HISTORY, INTENT, AND PROGRESS OF THE AAPM PRACTICE GUIDELINE EFFORT

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2017 AM

Disclosures
None

Outline

• Macro environment
• AAPM’s initiative for practice guidelines (MPPGs)
• Early experience with MPPG initiative
Macro environment

- Lack of clarity re. minimum standards vs best practice – inappropriate adoption of TG reports “in whole”
- No consistent requirement for medical physics support in accreditation programs
- Different practice environments – need to define a common “baseline”

TG reports:

- Intended to be a technical reference for medical physicists, not intended for regulations
- Compendia of the known science, not consensus practice guidelines
- Not updated regularly

Accreditation programs:

- Required for non-hospital advanced imaging services through MIPPA; encouraged for all clinics by ACR, ASTRO, AAPM (PP-27)
- No consistent medical physics requirements
Accreditation programs – PP27

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<tr>
<th>POLICY NUMBER</th>
<th>POLICY NAME</th>
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<tr>
<td>PP27</td>
<td>Accreditation of Imaging and Radiation Therapy Facilities</td>
<td>4/19/2013</td>
<td>12/31/2018</td>
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Policy text:
The American Association of Physicists in Medicine (AAPM) believes that accreditation of imaging and radiation therapy services by nationally recognized accrediting programs serves the best interests of patients. AAPM supports conditionally Medicare payments on accreditation status after an appropriate time interval for facilities and accrediting programs to complete the accreditation cycle, including verification of qualifications and roles for personnel, including a Qualified Medical Physicist as defined by Professional Policy PP 1.

MPPG initiative

- Developed by AAPM Professional Council, presented to Board in 2011
- Intended to define the minimum level of medical physics support deemed appropriate to support a given clinical service
- Rigorous review and consensus-seeking development method; 5-year renewal cycle

Board approval
Not required by AAPM Rules, but sought in the interest of building consensus for MPPGs:
MPPG history

- Concept and proposal developed by AAPM Professional Council 2009-2010
- Board motion approved in 2011
- SC on Practice Guidelines formed in 2012
- First Guideline published in 2013
- First 5-year MPPG revision due in 2018

MPPG vision

- AAPM takes lead on developing guidelines for medical physics
- Peer-reviewed, open-access
- Accrediting programs, regulators and legislators will be encouraged to reference MPPGs when defining their respective requirements

MPPG scope

- Describe minimum level of medical physics support in any practice setting for specific clinical services
- “Support” includes staffing, equipment, machine access, training, and SOPs
- Not intended to replace Task Group reports
Context: JACMP Editorial

Supervision

- Foundational – scope of practice, responsibility for delegated tasks, competency, levels of supervision
- CMS’ definitions (General, Direct, Personal) are widely adopted in medicine
- AAPM PP-18 adopts CMS definitions for clinical medical physics
- MPPG 4: MP Residents
- MPPG 7: MPAs, other assistants

Key priorities

- Appropriate deference to each clinic’s QMP and Medical Director
- Describe minimum levels of professional supervision
- Set a clear expectation of institutional commitment/support for appropriate resources
- Scope of medical physicist’s role
- Minimum routine QA (equipment & process QA)
Publication of MPPGs

- JACMP – open access – special section for AAPM Reports
- Also posted on AAPM website at: www.aapm.org/pubs/MPPG

Published Guidelines
- AAPM Medical Physics Practice Guideline 2.1 Linear accelerator performance tests, published in the Journal of Applied Clinical Medical Physics (JACMP), Volume 9, Number 4 (October 2016)
- www.aapm.org/pubs/MPPG
- 3 others in review

Progress
- 5-year program review recently completed
- New Subcommittee Chair, “program refresh” underway
- MPPGs have begun to be adopted as reference material in ACR Practice Parameters / Technical Standards and accreditation programs including The Joint Commission