AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE

IMPROVING HEALTH THROUGH MEDICAL PHYSICS

AAPM NEWSLETTER

January/February 2021 | Volume 46, No. 1

IN THIS ISSUE:

COVID-19 UPDATE

Notice as of January 4, 2021

- COVID-19 Information for Medical Physicists
- All AAPM in-person meetings, plans for AAPM funded travel and meetings of other groups at HQ are to be canceled through March 31, 2021.

AAPM NEWSLETTER is published by the American Association of Physicists in Medicine on a bi-monthly schedule.
AAPM is located at 1631 Prince Street, Alexandria, VA 22314

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EVENTS/ANNOUNCEMENTS

SUBMISSION INFORMATION

Please visit the Newsletter Page on the AAPM website for submission information and instructions.

Questions?
newsletter@aapm.org
AAPM Headquarters
Attn: Nancy Vazquez

PUBLISHING SCHEDULE

The AAPM Newsletter is produced bi-monthly.
Next issue: March/April 2021
Submission Deadline: February 5, 2021
Posted Online: Week of March 1, 2021

CONNECT WITH US!

Editor's Note

I welcome all readers to send me any suggestions or comments on any of the articles or features to assist me in making the AAPM Newsletter a more effective and engaging publication and to enhance the overall readership experience. Thank you.

AAPM EDUCATION & RESEARCH FUND

AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE

2021 AAPM FUNDING OPPORTUNITIES

GRANTS

- **AAPM | RSNA Imaging Physics Residency Grant**

  This grant provides 50% support of a resident's salary for two imaging physics residents.

  Application Duration: 7/1/22 – 7/1/24

  Application Deadline: 5/3/21

- **ASTRO-AAPM Physics Resident/ Post-Doctoral Fellow Seed Grant**

  This grant is jointly funded by AAPM and the American Society of Radiation Oncology (ASTRO) for Medical Physics Residents and Post-Doctoral Fellows. The goal is to advance the field of radiation oncology in novel ways through the support of early-career scientists involved in radiation oncology physics-related research. With this jointly supported grant, both societies aim to help support the next generation of researchers in the field of radiation oncology. One grant of up to $25,000 will be awarded.

  Application Deadline: 2/26/21

FELLOWSHIPS

- **2021 Research Seed Funding Grant**

  Three $25,000 grants will be awarded to provide funds to develop exciting investigator-initiated concepts, which will hopefully lead to successful longer term project funding from the NIH or equivalent funding sources. Research results will be submitted for presentation at future AAPM meetings.

  Application Duration: 8/31/21 – 8/31/22

  Application Deadline: 5/11/21

- **Summer Undergraduate Fellowship Program**

  This 10-week summer program provides opportunities for undergraduate university students to gain experience in medical physics by performing research in a medical physics laboratory or assisting with clinical service at a clinical facility. Students are selected for the program on a competitive basis with each receiving a $5,500 stipend.

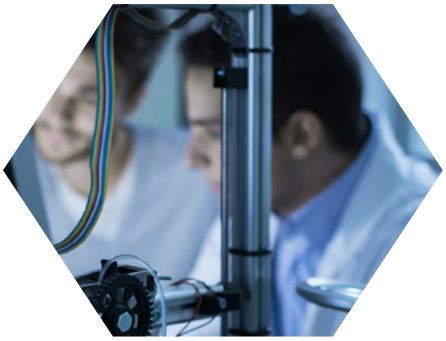
  Application Deadline: 2/3/21

- **DREAM — Diversity Recruitment through Education and Mentoring Program**

  DREAM is a 10-week summer program designed to increase the number of underrepresented groups in medical physics by creating new opportunities, outreach, and mentoring geared towards diversity recruitment of undergraduate students in the field. Each DREAM fellow receives a $5,500 stipend.

  Application Deadline: 2/3/21

  ****Update**** *Funding for four additional grants will be provided by the American Institute of Physics (AIP) Diversity Action Fund.*



For more information and to apply, visit: gaf.aapm.org

LOOKING BACK, LOOKING FORWARD

PRESIDENT'S REPORT James T. Dobbins III, PhD | Duke University Medical Center

As I begin my year as your President, I want you to know what a tremendous privilege it is to serve you — our membership — and our profession. What we accomplish, we accomplish together — including the essential work of the many volunteers who serve on our 373 committees and groups. And we have a fantastic Headquarters staff that facilitates, organizes, and makes possible the work of our association. Together we are a great team.

It goes without saying that the past year has been unlike any other in our association's history. We have been living in the throes of a global pandemic since about March a year ago. Many of our members are working from home or else, enduring the rigors of clinical practice in the midst of stringent COVID-19 control measures. We are all experiencing "Zoom-fatigue" and missing the benefits of in-person contact with our colleagues. There is the additional burden of at-home schooling for many of our members who are parents or that care for loved ones. And, of course, we cannot forget the real human toll that this pandemic has taken on those who have suffered from this devastating disease or who have lost loved ones or colleagues. In short, we have had a very challenging year.

Despite the tremendous challenges of the past year, so many of our member volunteers, staff, and leadership team have risen to the challenge and excelled in moving us forward. I want to call out several individuals and groups for special recognition. First, I want to express my profound appreciation to **Cynthia McCollough, PhD**, our outgoing Board Chair, for her three years of hard work and very effective service to AAPM. During her term as President, she emphasized the importance of building bridges across our organization and with other societies, and she also helped jumpstart our important efforts in Data Science collaborations. Well done, Cynthia! **Saiful Huq, PhD**, has just completed his term as our President, and he led us in several very important initiatives, including expanding AAPM's global impact, especially among low- and middle-income (LMIC) countries; this work has resulted in the noteworthy establishment of a new International Council, recently approved by a vote of the membership. I look forward to working with Saiful in the year ahead as he now assumes the role of Board Chair. I also want to acknowledge and thank **Susan Richardson, PhD**, for her outstanding work as AAPM Secretary as she completed her term this past December; and we welcome **Jennifer Johnson, PhD**, as our new association Secretary this current year. **Mahadevappa Mahesh, PhD,** is doing a great job as AAPM Treasurer and continues in that role this year. And last, I want to welcome **Dan Bourland, PhD**, as an Officer in his capacity as President-Elect.

Email: james.dobbins@duke.edu

"It goes without saying that the past year has been unlike any other in our association's history. We have been living in the throes of a global pandemic since about March a year ago."

PRESIDENT'S REPORT, Cont.

I would also like to mention several key transitions in our council leadership. Our councils really comprise a good part of the important work that gets done within AAPM. We now have five councils: Administrative, Education, Professional, Science, and the new International Council mentioned above. The council chairs take on a huge role of coordinating the very extensive work of these councils, and we are all indebted to them and the many council volunteers for the important work they do. I want to mention several individuals who have recently completed their terms as council chairs. **Benedick (Dick) Fraass, PhD**, completed two very successful terms as Science Council Chair, and I want to thank him for his excellent service as we welcome **Jan Seuntjens, PhD**, into the role as the new Science Council Chair. The new International Council is chaired by **Jatinder Palta, PhD**, who is stepping into this new role after a successful tenure as Chair of the Administrative Council. I want to thank Jatinder for his service on Administrative Council and welcome **Fred Fahey, PhD**, as the new Administrative Council Chair. Continuing as council chairs are also **Joann Prisciandaro, PhD** (Education Council) and **Brent Parker, PhD** (Professional Council); I want to thank Joann and Brent for their excellent leadership. And I also want to note the excellent work of our council vice-chairs: **Kristy Brock, PhD** (Science), **Jim Goodwin, MS** (Professional), **Jay Burmeister, PhD** (Education), and welcome **Bette Blankenship, PhD** (now assuming the Vice-Chair role in Administrative Council) and **David Jordan, PhD** (incoming Professional Council Vice-Chair).

A key impact of COVID-19 on our association has been the need to transition our meetings from in-person to virtual. I want to thank and congratulate the Meeting Coordination Committee (MCC) (**Chris Serago, PhD**, Chair), the Spring Clinical Meeting Subcommittee (SCMSC) (**Michael Howard, PhD**, Chair) and the Annual Meeting Subcommittee (AMSC) (**Robin Stern, PhD**, Past-Chair; **Ingrid Reiser, PhD**, Current Chair) and their entire teams for the extraordinary work of turning on a dime this past year to pivot our in-person Spring Clinical and Annual meeting to a virtual format, with just a matter of weeks to make this transition. That they were able to pull this off was nothing short of miraculous. And even though we had very little time to make this transition, these meetings provided very high-quality content and showed the potential for virtual online delivery even beyond the end of the pandemic. In fact, both our Spring Clinical and Annual Meeting attendance exceeded our normal scientific in-person attendance, likely due to the ability of many of those who find it difficult to attend in person to attend virtually, and to view content retroactively, if needed. We also were able to provide attendance to a number of international participants as well. While the virtual nature of the meeting constrained the number of presentations and presented challenges for our vendor exhibitors, there were nonetheless unanticipated benefits to the virtual format that we are likely to want to retain going forward, even after we go back to an in-person format following the end of the pandemic. Although in-person delivery is so important for purposes of networking and engaging with colleagues, we are likely to see virtual content remain a part of our offerings. We are working with MCC, SCMSC, AMSC, HQ staff, and the Board on the appropriate balance of virtual and in-person content going forward, and we will let you know more about that in the near future.

While discussing the challenge that the virtual meeting format presented this year, I should also point out the absolutely superb work of **Angela Keyser**, our Executive Director, and the entire HQ staff. The extra strain placed on them to accommodate the change to virtual format for our meetings this past year was immense, and yet they did a phenomenal job in this very challenging environment. We truly have an outstanding HQ staff team, and I want to thank each and every one of them for their exemplary work, especially this past year.

I would also like to mention a few themes for the coming year, some of which I have described briefly in previous Newsletter articles. Two areas of focus for my year as President will be (1) the advancement of scientific innovation as we look to the evolving role of physics in medicine in the future, and (2) further work to highlight the business case to hospital administrators for the tremendous value provided by medical physicists as part of the clinical enterprise. The theme for this year's Annual Meeting will be, "Creative Science. Advancing Medicine." We will highlight the important role of creativity in science at the Presidential Symposium, as we explore ways in which we can build on our history as scientific innovators during the coming decades when we will likely see an evolution

in the role of physics in medicine. **Bruce Tromberg, PhD**, Director of the National Institute of Biomedical Imaging and Bioengineering at NIH, will be our keynote speaker at the Symposium, to be followed by a panel discussion with 6 of our colleagues who have demonstrated exemplary innovation in their own careers. I encourage you to attend this Symposium and contribute your own thoughts on how we can best position physics in the evolving medicine of the future.

We will also continue focus this coming year on a few previous initiatives, including expanding the impact of AAPM in the global arena, and our work on addressing equity, diversity, and inclusion (EDI) in the field of medical physics broadly and our own association in particular. Important effort in the EDI arena is taking place through the work of the Ad Hoc Committee for Equity, Diversity and Inclusion (AHCDI) chaired by **Julianne Pollard-Larkin, PhD**. I am grateful for the work she and her colleagues are doing to help us continue our efforts to expand the contributions from everyone across our community in the field of medical physics.

In closing, I want to thank you for your patience, passion, and hard work this past year during the very difficult COVID-19 pandemic, and especially for your care for one another during this difficult time. The spirit of caring that you have exhibited makes us the type of organization that we aspire to be. I send you warm wishes for a successful year ahead for each of you individually as well as in our collective work together as part of AAPM. ■

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FINANCIAL POSITION AND ESTIMATES FOR 2020

TREASURER'S REPORT Mahadevappa Mahesh, PhD | Johns Hopkins University

Happy New Year to All of You

As of September, we anticipate that AAPM will finish the year with a modest deficit from operations. Traditionally, the association takes a conservative approach and assumes that revenue and expenses will be at or near budgeted levels. The Finance Team, would then estimate spending over the final quarter based on average fourth quarter spending patterns over the past seven years. However, given the tremendous impact that COVID-19 has had on both the revenue and expenses of the association, it was determined that the traditional approach would not yield an accurate estimate for 2020. Therefore, the association took a more aggressive, line-by-line approach to estimating revenue and expenses.

The 2020 approved budget estimated revenue at $10.67 million and expenses at $11.68 for a deficit of $1.0 million. For the year, the association estimates revenue of $8.29 million and expenses of $8.46 million, for an estimated deficit of $0.17 million. The global pandemic caused the postponement of Summer School to 2021 and the conversion of the Annual and Spring Clinical meetings to a virtual format. While the virtual Annual Meeting was a huge success, the net return from the meeting was nearly $600,000 below budget. Membership dues while up 4.06% compared to 2019, are estimated to finish below budget by nearly $75,000. As the result of travel restrictions imposed as a result of the pandemic, most association related travel and meetings were either cancelled or virtual. As a result, travel and catering costs were down dramatically across all areas of the association.

Earlier in the year, to offset the negative financial impact of COVID, the association applied for a Paycheck Protection Program (PPP) loan as authorized by Congress under the Coronavirus Aid Relief & Economic Security Act (CARES Act). Under the PPP program if certain requirements were fulfilled a company is eligible to have the loan forgiven at which point it will become a grant to the organization. As the association has fulfilled the requirements for forgiveness, included in the estimates is revenue for the forgiveness of the loan.

As a result of very strong market performance during 2020, the reserve fund balance exceeds $14.6M as of September 30, 2020 (it should be noted, that this strong performance continued through the end of the year and as of December 31, 2020 investment reserves exceeded $16.1M).

2021 Budget

I would once again like to thank the Council and Committee Chairs with their liaisons who worked extremely hard together in developing their budgets.

Twitter: @mmahesh1

Email: mmahesh@jhmi.edu

I would like to thank Robert McKoy **and the entire AAPM finance staff for all their help during this past year and for making the budgeting process and the job of Treasurer manageable. Please feel free to reach out to me (**email **me, call me at 410-955-5115, or** tweet **me) if you have any questions concerning this report.**

TREASURER'S REPORT, Cont.

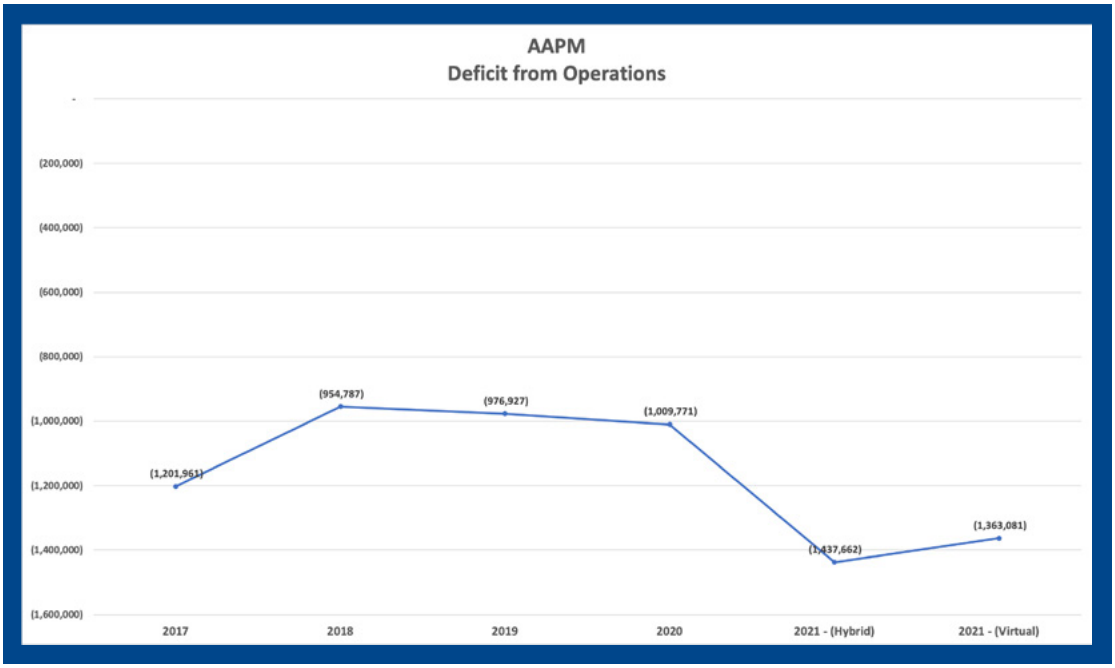
The continued spike in COVID-19 cases in the United States has created a great deal of financial uncertainty in terms of budgeting revenue and expenses for the association. Based upon current data it isn't clear if the association will be able to hold a face-to-face Annual Meeting and Summer School. As a result, the Finance Committee recommended that the association prepare two budget scenarios for review. One containing a Hybrid (virtual and face-to-face) and the second a virtual only scenario. In a year full of firsts, the Finance Committee reviewed the two versions of the 2021 budget virtually with the Council Chairs and eventually approved the initial draft of the budget containing the two different scenarios. After hearing a couple of appeals from the Science Committee, the Finance Committee approved the two budgets to submit to the board. The Board approved the two 2021 budgets during it's a virtual meeting on November 19, 2020.

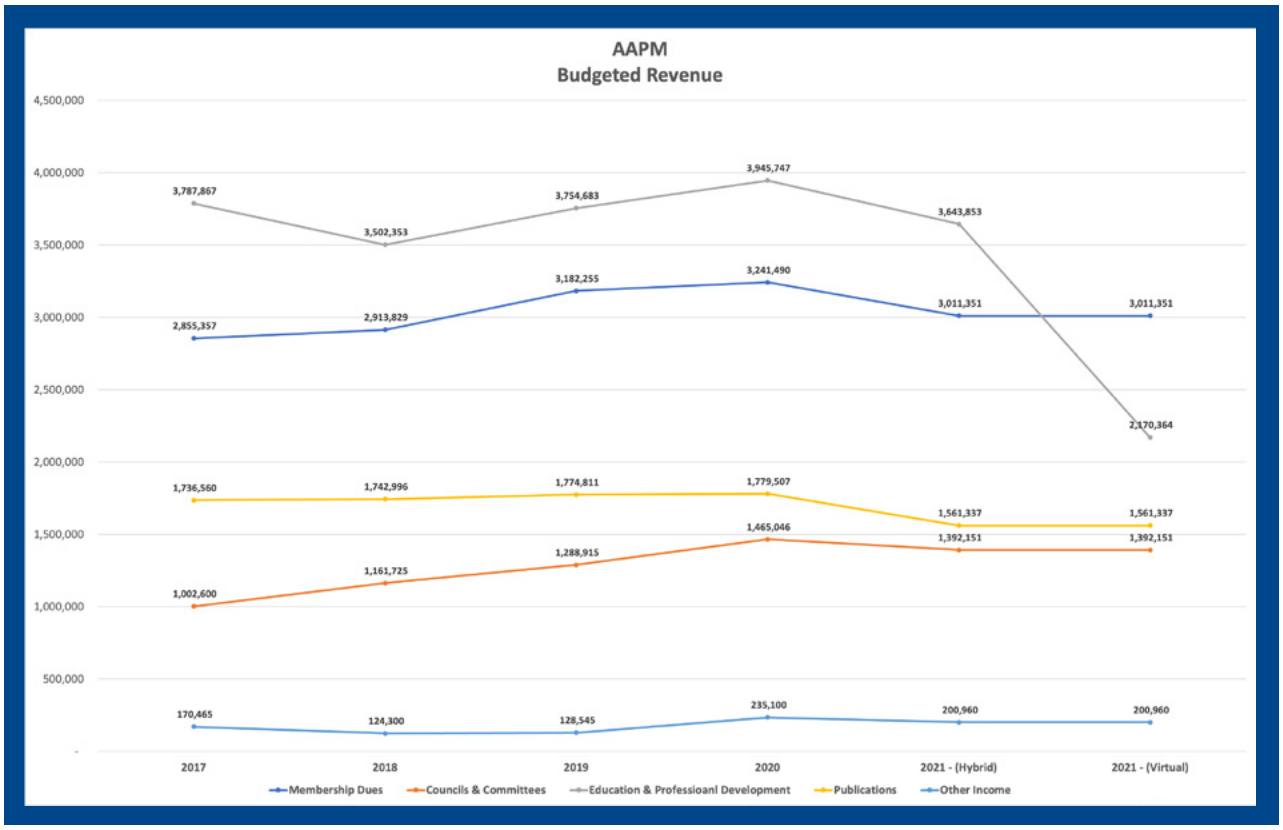
The 2021 budget summary is included with this report. Below you will see revenue and expense projections under each of the approved scenarios. The statistical model predicted a deficit of $945,600 which is based upon AAPM complying with the financial covenants established by TD Bank, the mortgage holder for the HQ building. The approved deficits are greater than the model. However, the Finance Committee felt that reducing expenses to match the anticipated short-term reduction in revenue would greatly impact programs and ultimately the associations ability to achieve its strategic objectives. With the strength of the associations' reserves (which as of November 30, 2020 are valued at $15.6M) it was determined that any cash flow shortfalls caused by a larger deficit in 2021 could be addressed by the associations' reserves.

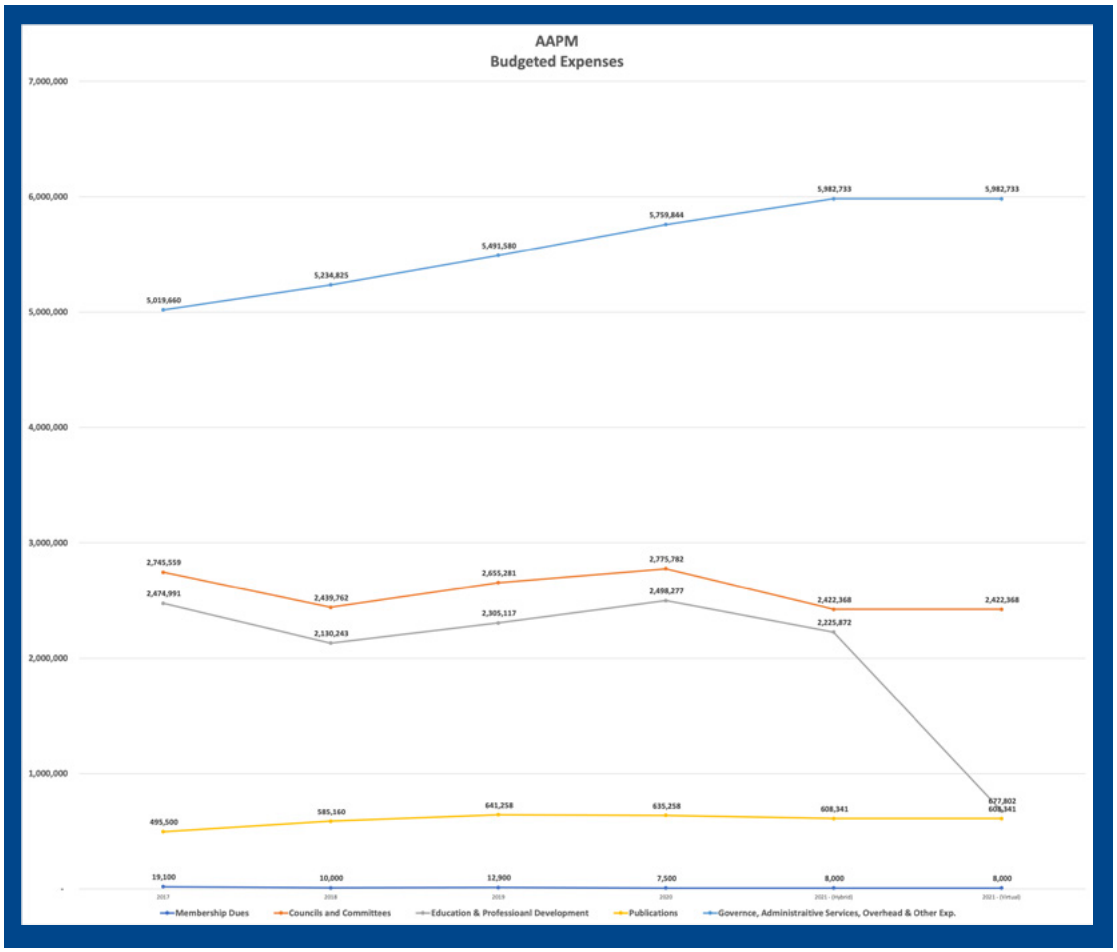
	Hybrid F2F AM & SS	**Virtual AM & SS**
Total Revenue	$9,809,652	$8,336,163
Total Expenses	11,247,314	9,699,244
Deficit from Operations	$1,437,662	$1,363,081

AAPM's Finance Committee, and the Board feel that these budgets allow for AAPM to achieve its strategic initiatives and yet meet its fiscal responsibilities to the bank at the same time.

In addition to a copy of the approved budget, you will find graphs showing budgeted revenue, budgeted expenses and budgeted deficits from operations over the past five years. ■




AAPM
Budgeted Revenue
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
3,787,867
3,502,353
3,754,683
3,945,747
3,643,853
2,170,364
2,855,357
2,913,829
3,182,255
3,241,490
3,011,351
3,011,351
1,736,560
1,742,996
1,774,811
1,779,507
1,561,337
1,561,337
1,002,600
1,161,725
1,288,915
1,465,046
1,392,151
1,392,151
170,465
124,300
128,545
235,100
200,960
200,960
2017
2018
2019
2020
2021 - (Hybrid)
2021 - (Virtual)
Membership Dues
Councils & Committees
Education & Professioanl Development
Publications
Other Income


AAPM
Budgeted Expenses
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
5,019,660
5,234,825
5,491,580
5,759,844
5,982,733
5,982,733
2,745,559
2,439,762
2,655,281
2,775,782
2,422,368
2,422,368
2,474,991
2,130,243
2,305,117
2,498,277
2,225,872
827,802
495,500
585,160
641,258
635,258
608,341
608,341
19,100
10,000
12,900
7,500
8,000
8,000
Membership Dues
Councils and Committees
Education & Professioanl Development
Publications
Governce, Administraitive Services, Overhead & Other Exp.

TREASURER'S REPORT, Cont.

2021 Final Budget Approved by Board
(Hybrid/F2F AM & SS)

	Revenue	Expenses			Net
Final Budget Approved by Board 11.19.20		Direct	Overhead	Total	
Membership Dues					
Dues	2,991,751	8,000	133,000	141,000	2,850,751
Reinstatement Fees	6,100	0	0	0	6,100
Applications Fees	13,500		0	0	13,500
Subtotal	$3,011,351	$8,000	$133,000	$141,000	$2,870,351
Membership Services					
Member Inquiries/Services	0	0	128,000	128,000	(128,000)
Membership Directory	0	0	7,500	7,500	(7,500)
AAPM Web Site	0	0	374,000	374,000	(374,000)
Subtotal	$0	$0	$509,500	$509,500	($509,500)
Organizational					
Governance	0	188,455	284,300	472,755	(472,755)
Governance - Contingency	0	15,000	0	15,000	(15,000)
Subtotal	$0	$203,455	$284,300	$487,755	($487,755)
Councils and Committees					
Administrative Council	40,000	556,350	535,000	1,091,350	(1,051,350)
Education Council	411,885	379,370	153,000	532,370	(120,485)
International Council	0	145,000	50,000	195,000	(195,000)
Professional Council	426,400	300,716	175,000	475,716	(49,316)
Science Council	513,866	900,352	367,000	1,267,352	(753,486)
Committees Reporting to the Board	0	140,580	115,000	255,580	(255,580)
Subtotal	$1,392,151	$2,422,368	$1,395,000	$3,817,368	($2,425,217)
Education & Professional Development					
Annual Meeting	2,930,337	1,779,986	748,000	2,527,986	402,351
Summer School	322,366	233,120	57,000	290,120	32,246
Spring Clinical Meeting	388,150	104,666	100,000	204,666	183,484
RSNA	3,000	108,100	59,000	167,100	(164,100)
Specialty Meetings	0	0	24,000	24,000	(24,000)
Subtotal	$3,643,853	$2,225,872	$988,000	$3,213,872	$429,981
Publications					
Journals	1,561,337	608,341	151,800	760,141	801,196
Subtotal	$1,561,337	$608,341	$151,800	$760,141	$801,196
Administrative Services					
Administration/Prof Services/AIP	0	232,000	138,000	370,000	(370,000)
General Operations /Prince Street	0	139,205	1,586,478	1,725,683	(1,725,683)
Subtotal	$0	$371,205	$1,724,478	$2,095,683	($2,095,683)
Other Income & Expense					
AAPM Mailing Lists	18,000	0	27,000	27,000	(9,000)
Membership Certificates	100	0	0	0	100
Royalties - ARP	60,000	0	0	0	60,000
Investment Earnings & Fees	6,000	0	0	0	6,000
CAMPEP	106,600	0	88,000	88,000	18,600
RSEA	0	0	0	0	0
Services to other organizations (COMP, SDAMPP, etc.)	10,260	0	18,000	18,000	(7,740)
Contributions and Donations	0	8,000	0	8,000	(8,000)
Dues and other payments/AIP		80,995	0	80,995	(80,995)
Miscellaneous	0	0	0	0	0
Subtotal	$200,960	$88,995	$133,000	$221,995	($21,035)
TOTAL FROM OPERATIONS	**$9,809,652**	**$5,928,236**	**$5,319,078**	**$11,247,314**	**($1,437,662)**
AAPM Education & Research Fund	421,600	461,630	4,200	465,830	(44,230)
Investment Income	190,000	40,000	0	40,000	150,000
Grand Total	**$10,421,252**	**$6,429,866**	**$5,323,278**	**$11,753,144**	**($1,331,892)**
				2021 Model to Break-Even	($919,488)
				2021 Model Debt Service	($945,600)
				2021 Debt Service Loss	($69,307)

TREASURER'S REPORT, Cont.

2021 Final Budget Approved by Board
(Virtual AM & SS)

	Revenue	Expenses			Net
Final Budget Approved by Board 11.19.20		Direct	Overhead	Total	
Membership Dues					
Dues	2,991,751	8,000	133,000	141,000	2,850,751
Reinstatement Fees	6,100	0	0	0	6,100
Applications Fees	13,500		0	0	13,500
Subtotal	$3,011,351	$8,000	$133,000	$141,000	$2,870,351
Membership Services					
Member Inquiries/Services	0	0	128,000	128,000	(128,000)
Membership Directory	0	0	7,500	7,500	(7,500)
AAPM Web Site	0	0	374,000	374,000	(374,000)
Subtotal	$0	$0	$509,500	$509,500	($509,500)
Organizational					
Governance	0	188,455	284,300	472,755	(472,755)
Governance - Contingency	0	15,000	0	15,000	(15,000)
Subtotal	$0	$203,455	$284,300	$487,755	($487,755)
Councils and Committees					
Administrative Council	40,000	556,350	535,000	1,091,350	(1,051,350)
Education Council	411,885	379,370	153,000	532,370	(120,485)
International Council	0	145,000	50,000	195,000	(195,000)
Professional Council	426,400	300,716	175,000	475,716	(49,316)
Science Council	513,866	900,352	367,000	1,267,352	(753,486)
Committees Reporting to the Board	0	140,580	115,000	255,580	(255,580)
Subtotal	$1,392,151	$2,422,368	$1,395,000	$3,817,368	($2,425,217)
Education & Professional Development					
Annual Meeting	1,679,004	417,032	665,000	1,082,032	596,972
Summer School	100,210	48,004	46,245	94,249	5,961
Spring Clinical Meeting	388,150	104,666	100,000	204,666	183,484
RSNA	3,000	108,100	59,000	167,100	(164,100)
Specialty Meetings	0	0	24,000	24,000	(24,000)
Subtotal	$2,170,364	$677,802	$894,245	$1,572,047	$598,317
Publications					
Journals	1,561,337	608,341	151,800	760,141	801,196
Subtotal	$1,561,337	$608,341	$151,800	$760,141	$801,196
Administrative Services					
Administration/Prof Services/AIP	0	232,000	138,000	370,000	(370,000)
General Operations /Prince Street	0	139,205	1,680,233	1,819,438	(1,819,438)
Subtotal	$0	$371,205	$1,818,233	$2,189,438	($2,189,438)
Other Income & Expense					
AAPM Mailing Lists	18,000	0	27,000	27,000	(9,000)
Membership Certificates	100	0	0	0	100
Royalties - ARP	60,000	0	0	0	60,000
Investment Earnings & Fees	6,000	0	0	0	6,000
CAMPEP	106,600	0	88,000	88,000	18,600
RSEA	0	0	0	0	0
Services to other organizations (COMP, SDAMPP, etc.)	10,260	0	18,000	18,000	(7,740)
Contributions and Donations	0	8,000	0	8,000	(8,000)
Dues and other payments/AIP		80,995	0	80,995	(80,995)
Miscellaneous	0	0	0	0	0
Subtotal	$200,960	$88,995	$133,000	$221,995	($21,035)
TOTAL FROM OPERATIONS	**$8,336,163**	**$4,380,166**	**$5,319,078**	**$9,699,244**	**($1,363,081)**
AAPM Education & Research Fund	421,600	461,630	4,200	465,830	(44,230)
Investment Income	190,000	40,000	0	40,000	150,000
Grand Total	**$8,947,763**	**$4,881,796**	**$5,323,278**	**$10,205,074**	**($1,257,311)**
				2021 Model to Break-Even	($919,488)
				2021 Model Debt Service	($945,600)
				2021 Debt Service Loss	($69,307)

OUR CONDOLENCES

Michael G. Stambaugh, MS

Fred L. Hacker, PhD

Carl F. Landis, II, MS

Our deepest sympathies go out to the families. We will all feel the loss in the Medical Physics community.

If you have information on the passing of members, please inform HQ ASAP so that these members can be remembered appropriately. We respectfully request the notification via e-mail to: 2021.aapm@aapm.org
(Please include supporting information so that we can take appropriate steps.)

INFORMATION FROM HQ

EXECUTIVE DIRECTOR'S REPORT Angela R. Keyser | AAPM

Please Visit Online Ads

AAPM sponsors are partners in the publication of AAPM's journals, and the links included in their online advertisements might provide information useful to your practice. Please consider clicking through if you see something that interests you.

Three New AAPM Reports

- Report No. 235 — Report of AAPM Task Group 235 — Radiochromic Film Dosimetry: An update to TG-55
- Report No. 185 — Clinical commissioning of intensity-modulated proton therapy systems: Report of AAPM Task Group 185
- Report No. 253 — Surface brachytherapy: Joint report of the AAPM and the GEC-ESTRO Task Group No. 253

2021 Dues Renewal

Our 2021 dues renewal notices were distributed in October. You may pay your dues online or easily print out an invoice and mail in your payment. I am pleased to report that all 21 AAPM Chapters have elected to have HQ collect chapter dues. We hope that you will appreciate the convenience of paying your national and chapter dues with one transaction!

AAPM Rules are very specific regarding the cancellation of membership and the fees required for reinstatement if dues are not paid by the deadline. As the administrative staff of AAPM, we must consistently enforce the rules of the organization. It would be complicated to make exceptions for some members while enforcing such fees with others. If you need any assistance or have any questions about paying your dues, please contact Janelle Priestly.

2021 Funding Opportunities

Summer Undergraduate Fellowship Program
(Application Deadline: February 3, 2021)

The Summer Undergraduate Fellowship Program is designed to provide undergraduate university students opportunities to gain experience in medical physics by performing research in a medical physics laboratory or assisting with clinical service at a clinical facility.

In this program, AAPM serves as a clearinghouse to match exceptional students with exceptional medical physicists, many of whom are faculty at leading research centers. Students participating in the program are placed into summer positions consistent with their interests.

Twitter: @AngelaKeyser

Email: akeyser@aapm.org

Who Does What on AAPM's HQ Team?
See a list with contact information and brief descriptions of responsibilities online. An Organization Chart is also provided.

Students are selected for the program on a competitive basis to be an AAPM summer fellow. Each summer fellow receives a $5,500 stipend from AAPM.

View additional information and access the online application.

DREAM — Diversity Recruitment through Education and Mentoring Program
(Application Deadline: February 3, 2021)

The AAPM Diversity Recruitment through Education and Mentoring Program (DREAM) is a 10-week summer program designed to increase the number of underrepresented groups in medical physics by creating new opportunities, outreach, and mentoring geared towards diversity recruitment of undergraduate students in the field of medical physics. Students participating in the program are placed into summer positions that are consistent with their interests.

Students are selected for the program on a competitive basis to be a DREAM fellow. Each DREAM fellow receives a $5,500 stipend from AAPM. Additional DREAM fellows will be supported this year through the AIP 2020-2021 Diversity Action Fund.

View additional information and access the online application.

ASTRO-AAPM Physics Resident/Post-Doctoral Fellow Seed Grant *(Application deadline: February 26, 2021)*

AAPM and the American Society of Radiation Oncology (ASTRO) are jointly funding a research seed grant for Medical Physics Residents and Post-Doctoral Fellows. The joint seed grant aims to advance the field of radiation oncology in novel ways through the support of talented early-career scientists performing physics and radiation oncology-related research. The Physics Seed grant seeks to support the next generation of researchers. One grant of up to $25,000 will be awarded. The start date for the 2021 award will be July 1, 2021.

View additional information and access the online application.

AAPM / RSNA Imaging Physics Residency Grant
(Application deadline: May 3, 2021)

The AAPM Board of Directors has approved $420,000 in support over 6-years ($70,000/year starting in 2019) to fund six spots in existing or new imaging residency programs. The RSNA Board of Directors approved $210,000 in funding for three additional slots in existing or new imaging residency programs. The purpose of AAPM funding is to provide 50% support of a resident's salary for two imaging physics residents. The awardee institution(s) will provide the other 50% support. After the award period is over, the intent is that the awardee institution(s) will continue to fully support this new imaging physics residency position. CAMPEP accreditation is expected within the first year of the funding period if a program is not currently accredited. Open to existing or new imaging residency programs.

View additional information and access the online application.

Research Seed Funding Grant
(Application Deadline: May 31, 2021)

Three $25,000 grants will be awarded to provide funds to develop exciting investigator-initiated concepts, which will hopefully lead to successful longer-term project funding from the NIH or equivalent funding sources.

Funding for grant recipients will begin on August 1 of the award year. Research results will be submitted for presentation at future AAPM meetings.

Applicants must be a member of AAPM at the time of application (any membership category).

View additional information and access the online application.

APSIT: Insurance for Science Professionals

Each year, AAPM members are offered a range of insurance products through the American Physical Society Insurance Trust (APSIT) because of AAPM's affiliation with the American Institute of Physics (AIP). APSIT was established in 1969 by the American Physical Society (APS) to provide members with a convenient source of quality and affordable insurance. The trust began by offering

EXECUTIVE DIRECTOR'S REPORT, Cont.

Group Term Life Insurance in February of 1970 and has since greatly expanded their product selection.

Most APSIT plans are underwritten by market-leader New York Life Insurance Company, established in 1845. New York Life regularly earns the highest ratings for its financial strength from leading rating services.

Plan premiums are regularly more affordable than what's available through competitors, thanks to group purchasing power. Since AIP society members usually have higher education levels and tend to live more conservative lives, APSIT group rates are very competitive in the market.

APSIT's governing board, charged with making decisions about which plans to provide, comprises representatives from participating member societies. This means every decision is made based on an understanding of what AIP society members find important. I've been fortunate enough to serve on the APSIT board since 2009.

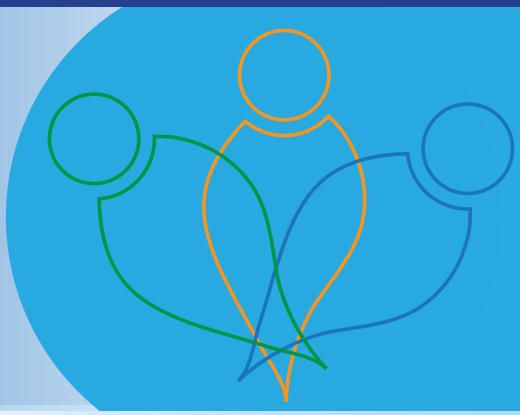
In 2014, APSIT selected Pearl Insurance as its exclusive program administrator for life and health insurance offerings. With over 60 years of industry experience, Pearl Insurance is a nationally recognized third-party organization and is responsible for the brokerage, administration, and marketing of APSIT's group insurance program. This strategic partnership will lead to additional coverage options and enhanced services as we continue to work toward expanding our benefit offerings. Pearl Insurance's team can be reached Monday through Friday, from 7:00 am – 7:00 pm CST, at **800.272.1637**.

Currently, members of any AIP society are eligible to purchase the following plans through APSIT:

- Group Term Life
  - Benefit amounts of up to $1,500,000 of member coverage and $750,000 of spouse coverage.
  - Spouse/domestic partner/child coverage available
  - Quick Decision available for coverage amounts up to $400,000 (under age 50). Automated underwriting allows for no medical exam (just a few health questions) and a faster decision on your application.
- Group 10-Year Level Term Life
  - Rates locked in for a decade
  - Benefit amounts of up to $1,500,000 of member coverage and up to $1,000,000 of spouse coverage
  - Now, for a limited time, members under age 50 can apply for up to $500,000 of APSIT Group 10-year Level Term Life Insurance **without a medical exam or lab visit!**
  - Spouse/domestic partner/child coverage available
- Group Disability Income
  - Benefit amounts of up to $6,000 per month
  - Your choice of waiting period (60 or 90 days)
  - Benefits paid up to age 70
  - Now, for a limited time, members under age 50 can apply for up to $4,000 of monthly benefits **without a medical exam or lab visit!**
- Group Accidental Death and Dismemberment
  - Benefit amounts of up to $300,000
  - Spouse/domestic partner and dependent child coverage available
- Long-Term Care
  - LTCRplus core benefits
    - Long Term Care funding
    - Long Term Care Navigation
    - Long Term Care Audit
    - Long Term Care Legal

While it remains your decision as to whether any of these insurance products fit your own needs, I encourage everyone to take advantage of the plans that are right for you. Visit apsitinsurance.com for more information on each plan. ■

SAVE THE DATE!



April 17–20
VIRTUAL

AAPM SPRING CLINICAL MEETING 2021

The 2021 AAPM Virtual Spring Clinical Meeting will include practical information designed to help medical physicists integrate emerging technologies into the clinical environment. Developed to address regulatory and accreditation related issues, this meeting provides a forum for the exchange of ideas in support of practice quality improvement. You will be presented with additional opportunities to meet continuing education requirements and as a clinical physicist, you will gain easy access in a compact format for up-to-date education.

AAPM Member volunteers are working closely with the HQ team to introduce a fresh online meeting platform, ensuring that this virtual experience will provide great Spring Clinical Meeting content, including SAM credits and MPCEC hours, as well as engagement with vendors.

Mark your calendar now and be prepared to contribute to the success of the Virtual Spring Clinical Meeting while helping to make this a continuing opportunity for the medical physics community's education.

JANUARY 27

Deadline for receipt of Early-Career Investigator Symposium and Poster abstract submissions

AAPM.ORG/CLINICAL/

THE NEW AND IMPROVED EDUCATOR'S RESOURCE GUIDE

EDUCATION COUNCIL REPORT
Karen Brown, MHP | Penn State Milton S. Hershey Medical Center
Perry Sprawls, PhD | Sprawls Education Foundation

K. Brown

P. Sprawls

Medical physics education is a complex process consisting of many elements. Central to the process is the medical physics educator (teacher, mentor, program director) who uses his or her knowledge and experience in providing effective and efficient learning activities. These activities include class and conference presentations and discussions, small peer group projects, and a variety of independent self-study engagements by learners. Each of these activities can be enriched with appropriate resources that support and enhance human learning and teaching activities.

In November 2004, AAPM Task Group (TG) No. 115, Educator's Resource Guide, was formed. Under the leadership of **Donald Peck**, the TG created the Educators Resource Guide (ERG) website. The purpose of the ERG was to identify and provide AAPM members access to the available resources that contribute to medical physics education. The initial ERG was developed to function in part as a "bulletin board" where any member could post their suggestions or materials.

In 2006, TG 115 was sunset, and between 2006 and December of 2008, the ERG languished in the absence of a champion to promote and manage the website. In 2009, **Perry Sprawls**, the then Associate Website Editor for Education, took the lead in developing stage 1 of a new ERG which was made available to AAPM members in 2011. The ERG has since been maintained under Education Council, through the volunteer efforts of individuals such as Perry Sprawls and **Mark Rzeszotarski**. In March 2020, under the direction of **Karen Brown**, chair of the Medical Physics Education of Physicians Committee, a working group was proposed and approved by Education Council charged with the continued development and management of the ERG. The working group is chaired by Karen, and includes representation from therapy (i.e., **Quan Chen** and **Wolfram Laub**) and diagnostic (i.e., Perry Sprawls and **Jie Zhang**) physicists.

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kbrown4@pennstatehealth.psu.edu
sprawls@emory.edu

We encourage AAPM members to visit the ERG, review the content that would be of interest and value for your teaching, and provide the working group with your suggestions for additional resources that should be included.

The working group has been updating and compiling educational resources for AAPM members on the ERG. These resources include publications on the design and development of effective learning activities, comprehensive sources of information on specific topics including medical physics encyclopedias and collections by international organizations, guides to textbook selection, and modules for self-study. A major emphasis is on the extensive collection of resources available on the internet, especially visuals and images that can enhance class and conference discussions and applications to clinical procedures. ■

WORKING GROUP ON GRAND CHALLENGES (WGGC)

SCIENCE COUNCIL REPORT Samuel G. Armato, III PhD | The University of Chicago

Written on behalf of the WGGC

The Working Group on Grand Challenges (WGGC) is sponsoring its fifth round of challenges selected from proposals submitted by AAPM members. The AAPM-sponsored challenge ("Deep-Learning for Inverse Problems: Sparse-View X-Ray Computed Tomography Image Reconstruction" organized by a team from the University of Chicago and Illinois Institute of Technology led by **Xiaochuan Pan**) will be conducted in the months leading up to the 2021 AAPM Annual Meeting. The results of the challenge will be presented at what has become an annual session: the AAPM Grand Challenges Symposium.

A second challenge ("The SPIE-AAPM-NCI DAIR Digital Breast Tomosynthesis Lesion Detection Challenge (DBTex)") is being organized by the WGGC and Duke University. DBTex is a two-part challenge for the development of computerized methods for the detection and classification of lesions on breast tomosynthesis images. A session at the 2021 SPIE Medical Imaging Symposium will highlight Part 1 of this challenge, and Part 2 will be presented at the AAPM Grand Challenges Symposium during the 2021 Annual Meeting.

For more details on how to participate in these two challenges, please visit the Grand Challenge's website page.

The WGGC is charged with promoting the conduct of grand challenges designed to assess or improve the use of medical imaging in diagnostic and/or therapeutic applications. To that end, a call for proposals goes out each spring, with proposals due in late June. The WGGC has a budget that allows partial support for up to two proposals each year (including free registration to the Annual Meeting for one member from each of the two top-performing teams and one member of the organizing committee). The selected challenges are announced shortly after the Annual Meeting, which gives challenge organizers nearly a full year to complete their challenge. To promote best practices in the conduct of grand challenges, the "WGGC Challenge Organizer Policy" prohibits individuals who serve as challenge organizers from participating in the challenge. ■

Email: s-armato@uchicago.edu

"The WGGC is charged with promoting the conduct of grand challenges designed to assess or improve the use of medical imaging in diagnostic and/or therapeutic applications."

FDA MQSA ENFORCEMENT GUIDANCE OFFERS CONTINUED FLEXIBILITY TO FACILITIES DURING PANDEMIC

LEGISLATIVE & REGULATORY AFFAIRS REPORT Richard J. Martin, JD | AAPM

The Food and Drug Administration (FDA) released guidance on December 4 updating its March advisory on Mammography Quality Standards Act of 1992 (MQSA) enforcement during the COVID-19 pandemic. The goal of the guidance is to provide the FDA's "current thinking" about compliance with the MQSA quality standards during the public health emergency "to help facilitate the availability of mammography services," as long as there is no undue risk to patient safety or mammography quality.

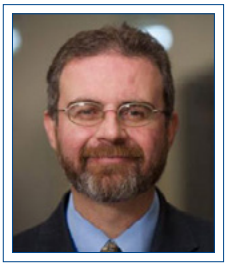
As the FDA resumes routine inspections, the guidance offers continued flexibility to facilities and an easing of enforcement for some of the facility inspection requirements of the MQSA. The FDA acknowledges that mammography facilities may have experienced operational challenges during the public health emergency, including difficulties scheduling annual medical physicist surveys as well as issues with completing training and education for personnel. In addition, the FDA anticipates that medical physicists may have a backlog of facility surveys to complete once travel and access limitations are lifted and will allow facilities additional time for completing annual inspections. See FDA MQSA Guidance. ■

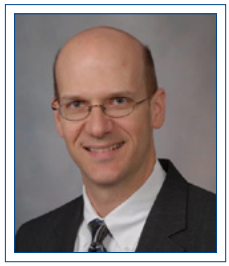
We will continue to monitor pandemic-related developments at the FDA and keep you updated. If you have questions or require additional information, please contact Richard J. Martin, JD, AAPM's Government Relations Program Manager, at richard@aapm.org.

EARLY EXPERIENCE WITH OLA PERFORMANCE

ABR NEWS
ABR Trustees: Kalpana M. Kanal, PhD | University of Washington
Matthew B. Podgorsak, PhD | Roswell Park Cancer Institute • Robert A. Pooley, PhD | Mayo Clinic
ABR Governor: J. Anthony Seibert, PhD | University of California at Davis


K. Kanal


M. Podgorsak


R. Pooley


J. A. Seibert

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jaseibert@ucdavis.edu

The medical physics (MP) maintenance of certification program has four elements, one of which is the assessment of knowledge, judgement, and skills. Meeting this element requires either passing the most recent assessment of the ABR online longitudinal assessment (OLA) or passing a traditional exam in the previous 5 years. The MP OLA program became available on January 6, 2020 and requires at least 52 questions to be answered per year for each specialty certificate. Ten question declines are allowed per year for diagnostic medical physics (DMP) and therapeutic medical physics (TMP), but question declines are not currently available for nuclear medical physics (NMP) diplomates. At the time of this writing, almost all diplomates have met or will soon meet the annual 52 question minimum requirement. For specific questions on MP OLA, please see the ABR website as well as ABR News articles on OLA in previous AAPM Newsletters (March/April 2020; July/August 2020; and September/October 2020).

OLA Statistics

OLA statistics as of November 24, 2020 for those MP diplomates participating in the program are shown to the right.

Over 3400 (99.1%) diplomates answered at least one OLA question

Over 230k OLA questions have been answered

Less than 4% of all questions viewed have been declined

45% have volunteered to participate in the OLA question rating process

Average question response time 1 minute – 29 sec, 3 minute – 59 sec

85% of diplomates have completed their 2020 requirement

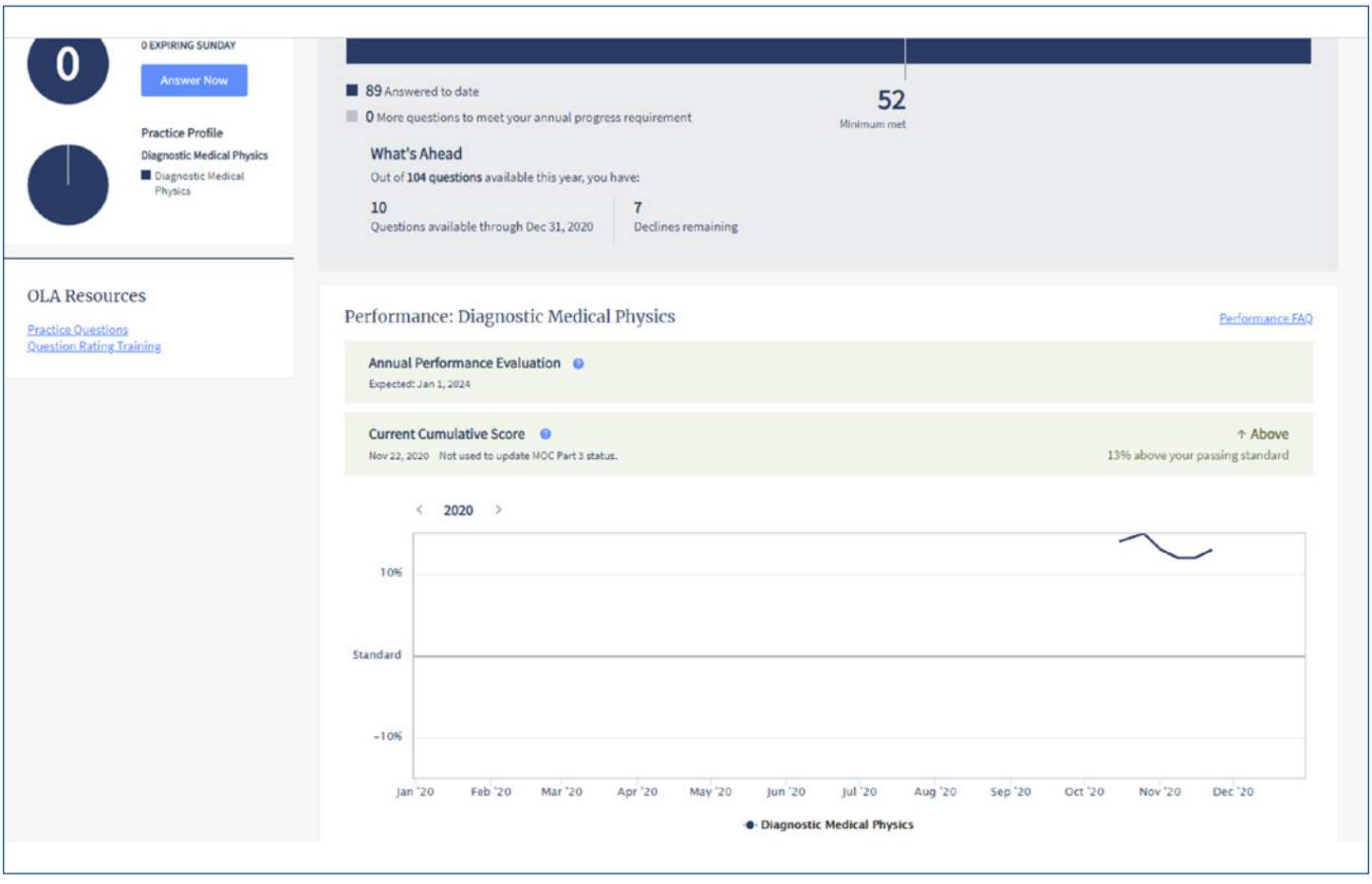
Scoring

As we near the end of the first year for MP OLA, many diplomates have received feedback on their performance. When you log into your OLA dashboard and click on the **Go to OLA** button), you now see a *current cumulative score* (see example on next page) which is an indication of your performance. The current cumulative score includes up to 200 of the most recent scorable questions. A question is scorable once it has been answered by 50 or more diplomates, has received at least 10 ratings, and has acceptable psychometric statistics. Therefore, you may notice a delay between the date you last answered a question and the date your current cumulative score is updated. The example on the next page shows that this diplomate's performance is 13% above his or her passing standard. The OLA

passing standard is criterion referenced; OLA is not graded on a curve, nor does ABR compare your performance to that of your peers. The passing standard for each OLA question is established individually and the aggregate rating for your most-recent questions (up to 200) defines your unique passing standard. The passing standard for each question is established by OLA participants who volunteer as question raters. This is an important characteristic of OLA: medical physicists who are question raters help to set the passing standard for each question.

Your current cumulative score will update actively but will not be used to evaluate performance until you have answered 200 questions. If you choose to answer the minimum of 52 questions per year, an evaluation of your performance will be expected on January 1, 2024 for those who started OLA in January 2020. On the other hand, if you decide to answer the maximum number of questions (104) per year, an evaluation could potentially occur within a two-year period.

If you are below the passing standard on January 1 of the evaluation year, you have until March 2 to raise your performance by answering more questions correctly. If you still fall below the passing standard on March 2, then your Part 3 status will change to "Fail"; however, if at any



time during the evaluation year you exceed the passing standard by answering more questions, then the status immediately changes from "Fail" to "Pass". If you do not wish to participate in continuous certification or are unable to remediate a failing Part 3 OLA evaluation, an alternative is to take and pass a traditional 5-year exam. The traditional exam for Medical Physics is currently the discipline-specific Oral Exam.

The ABR hopes that the performance feedback diplomates have received has addressed some of the questions and concerns diplomates have regarding the MP OLA.

OLA Feedback:

Each diplomate participating in OLA has the option of providing feedback to ABR. This feedback will be considered by OLA item writing committees to ensure that OLA questions continue to improve in the future. Below is a summary of the OLA feedback received for each specialty. It is not practical for ABR to respond personally to each diplomate who entered a comment. Many comments are personal and go into details of a diplomate's practice and why they are unable to answer a particular question. ABR has previously explained why we cannot granularize OLA to each physicist's practice (see ABR News article in the September/October 2020 AAPM Newsletter). All relevant comments are addressed by office staff if straightforward or are sent to the respective OLA committee to resolve. In summary, the first year of MP OLA has gone well as the statistics indicate. ■

DMP
977 comments on 290 items. The number of comments on each item ranged from 1 to 38.

Comments Received
✔ Key incorrect
✔ Wording of stem causing confusion
✔ Images reversed
✔ Minor edits
✔ Item not within scope of practice — MRI or Mammography

TMP
4,581 comments on 407 items. The number of comments on each item ranged from 1 to 82.

Comments Received
✔ Item irrelevant
✔ Not walking around knowledge
✔ Lack of information
✔ Not within scope of practice — brachytherapy or proton therapy

NMP
90 comments on 34 items. The number of comments on each item ranged from 1 to 9.

Comments Received
✔ wording of the stem or answer options

International Union for Physical and Engineering Sciences in Medicine

www.IUPESM.org

The IUPESM represents the combined efforts of over 150,000 medical physicists and engineers globally. IUPESM is a Full Member to the International Science Council (ISC).

IUPESM seeks to contribute to the advancement of physical and engineering sciences in medicine for the benefit and wellbeing of humanity.


Prof. John Mallard


Prof Robert L. Clarke


Prof. John "Jack" Hopps


Prof. Masao Saito


Prof. Oivind Lorentsen


Prof. Alexander Kaul


Prof Lawrence H. Lanzl


Prof. Nandor Richter


Prof. Robert Nerem


Prof John R Cunningham


Prof. Orest Roy


Prof. Niilo Saranummi


Prof Udipi Madhvanath


Prof. Jos Spaan


Prof Keith Boddy

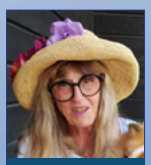

Prof. Kajiya Fumihiko

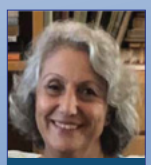

Prof. Gary Fullerton


Prof. Jean-Pierre Morucci


Prof. Colin Orton


Prof. Kwan Hoong Ng

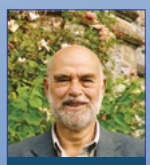

Prof. Inger-Lena Lamm


Prof. Azam Niroomand-Rad


Prof Oskar Chomicki


Prof. Dov Jaron


Prof. Heikki Teriö


Prof. Joe Barbenel

IUPESM FELLOW 1980-2020

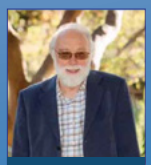

Prof. Joachim Nagel


Prof. Peter H. S. Smith


Prof Barry J Allen


Prof. Makoto Kikuchi


Prof. Ratko Magjarevic


Prof. Alun Beddoe


Prof. George Mawko


Prof. Antonio Fernando Catelli Infantozzi


Prof. Herbert Voigt


Prof. Fridtjof Nuesslin


Prof. Shankar M. Krishnan


Prof. Caridad Borrás


Prof. Kin Yin Cheung


Prof. Yimin Hu


Prof. James Goh


Prof. Slavik D. Tabakov


Prof. Madan Rehani


Prof. Tomas Kron


Prof. De Pei Liu


Prof. Monique Frize


Prof. Marc Nyssen


Prof. Eva Bezak


Prof. Ákos Jobbágy


Prof. Kang Ping Lin


Prof. Virginia Tsapaki


Prof. Howell Round


Prof. Magdalena Stoeva


Prof. John Damilakis


Prof. Timo Jämsä


Prof. Geoffrey S. Ibbott


Prof. Stephen Keevil


Prof. Leandro Pecchia

ACR ACCREDITATION & MORE: UPDATES FOR MEDICAL PHYSICISTS

ACR QUALITY AND SAFETY Dustin A. Gress, MS | Senior Advisor for Medical Physics

Recent Changes to Accreditation Programs

The ACR® Accreditation programs are constantly evolving to help you keep up with the latest quality and safety guidelines and deliver the best care possible. Here are some recent accreditation program updates of note:

- **Nuclear Medicine and PET Accreditation Updates:** To better assist sites in meeting accreditation imaging requirements, we have provided a Nuclear Medicine/PET Clinical Image Atlas and a Nuclear Medicine/PET Phantom Image Atlas. These contain example images and tips to help sites reduce errors in their submissions. For more information, visit the Nuclear Medicine/PET Accreditation page and the Nuclear Medicine/PET support page.
- **New Accreditation Process Flowcharts and Checklists:** Convenient accreditation process flowcharts are now available for ROPA and the other programs for new and renewing facilities. Printable checklists for each step of the accreditation process are also available on each program landing page and in the table below:

CT	Breast MRI	Stereotactic
MRI	Breast ultrasound	Ultrasound
Nuclear medicine/PET	Mammography	Radiation oncology

Virtual Site Surveys for ROPA

As I mentioned in previous editions of this column, COVID-19 affected the ACR's ability to conduct in-person accreditation site surveys. After many months on pause, the ACR designed a process to conduct virtual site surveys for the ROPA program via teleconferencing. In May, the ACR successfully beta tested and conducted its first virtual ROPA site survey.

Here's how it works: The host institution will initiate, launch and run a third-party video conferencing platform such as Zoom. Our surveyors use a conferencing platform provided by the facility to access and view patient data. Our surveyors do not log into facility systems directly, but instead, a facility staff member shares their screen and navigates their systems with the survey team viewing. There may be instances where our surveyors request keyboard and mouse control to navigate through patient files, but we prefer that facility personnel drive the navigation of facility systems.

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In each issue of this Newsletter, I will present information of particular importance or relevance for medical physicists. You may also check out the ACR's accreditation web site portal **for more accreditation information and QC forms. A big THANK YOU to all of the other staff that keep ACR programs running and assist with creating the content in this column.**

Imaging physicists, technologists, and clinicians can learn the basics of optimizing imaging for patients with suspected renal stones in the Image Wisely® Radiation Safety Case for Low-Dose Renal CT**. Clinics can report their quality improvement with MIPS measure** ACRad 39 **(Use of Low Dose CT Studies for Adults with Suspicion of Urolithiasis or Nephrolithiasis), available through the ACR General Radiology Improvement Database, which is a CMS-approved** Qualified Clinical Data Registry**. In other words, imaging physicists have an opportunity to directly impact reimbursement by leading the effort to optimize their clinics' renal CT protocols. Image Wisely® Radiation Safety Cases are free to anyone, and they provide CAMPEP, Cat. 1, and Cat. A credit.**

For the virtual site survey, the facility should be able to replicate everything the department does to conduct the review. Some items, such as the tour of the facility or visiting the other satellite sites, may not be possible.

For sites to qualify for a virtual site survey, they must meet specific requirements requested by the ACR. A unique aspect of the ROPA program is that practices must complete the ROPA Toolkit before scheduling a virtual visit. As part of the toolkit, all sites must complete a checklist before a virtual site survey is scheduled.

The toolkit is a self-study of the practice's alignment with the ROPA standards. It allows the facility to implement changes or confirm their compliance with ROPA standards before the virtual visit. This process promotes quality improvement and improves performance during the virtual visit.

DIR Fluoro is Live!

To establish the framework for the DIR Fluoro module, a two-year pilot project was carried out at nine institutions beginning in early 2018 that included updating the ACR Common lexicon, collecting clinical radiation dose indices from a minimum of 10,000 interventional radiology procedures, and comparing the dose index distributions collected to those reported in the Radiation Dose in Interventional Radiology (RAD-IR) study, which took place from April 1999 through January 2002. You can get some good foundational and technical information about the pilot group in the paper they've published in JVIR.

The DIR Fluoroscopy Module is now available for enrollment and data submission. You can read about the features of the new interactive fluoroscopy standardized DIR reports in the Knowledge Base. Updated weekly, the reports provide an overview of your systems' performance and allow you to delve into the details.

If a site already has a National Radiology Data Registry (NRDR®) account, but not DIR, they only need to complete an addendum to your existing agreement to participate in the DIR. No additional registration or fees are required for a facility currently participating in the CT DIR. New sites wishing to participate should complete the application process and create corporate and facility accounts in the NRDR.

More tips on getting started with the DIR Fluoroscopy Module here.

ACR Recommends NRC Denial of Device Manufacturer's Extravasation Petition

The ACR recently filed comments with the United States Nuclear Regulatory Commission (NRC) recommending denial of a petition for rulemaking (PRM-35-22) filed by a device vendor requesting that the agency require reporting of certain nuclear medicine injection infiltrations/extravasations as "medical events." Historically, the NRC has exempted infiltration/extravasation from medical event requirements due to the general insignificance and unavoidability of these occurrences.

The ACR and all other relevant provider organizations recommended against the manufacturer's petition due to the unavoidability of infiltration during typical intravenous administrations, the usual insignificance of these occurrences from a radiation safety perspective, the downstream consequences on providers and patients of medical event regulations, the financial conflict of interest of the petitioner, and because the change would be a burdensome imposition into the practice of medicine without regulatory justification or an offsetting radiation protection benefit.

The exceptional letter submitted to the NRC is a credit to the ACR's Medical Physics Government Relations Committee leadership, Chair **Ralph P. Lieto, MS, FAAPM, FACR,** and Vice-Chair **Kate M. Hintenlang, PhD, FAAPM, FACR, FASTRO**, the physician leaders in the ACR's Commission on Government Relations, and ACR's exceptional Government Relations staff, in particular **Mike Peters** and **Gloria Romanelli, JD**. ■

IMAGING MEDICAL PHYSICS CODE 76145 EFFECTIVE JANUARY 1, 2021

HEALTH POLICY AND ECONOMIC ISSUES REPORT #1

Gerald White, Jr., MS | Consultant, AAPM Professional Economics Committee
Colorado Associates in Medical Physics

The AMA CPT Editorial Panel has introduced a new CPT code that will be used to describe the work of imaging medical physicists in interventional radiology (*76145, Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report*.) This code will become effective January 1, 2021. This is the first CPT code that explicitly recognizes the efforts of imaging medical physicists when providing services for an individual patient. The creation of the code was the result of a multi-year cooperative effort of the AAPM, American College of Radiology, Society of Interventional Radiology, and the American College of Cardiology.

The code is designed to record the substantial work that is associated with a careful, patient-specific dose evaluation for patients who have undergone one or more high dose procedures (typically interventional radiology) and for whom an individualized dose calculation is medically warranted due to the likelihood of serious deterministic radiation effects. It is not intended for use when estimating the dose relating to stochastic effects from fetal or other non-high-dose procedures. The procedure will be rarely performed; estimates are that less than 20,000 patients of the more than 8 million who undergo interventional radiology procedures annually will require this work. Radiation exposures that exceed institutional thresholds most often occur in connection with diagnostic/interventional imaging procedures that:

- have a high degree of complexity
- require enhanced image quality to visualize anatomic and/or contrast-enhanced features (and thus elevated dose to create the images)
- involve lengthy imaging times (often with cine-radiographic techniques)
- are undertaken to diagnose and or treat severe conditions such that limiting the use of ionizing radiation to restrict dose would lead to a serious adverse outcome
- are performed on a patient with a high BMI
- occur in a series of procedures to the same anatomical area

The code will be used to describe the medical physicist's work in performing a patient-specific peak organ dose calculation subsequent to a fluoroscopically guided interventional radiology procedure (or similar high dose procedure) exceeding the facility's established threshold for radiation air kerma from one or more procedures. It will not be warranted for simply reporting the various dose index or dose estimate data from the internal software of the imaging system.

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"The code is designed to record the substantial work that is associated with a careful, patient-specific dose evaluation for patients who have undergone one or more high dose procedures (typically interventional radiology) and for whom an individualized dose calculation is medically warranted due to the likelihood of serious deterministic radiation effects."

HEALTH POLICY AND ECONOMIC ISSUES REPORT #1, Cont.

Typically, the medical physicist will review the physician request for the 76145 procedure and verify that the institutional review threshold has been exceeded. In addition, they will ascertain if adverse skin or other organ injuries have been reported, consistent with typical time-dose response effects. The medical physicist would review the high-dose radiological procedure with the physician and imaging staff and review the patient record for other recent instances of radiological procedures.

The work and associated report will include a patient-specific calculation and tabulation of the input calculation data for each imaging segment (and sub-segments if there is a significant change in x-ray parameter(s)), resultant organ dose for each segment, and total peak organ dose for all segments for the maximally exposed tissue. Further, there will be a review of the anticipated tissue response based on time/dose/effect literature. The medical physicist will verify the recorded reference air kerma, entrance skin air kerma, and other relevant radiation parameters input to the calculation by independent radiation exposure measurements in the procedure room using the same equipment and techniques as were used for the clinical procedure. All of the results of this work should be documented by the medical physicist in a detailed written report to the physician.

In 2021, CPT 76145 has been valued at 24.88 RVUs ($806.32) in the Medicare Physician Fee Schedule (MPFS) (i.e., freestanding centers) and has been placed in APC 5611 *Level 1 Therapeutic Radiation Treatment Preparation* ($129.87) in the Hospital Outpatient Prospective Payment System (HOPPS) (i.e. hospital outpatient departments). This dramatic inconsistency in reimbursement by site of service is due to the difference in the way that CMS values services in the two payment systems. In the MPFS, CMS looks at the cost of resources that are used to provide the service. In the case of 76145, CMS (via the AMA Relative Value Scale Update Committee) carefully evaluated the cost of performing the service and determined a 2021 payment of $806.32. In the HOPPS system, CMS reviews the hospital charge data for the service and creates a cost value by deflating the hospital charges by the ratio of the hospital reported costs to hospital reported charges (averaged over the universe of reporting hospitals). In the case of a new code for which there is no charge data, CMS assigns the code to a clinical ambulatory payment classification (APC) based on an internal evaluation process. In the case of 76145, CMS staff chose APC 5611 for 2021. AAPM, ACR, ASTRO, and SIR informed CMS that this APC assignment is incorrect. CPT 76145 is assigned to a clinical APC associated with the wrong specialty, and hospital outpatient reimbursement for 2021 is inequitable and inadequate.

Medical physicists should check with their facilities to be sure that cost centers performing interventional radiology procedures (e.g., Radiology, Cardiology, Vascular Surgery) have the new code properly set up in their billing system. Hospitals will need to determine an appropriate charge amount for the service, and the level of these charges will determine the CMS reimbursement for the procedure in future years. Medical physicists should assist their hospital revenue departments in understanding the appropriate charge master value for 76145, based on the actual costs of the work performed.

Please contact the AAPM Professional Economics Committee (Richard Martin) regarding questions on the new code. ■

CMS RELEASES 2021 MEDICARE FINAL RULES

HEALTH POLICY AND ECONOMIC ISSUES REPORT #2

Wendy Smith Fuss, MPH | AAPM Consultant | Health Policy Solutions

The Centers for Medicare and Medicaid Services (CMS) recently released the 2021 Medicare Physician Fee Schedule (MPFS) and Hospital Outpatient Prospective Payment System/ Ambulatory Surgical Center final rules. All payments and policies are effective January 1, 2021.

The MPFS specifies payment rates to physicians and other providers, including freestanding cancer centers. It does not apply to hospital-based facilities. For 2021, CMS is moving forward with its new payment policy and code set for office/outpatient evaluation and management (E/M) services. In order to maintain budget neutrality with the E/M valuation increases, the 2021 conversion factor is $32.4085, a 10.2 percent decrease from the current conversion factor. These changes will result in significant payment reductions to all radiation oncology services in 2021 unless Congress acts to suspend the budget neutrality requirement. CMS reports that the 2021 overall impact is minus 5.0 percent for radiation oncology. Payment reductions for 2021 are attributed to redistributive effects of finalized changes to the office/outpatient evaluation and management visits and revaluation of procedures due to updates to medical equipment pricing.

There were no major policy changes or payment impacts specific to radiation oncology in the Hospital Outpatient Prospective Payment System or Ambulatory Surgical Center final rules. ■

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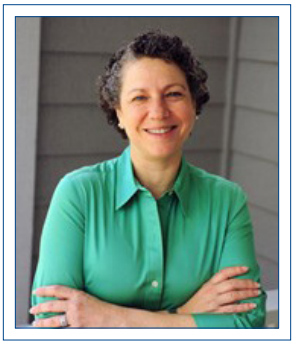
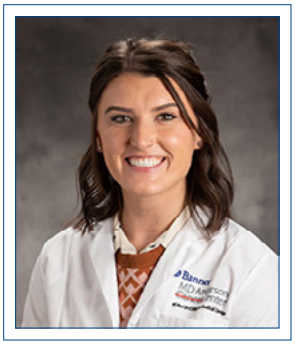
A complete summary of both Medicare final rules and 2021 payment and impact tables are available on the AAPM website.

HOW TO ASK FOR A LETTER OF REFERENCE

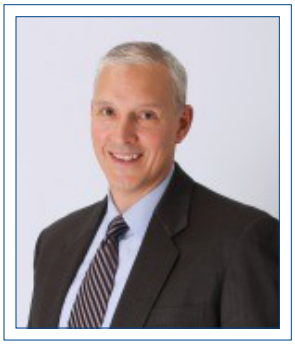
PROFESSIONAL SERVICES COMMITTEE (PROFS) REPORT
Robin Miller, MS | Northwest Medical Physics Center
Chelsea M. Page-Robertson, MS | Banner MD Anderson Cancer Center
Todd Pawlicki, PhD | UC San Diego



R. Miller



C. M. Page-Robertson



T. Pawlicki

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"Like any relationship, professional bonds are constantly growing and changing. Optimally, the time to cultivate a variety of professional relationships that can later provide a reference letter is when you do not need them."

There are many situations in a medical physicist's career when a reference letter is needed. It could be for graduate school or residency, for a job or promotion, or for an AAPM award or honor. While it may be intimidating at first to ask for a letter, most people you ask will be happy to be supportive. The value of a positive letter is critically important to your success. A well-written letter from a peer or someone that knows you well may carry more weight than a generic letter from someone of more seniority or who is well-known. This article focuses on how to cultivate professional relationships, who to ask when you're needing a reference letter, and how to appropriately ask for a letter.

Like any relationship, professional bonds are constantly growing and changing. Optimally, the time to cultivate a variety of professional relationships that can later provide a reference letter is when you do not need them. There are three key traits of a strong professional relationship according to *Harvard Business Review* [1]: a shared relevance, the purpose of the relationship, and a commitment to the relationship. While there is no right or wrong professional relationship, it can be helpful to understand the type of relationship you have with someone, i.e., is it transactional, interdependent, or transformational? This may reflect the type of letter you can expect from a professional relationship. For example, a mentor may be transformational and can be expected to provide a much more comprehensive letter of reference than someone you've done a favor for in the past (a transactional relationship).

Professional references usually need to be familiar with your actual work, personality, and work product. It is good to ask people who know different aspects of your career so you will have a range of responses, for example, clinical knowledge versus teamwork. There may be times when you cannot ask your current colleagues, boss, or co-workers for a letter of reference. The

reasons could vary from a confidential job search to being distrustful of someone who may not be supportive or may sabotage your efforts to move on or up. If you find yourself in this position, think about the other positive relationships you have built over time. This could be former co-workers and colleagues (therapists, dosimetrists, physicians, nurses, administrators), non-physicist references, field service engineers and/or vendor sales representatives, local AAPM chapter members, classmates, mentors, or former professors, just to name a few. You may also find yourself in a situation where you are asked to provide references that you have not previously worked with, been mentored by, etc. This can happen if you are applying for an academic position and the institution requires that your research and impact on the field be evaluated by someone with no connection to you. In this case, you can work with the people that are recruiting you to develop a list of names that may serve as a reference. In this situation, you may not even be allowed to have contact with the person being asked to provide the letter. The good news is that the academicians being asked typically understand this process. Other than that unique case, it is recommended that you contact your potential letter writer to ask if they would be willing to provide it. Once you have reached out to them, assess their response to ensure that they have both the time and are likely to give you a positive review. If they are not quick to respond or respond in a lukewarm way, that is perfectly acceptable. Do not take it to heart. It just means that they may not be an ideal reference for you and you should look elsewhere.

Asking politely prior to giving the name of a reference is crucial. Understand what the person might say about you and see if the person has the time to be able to provide a reference. Asking a close co-worker or former mentor should be straightforward for you. If you're asking someone you do not know as well over email, here is an example:

> Dear [name],
>
> I am applying for [position] at [company/school] and am in need of a letter of reference. [insert personal statement about why this professional relationship is important to you- for example: I enjoyed working together on a project, on a commissioning job, enjoyed sharing an in-depth conversation at a chapter meeting]. I would be honored if you would write one for me.
>
> Would you have the time and are you able to write a letter of reference on my behalf? I will reply with the next steps and necessary information. If you cannot at this time, I understand and appreciate the consideration. Please let me know either way.
>
> With appreciation,
>
> [name and contact info]

Whether you know the person well or not, you will need to ensure the potential reference writer is up to date with all your accomplishments. Provide a current CV and a letter of intent – what are you applying for and why you think that you are a good fit for the job. Be specific. It can be challenging to talk yourself up. This is subtly different than bragging. The purpose of the letter is to differentiate yourself. You need to highlight unique and purposeful accomplishments. It is common for references to be asked about your strengths and weaknesses. A reference may not be good without understanding what feedback will be provided. The reference may be in the form of an electronic survey, a letter, a phone call, or some combination. Some references may even ask you to help them by writing a letter for them. This is acceptable, although very difficult for some, and you should happily take them up on the offer because it is your opportunity to help ensure a good letter is provided on time. This could be in the form of a letter they can edit or you could draft an outline for them highlighting pertinent achievements.

It is never too late to start growing your professional relationships. When you find yourself needing a letter of reference, consider asking the people who know your worth and understand your goals. When it is time to request the letter, do not be afraid to sing your own praises!

Sincerely,

Chelsea Page-Robertson, Todd Pawlicki and Professional Services Committee (PROFS)

[1]*Rowell D. 3 Traits of a Strong Professional Relationship. August 8, 2019.* https://hbr.org/2019/08/3-traits-of-a-strong-professional-relationship, *Accessed November 30, 2020.*

AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE

MEDPHYS 3.0 WEBINARS

The Medical Physics 3.0 (MP3.0) Webinar Series on Transformational Medical Physics provides monthly one-hour webinars free to members and the public. Moderated by MP3.0 Chair Ehsan Samei (Duke University), event topics are in the spirit of this initiative to ***redefine, reinvigorate, and promote the practice of sustainable excellence in medical physics.***

How Can Physicists Meaningfully Interact with Administrators?

Thursday, January 14, 2021 | 12:00 pm ET

Speaker: Dan Pavord, Allegheny General Hospital

Why Do Physicists Need High Competence in Patient Interactions?

Thursday, February 11, 2021 | 12:00 pm ET

Speakers: Todd Atwood, UCSD; Derek Brown, UCSD; Laura Padilla, VCU Health

What's Up with Imaging Protocols?

Thursday, March 11, 2021 | 12:00 pm ET

Speakers: Tim Szczykutowicz, University of Wisconsin; Justin Solomon, Duke University

For additional details and a complete list of upcoming events, visit www.aapm.org/announcements/MedPhys30WebinarSeries.asp

ROBERT JERAJ WINS IDMP AWARD

PERSON IN THE NEWS Geoffrey Ibbott, PhD | UT MD Anderson Cancer Center

Each year, the International Organization of Medical Physics (IOMP) solicits nominations from its Regional Organizations for the International Day of Medical Physics (IDMP) Award. AAPM is a National Member Organization, but for the purposes of this award, the IOMP has permitted AAPM and COMP together to represent North America as the equivalent of a formal Regional Organization.

From the IOMP web site: "The IDMP Award recognizes excellence in Medical Physics with a particular view of promoting medical physics to a larger audience and highlighting the contributions medical physicists make for patient care." The award is linked to the International Day of Medical Physics, which occurs on November 7, the birthday of Marie Curie. The award consists of an IOMP certificate, and a short biography of the awardee will be published in the IOMP Newsletter *Medical Physics World*.

Robert Jeraj, PhD
2020 IDMP Award Recipient

Several years ago, the AAPM EXCOM tasked the Awards & Honors Committee with recommending nominations for awards offered by other societies. The IOMP had requested three nominees from North America; consequently, the Awards & Honors Committee forwarded three names to EXCOM.

We are delighted to notify the membership that the IOMP selected **Robert Jeraj, PhD**, to be the North American recipient of the 2020 IDMP Award. President Saiful Huq's nomination letter of Dr. Jeraj read, in part:

> Dr. Jeraj is an active researcher with a large amount of funding, either as principal investigator or as a co-investigator. He is Director of the Translational Imaging Research Program that oversees concept development, protocol design, and implementation of imaging in trials

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Email: ibbott@me.com

"We are taking this opportunity to congratulate Dr. Jeraj!"

PERSON IN THE NEWS, Cont.

incorporating novel anti-cancer drugs, and the Director of the Wisconsin Oncology Network of Imaging eXcellence (WONIX), a regional clinical trial network that focuses on extensive imaging and molecular biomarker endpoints. Much of his research has to do with pharmacokinetics of anticancer agents and radiotracers. He has published in several high-profile journals, including the New England Journal of Medicine and Lancet Oncology. He has more than 150 peer-reviewed publications and nearly 200 invited lectures and talks, many of which took place in international venues.

In education, Dr. Jeraj is very active in the UW Graduate Medical Physics Program, where he is a member of several of the program's committees and has advised a large number of students and postdoctoral fellows. He is also a member of the Board of Directors of the Commission on Accreditation of Medical Physics Educational Programs (CAMPEP).

Dr. Jeraj is well known at the international level as a speaker and educator. He has conducted sabbaticals at four international institutions and was a visiting professor at the University of Sydney in Australia. He is currently a member of the Danish Comprehensive Cancer Center for Radiotherapy (DCCC Radiotherapy) International Advisory Board in Denmark. He has contributed to the organization of numerous international conferences and workshops.

We are taking this opportunity to congratulate Dr. Jeraj! ■

2021 ANNUAL MEETING UPDATE

ANNUAL MEETING SUBCOMMITTEE REPORT

Ingrid Reiser, PhD | University of Chicago

Written on behalf of the AMSC

As a very strange 2020 is coming to an end, members of the Annual Meeting Subcommittee and working groups are busy planning the 2021 AAPM Annual Meeting. The elephant in the room is, of course, whether the meeting will be in-person or virtual in 2021 — and since we do not have that crystal ball but a wonderfully capable AAPM leadership team, we leave this decision to them. The good news: annual meeting planning is moving ahead full steam, but we switched to a smaller boat to allow us more flexibility.

Our goal is to be nimble and adaptable to face the uncertainty of 2021 — and we are developing a meeting structure and content that can be delivered in-person or virtually. Given attendees' overwhelmingly positive feedback for the 2020 Joint AAPM | COMP Virtual Meeting, you will find a meeting program with significantly fewer parallel tracks than during previous in-person meetings. As always, there was a silver lining in 2020 — attendees from across the globe were able to attend, and we all enjoyed the availability of content on-demand. Therefore, if we are able to meet in-person in 2021, there will be an additional virtual participation option for those who are not able or ready to travel, and meeting content will be available on-demand beyond the duration of the live meeting.

So what's new? Just a few highlights: The Ultrasound Specialty Track is back! And we have added more live opportunities for proffered speakers to present their work and interact with other scientists and clinical physicists. We feel strongly that these live interactions — whether at the podium or virtually — are an essential part of our scientific program, as well as the Medical Physics Trainees. ■

The Annual Meeting organizing team at the virtual Fall face2face in November 2020.

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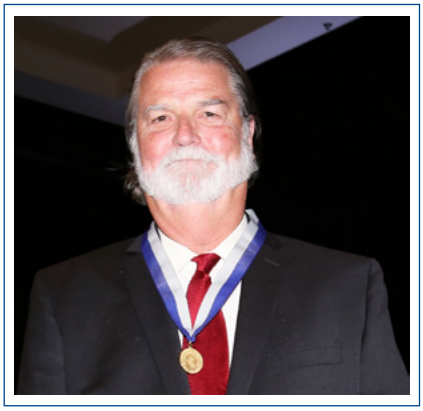
It takes a lot of effort to plan this meeting, and I am excited to introduce an outstanding team:

In a new role in 2021, **Carri Glide-Hurst** is chairing the scientific program, with **Carrie Hruska** and **Wojciech Zbijewski** (Imaging Science Program Director/Co-Director) and **Lei Ren** and **Amit Sawant** (Therapy Science Director/Co-Director). The Ultrasound Specialty Program is co-led by **Chris Diederich** and **Tian Lu**. The Annual Meeting Education Program Working Group is chaired by **Tyler Fisher**, with the Therapy Education Program led by **Laura Cervino** and **Jennifer Smilowitz** (Director/Co-Director) and the Imaging Education Program lead by **Robert MacDougall** and **Matt Vanderhoek** (Director/Co-Director). The Professional Program Working Group is chaired by **Eileen Cirino** with **Dave Jordan** and **Michelle Wells** as Program Director and Co-Director, respectively. **Norman Brown** is chairing the Technical Exhibits Subcommittee. Also new in 2021, **Kristy Brock** has transitioned into the role of Vice-Chair of the Annual Meeting Subcommittee.

I look forward to continuing to work with such a strong and dedicated team.

Boone Named Next Editor-in-Chief of *Medical Physics*, Effective January 1, 2021



ALEXANDRIA, VA, NOVEMBER 12, 2020 — The American Association of Physicists in Medicine (AAPM) has selected **John M. Boone** as the next Editor-in-Chief of its flagship journal, *Medical Physics*.

Boone will succeed Jeffrey F. Williamson in this role, beginning January 1, 2021. He has a dedicated history with AAPM, becoming a Fellow in 1999; serving as the Vice-Chair and Chair of the Science Council for 12 years; and elected as AAPM President in 2015. He was awarded AAPM's prestigious William D. Coolidge Gold Medal in 2019.

"I am honored and humbled to be selected as Editor-in-Chief of *Medical Physics*," Boone shared. "I joined AAPM four decades ago specifically to receive the journal, and over the years I have been involved with many aspects of the journal and its operations. I look forward to this enormous challenge."

Boone received his undergraduate degree in biophysics at the University of California Berkeley and went on to earn master's and doctorate degrees from the department of radiological sciences at the University of California, Irvine.

He is a professor of radiology and biomedical engineering at the University of California, Davis. For the past two decades, The Boone Laboratory, which he leads, has studied the potential of dedicated cone beam breast CT as a new method for both breast cancer screening and the diagnostic breast examination.

"AAPM is tremendously pleased John Boone is the new Editor-in-Chief of *Medical Physics*," said M. Saiful Huq, AAPM President. "Dr. Boone's knowledge of the field and dedicated leadership to AAPM and the medical physics profession uniquely qualify him for this very important position. I'm sure the members are as excited about this as I am. Please join me in congratulating John on this well-deserved appointment. I am confident that John will lead our journal to even greater national and international prominence."

Boone served as Deputy Editor of *Medical Physics* under previous Editors-in-Chief Colin G. Orton and William R. Hendee. He chaired the Journal Business Management Committee among several other vital roles pertaining to the Journal over many years.

About the American Association of Physicists in Medicine (AAPM)

AAPM is the premier organization in medical physics, a scientific and professional discipline that uses physics principles to address a wide range of biological and medical needs. The mission of AAPM is to advance medicine through excellence in the science, education, and professional practice of medical physics. Currently, AAPM represents over 9,000 medical physicists in over 96 countries.

About *Medical Physics*

Medical Physics is the monthly journal of the American Association of Physicists in Medicine, publishing original, high-impact physics, imaging science, and engineering research that advances patient diagnosis and therapy through contributions in 1) basic science developments with high potential for clinical translation; 2) clinical applications of cutting edge engineering and physics innovations; and 3) broadly applicable and innovative clinical physics developments.

Media Contact:

Justin Stewart | justin@aapm.org | 571.298.1254

PRESS RELEASE

AMERICAN ASSOCIATION *of* PHYSICISTS IN MEDICINE

JOIN US FOR THE NEXT MPLA JOURNAL CLUB!

MPLA SPOTLIGHT Samantha Simiele, PhD
University of Texas MD Anderson Cancer Center

Written on behalf of the Medical Physics Leadership Academy Marketing and Publicity Subcommittee with contributions from Ashley Cetnar, MS, and Anuj Kapadia, PhD

The Medical Physics Leadership Academy (MPLA) has recently launched a journal club initiative. The goal of the monthly journal club is to provide a venue for AAPM members to discuss the traits and qualities of effective leaders with the aim of fostering leadership development within the association's membership. The journal club currently meets the second Monday of each month from 1:00 – 2:00 pm ET.

To date, MPLA has hosted three successful journal clubs, starting with the inaugural meeting in September 2020. Topics covered so far include "Influencing" (Figure 1), "Conflict Management," and most recently, "Adaptability." The next semester of journal club topics will begin in January and focuses on the topics of Initiative, Self-Confidence, and Emotional Self-Awareness.

Each journal club session is hosted over Zoom, lasts one hour, and begins with a brief introduction of the leadership topic by the moderator. Participants spend 40 minutes in breakout rooms designed for five or fewer participants, and each breakout group includes a trained facilitator to help guide the session. The smaller group size allows for all members to actively engage in the discussion, ask questions, and share personal experiences. Members are automatically rerouted back to the larger group with 15 minutes remaining to allow representatives from each breakout group to share useful lessons learned (Figure 2). A discussion forum is available for member participation both during and after the session via the AAPM BBS.

Participants are asked to prepare for the journal club through the review of recommended reference materials such as white papers and TED talks and to consider several discussion questions. The materials and questions are available for members on the MPLA Journal Club website, and instructions are emailed to each registered participant in advance of the session. Additional reference material for each topic is also provided on the MPLA website for those interested in taking a deeper dive on a particular subject.

All AAPM members are welcome to register regardless of leadership experience. Participants can register for and learn more about future journal clubs on the community page of the MPLA website. This page can be accessed, here through the AAPM homepage, or by following the link in the registration email sent to all AAPM members on the first of the month. Space is limited to 25 – 30 people per session for assignments of small groups for

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All AAPM members are welcome to register regardless of leadership experience. Participants can register for and learn more about future journal clubs on the community page of the MPLA website. This page can be accessed, here through the AAPM homepage, or by following the link in the registration email sent to all AAPM members on the first of the month. Space is limited to 25 – 30 people per session for assignments of small groups for discussion, and spots are filled based on the registration order, so we encourage you to sign-up early!

discussion, and spots are filled based on the registration order, so we encourage you to sign up early!

Feedback from participants has been overwhelmingly positive so far, with 100% of respondents affirming that they would attend another MPLA Journal Club. We look forward to continuing to improve the value of these sessions to members based on the input from our participants. We invite you to spend your lunch hour with us on Monday, January 11 to develop your leadership skills. Meet and learn from AAPM members with various levels of leadership experience while simultaneously fostering relationships and networks with members of the organization. ■

Figure 1: Participants of the inaugural MPLA Journal Club.

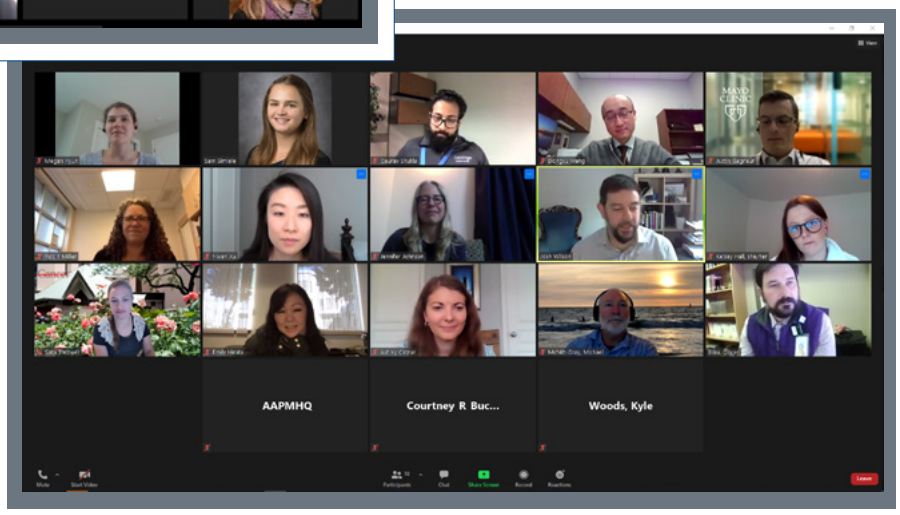

Figure 2: October Journal Club participants sharing lessons learned during the breakout session with the entire group.

CHECK YOUR INBOXES! AAPM'S FIRST EQUITY, DIVERSITY, AND INCLUSION CLIMATE SURVEY IS UNDERWAY!

WORKING GROUP ON EQUITY DIVERSITY AND INCLUSION SURVEY CREATION AND DEMOGRAPHIC DATA COLLECTION IMPROVEMENT
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Julianne Pollard-Larkin, PhD | MD Anderson Cancer Center

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APM's first "Equity, Diversity, and Inclusion Climate Survey" has been approved by EXCOM and will be open to all full members starting in mid-January 2021. Please watch your email inboxes for an invitation to participate! You will first receive an announcement from **Angela Keyser** about the purpose of the survey, followed by a second email from the American Institute of Physics (AIP), who will directly distribute the survey, collect responses, and perform the confidential statistical analysis of the Equity, Diversity, and Inclusion (EDI) climate survey data. AIP is the same organization that distributes and analyzes salary data in the Annual Professional Survey.

AAPM seeks to understand the diversity of the AAPM membership and the experiences of all members by conducting this EDI Climate Survey study. Unconscious and other biases cause inequalities in every aspect of life, from health outcomes to educational achievement, and from how we experience our working environment to who leads AAPM. All full members of AAPM are asked to confidentially rate your experiences of inclusion, discrimination, harassment, and access to resources that facilitate advancement in your place of work and within AAPM at the local chapter and national levels. The purpose is to assess areas of success and needed growth in the medical physics field for diversity and inclusion. The survey should take 15–20 minutes of your time. Thank you for your help with this important effort.

If you are feeling unsure about whether to participate in the survey or how the data will be used, healthy skepticism about how that information is collected, stored, analyzed, and ultimately used isn't unreasonable. We are all familiar with situations where the personal information of individuals in a community has either been not cared for properly, misused, or both. The purposes of the data are discussed in this article, and we can assure you that we have the

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WORKING GROUP ON EQUITY DIVERSITY AND INCLUSION SURVEY CREATION AND DEMOGRAPHIC DATA COLLECTION IMPROVEMENT, Cont.

highest confidence in the safeguards and processes that are in place through the AIP/AAPM partnership on this survey.

The survey results are anticipated in Spring 2021. They will be published as well as used to inform the AAPM leadership and organization regarding the experiences of members in medical physics workplaces and within AAPM. Action items and recommendations for AAPM to improve the equity, diversity, and inclusion climate within the field of medical physics will follow. It is our hope when we look back on 2020 five years from now that we will see real changes and improvements that leave the medical physics workforce and AAPM stronger, better, more innovative, and more inclusive. Your voice counts, and we need to hear from everyone.

On behalf of the Diversity and Inclusion Subcommittee (WMRSC), Women's Professional Subcommittee (WPSC), the Working Group on Equity, Diversity and Inclusion Survey Creation, and the Ad Hoc Committee on Equity, Diversity, and Inclusion (AHCDI), we look forward to your full participation in this new effort and your feedback. ■

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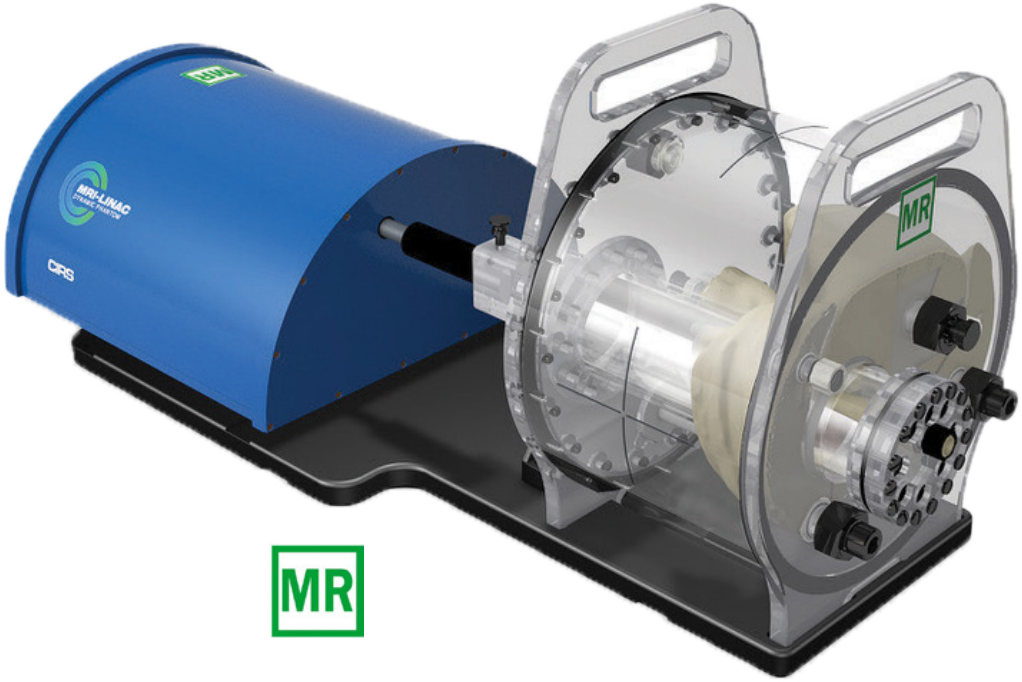

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