

2012/2014 Summit meeting
January 21 – 22, 2010
Doubletree Hotel Chicago O'Hare Airport – Rosemont
Agenda

Thursday January 21, 2010

8:00 a.m. – continental breakfast

8:30 a.m. – Welcome and Goals – **Giger and Herman**

Expectation to complete summit with written document representing group consensus on topics listed.

Brief reports and updates

8:40 – Klein and Bayouth

1. Current residency statistics and output, therapy and imaging, MP RTP survey on entering residents (on entry qualifications)
2. Progress from residency workshops
3. Residency coordination (standardized entry date, match program)

9:00 – Dobbins and ABR Trustees

4. SDAMPP statistics/report
5. ABR statistics update (recent grads, etc)

9:20 Coffey and Molloy

6. Combined program DMP
7. Linked MS + residency

9:40 Pizzutiello and Siebert

8. Imaging physics residency program growth potential and need
 - a. Practice group update, others?
 - b. Considerations for MNP alone or within DRP residency

10:00 Maughan

9. Overview of WG on Required Didactic Graduate Education Requirements

10:15 - Break

10:30 – Confirm/Guide Consensus - Herman and Giger

Review attached list to identify A) those where consensus exists now and B) those where further discussion is required.

12:30 – Lunch

13:30 – Breakout focus session on B) items from morning session

15:15 – Break

15:45 – Breakout focus session continues

17:30 – End day 1, with reception and dinner to follow at 18:30

Thursday Evening – Leads and Scribes create refined draft consensus text

Friday January 22, 2010

8:00 – continental breakfast

8:30 – Itemized Consensus Statement Document Reviewed – **Giger and Herman**

11:00 – box lunch delivered

12:00 Adjourn meeting

Consensus Item List – 2012/2014 Summit Meeting

1. We are in agreement with the number of accredited graduate programs and residency graduates necessary to meet the 2012 requirements.
2. We are comfortable with the number of accredited residency program graduates necessary to meet the 2014 requirements.
 - a. Likely certain for therapy
 - b. True for imaging? Is there more we can/should do?
 - c. Where does NM come in?
3. We expect that combined degree/residency programs will satisfy 2014 requirements as long as they are accredited for both graduate program and residency components.
 - a. Are DMP programs developing and are they being accredited fully as both?
 - b. Are integrated MS and residency programs (in what could be less than 4 years) expected to be accredited fully as both?
4. The undergraduate curriculum required to satisfy CAMPEP and ABR is already defined.
 - a. The mechanism by which deficiencies in undergraduate physics courses can be satisfied is defined. (courses can be made up and documented either at the college or graduate level to the satisfaction of the graduate program director)
 - b. These materials are readily available to college students and potential graduate students.
5. There exists a clear description for each of the acceptable pathways to becoming a QMP.
 - a. Figure below describes consensus for acceptable pathways, noting the still-developing combined degree/residency programs.
 - b. The medical physics didactic requirements for individuals entering residency from non accredited graduate programs (this includes medical physics and non medical physics degrees) require that either an accredited graduate program or an accredited residency program with access to graduate didactic teaching take responsibility for assessing the didactic training.
 - c. Didactic requirements not met in graduate school must be met and documented before completion of an accredited residency program. Courses can be taken in an accredited graduate or accredited residency program with access to graduate didactic teaching.
6. The didactic education requirements for CAMPEP graduate programs are defined and available.
 - a. Beyond the information in [Report 197](#) (update to Report 79), are the minimum absolute requirements to satisfy the didactic work for someone interested in becoming a QMP 100% of the material in Report 197 for every grad student? Reference WG chaired by Richard Maughan to define what must be done in an accredited curriculum. What more is needed?

7. There is a mechanism defined to quantify residency rotation “credits/hours” for compatibility and tracking (between programs and from graduate school to residency).
 - a. This might be useful and important for programs that do graduate and residency training or for residents or grad students that transfer (with clinical credit).
 - b. Should a sponsored (such as AAPM) website be used for tracking training?
8. Graduates of CAMPEP accredited residency programs are eligible to sit for part II and part III of the ABR exam upon graduation.
9. There exists now and in the future enough funding available to support clinical medical physics education (residency).
 - a. Should other/additional avenues continue to be sought?
10. John Hazle suggested a white paper from CAMPEP, ABR and AAPM on history of the 2012/2014 actions – to educate all, dispel myths and clarify routes for clinical, research, and/or education careers. This would avoid multiple inconsistent documents, interpretations. Is this material available to post? Perhaps the consensus material from this meeting becomes the document?

Consideration of various organizations’ interpretations of a “qualified clinical medical physicist” that differ from the QMP as promoted by the AAPM

Discuss ACR and other organizations “lesser” requirements for QMP in imaging (even CRCPD)

- a. How does a lesser requirement impact the need for QMP training for imaging?
- b. Review CRCPD draft QMP definitions, ACR, various state rules.
- c. Do we use QMP or QCMP?

