

## AAPM Task Group 133: Alternative Clinical Training Pathways

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AAPM\_7/27/2009  
Herman # 1



## It is ALL about Patient Care

- Ultimately, the result of our work, regardless of whether we are researchers, educators or clinicians is the best possible patient care

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## CAMPEP Vision 2006 Residency Application Guidelines

- A formal 2 year residency program at an academic center offering a complete range of treatment techniques and with many, often specialized, qualified medical physicists (QMP). Such a program, if CAMPEP accredited, may serve as a primary site.
- A formal 2 year residency offered at a center with more limited resources but affiliated with a CAMPEP accredited center.
- Incorporation of a residency program in a professional degree where it may replace the research/project component of the more conventional Masters and Doctoral degrees.

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## TG133 Charges

1. To consider and propose a model or models by which *extensive clinical medical physics training as outlined in AAPM report #90 (and its revisions) and delivered in a CAMPEP accredited clinical training program* can be achieved, increasing dramatically the number of available qualified clinical medical physicists and reducing the burden on the limited number of conventional medical physics residency programs.
2. To ensure that *Satisfactory completion of required core didactic medical physics coursework as outlined in AAPM report 79* is also achieved, either in an accredited graduate program or within the structure of the accredited training program(s) proposed in charge #1.

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## TG133 Charges

3. Detail in each training model how the requirements established for accreditation will be achieved, including program funding and expected program time frames. Specifically, the task group will consider:
  - a) Current CAMPEP accredited medical physics residency program structure
  - b) A structured mentorship, affiliated with a core CAMPEP accredited residency program
  - c) The professional doctoral and/or masters degree in the practice of medical physics.
  - d) How an enhanced M.S. or Ph.D. medical physics graduate program could provide some or all of the necessary clinical training and if not all, how that fits in to the residency, and a, b or c above.

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## TG133 - Affiliate Programs

- An **affiliate** program would be connected to a **primary** CAMPEP accredited program for essential material not provided by the affiliate facility.
- **Limited affiliation** - receiving CAMPEP accreditation, connects to the primary for limited set of needs
- **Dependent affiliation** - the primary program fully manages all the affairs of the affiliate – accreditation through primary

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## Self Study

- The Self- Study is *the significant document* for CAMPEP accreditation
  - It indicates how all necessary training, administration and documentation are carried out in the program, including specifics for any affiliations.
- This is true regardless of the type of training model/program; the expected training is complete and consistent

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## Self Study Details – TG133

- Report gives explicit guidance for both limited and dependent affiliations for each area of the self study (outlined by B.Gerbi).
- Affiliation allows almost any (complete) clinical training program to gain accredited status
- Potential to convert OJT to accredited/measured quality training.

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## Conclusion

- It is ALL about Patient Care
- Consistent, high quality clinical work comes from consistent, high quality training and experience.
- Many good alternatives exist
- TG133 is published on the AAPM Web

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