significant time/resource pressures this may not be possible.

An Excel table listing the process steps, potential failure modes, potential causes of failure, and existing process controls can serve for performing the Process FMEA. This method enables the risk analysis of the task delegation to proceed in a structured way. The results can then be used to decide on training and the required level of supervision, and then saved in an accessible format as documentation of the risk assessment and supervision plan. The process map is also useful for training and for competency assessment.

Checklists can be another effective tool to ensure that delegated tasks are consistently performed as intended. The MPPG 4.a report provides a wealth of information on how to design concise, effective checklists.

Frequent communication is vital in situations with rapid changes and new workflows. Once task delegation is determined, implement a process for frequent, clear, and timely communication between the QMP and the individual(s) performing the delegated tasks. If in doubt, communicate more.

Feel free to contact the Working Group members with specific questions (2020.WG100@aapm.org)