



AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE  
Advancing the Science, Education & Professional Practice of Medical Physics

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## INTRO: MEDICAL PHYSICIST ASSISTANTS

Per Halvorsen  
2017 AAPM Annual Meeting

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1631 Prince Street, Alexandria, VA 22314 | 571-298-1300 | [www.aapm.org](http://www.aapm.org)

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## Session Outline

- Intro
- MPAs in Therapy - Ezzell
- Cautionary perspective - Fontenla
- MPAs in Imaging - Schueler




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## Regulatory environment

- Only 4 states have licensure to protect scope of work that can only be performed by LMPs
- Most states limit regulatory mandate for QMPs to initial machine commissioning and annual calibrations
- Accreditation programs do not mandate minimum physicist staffing levels




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## Precedents

- Radiologist assistants
- Non-physician practitioners – CNPs, PAs
- Nursing model – RNs, LPNs, CNAs



## Radiologist Assistants

### Radiologist Assistant Role Delineation January 2005



#### Background

The American Registry of Radiologic Technologists (ARRT) is developing a certification program for a new level of imaging technologist called the Radiologist Assistant (R.A.). A consensus statement developed by the American College of Radiology (ACR) and the American Society of Radiologic Technologists (ASRT) proposed that the R.A. is an advanced-level radiographer who works under the supervision of a radiologist to promote high standards of patient care by assisting radiologists in the diagnostic imaging environment. Under radiologist supervision, the R.A. performs patient assessment, patient management, and selected clinical imaging procedures. Certification as an R.A. does not qualify the R.A. to perform interpretations (preliminary, final, or otherwise) of any radiological examination.<sup>1</sup>



## Nursing model



### Joint Statement on Delegation American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

#### Introduction

There is more nursing to do than there are nurses to do it. Many nurses are stretched to the limit in the current chaotic healthcare environment. Increasing numbers of people needing healthcare combined with increasing complexity of therapies create a tremendous demand for nursing care. More than ever, nurses need to work effectively with assistive personnel. The abilities to delegate, assign, and supervise are critical competencies for the 21<sup>st</sup> century nurse.

In 2005, both the American Nurses Association and the National Council of State Boards of Nursing adopted papers on delegation.<sup>1</sup> Both papers presented the same message: delegation is an essential nursing skill. This joint statement was developed to support the practicing nurse in using delegation safely and effectively.



## AAPM Board deliberations:

*Acknowledge the likely trend toward delegation of tasks under proper supervision and proactively work to “shape” this trend – or continue to advocate for allowing only QMPs to perform the full scope of medical physics related tasks?*



## AAPM board directive

American Association of Physicists in Medicine  
Board of Directors Meeting  
July 24, 2014 - 1:00 PM - 6:00 PM  
Austin Hilton - Governor's Ballroom  
Austin, Texas

181	<p><b>Action Item: BE IT MOVED:</b> That the AAPM work to develop an appropriate policy and guidance related to the role, training and supervision of Medical Physicists Assistants (MPAs) in supporting clinical medical physics work under the supervision of a Qualified Medical Physicist. Such guidance shall included, but may not be limited to:</p> <ol style="list-style-type: none"> <li>1. Developing a Medical Physics Practice Guideline on supervision for MPAs and other support staff (lead: Professional Council).</li> <li>2. Developing an AAPM Position Statement on the appropriate role, training and supervision of MPAs (lead: Professional Council).</li> <li>3. Interacting with regulatory and licensing bodies and with other professional societies to advocate for the AAPM's position related to the appropriate role, training and supervision of MPAs (lead: Administrative Council).</li> <li>4. Developing the educational curriculum for MPAs (lead: Education Council).</li> </ol> <p>Motion was seconded and approved; 31 yes, 0 no, 1 abstain.</p>
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## AAPM Professional Policy

POLICY NUMBER	POLICY NAME	POLICY DATE	SUNSET DATE
PP 20-A	Medical Physicist Assistants: Task Delegation and Supervision	2/22/2015	12/31/2020
Policy source			
AAPM Board of Director's Online Vote			
Policy text			
<p>A Qualified Medical Physicist (QMP) is an individual who is competent to independently provide clinical professional services in one or more of the subfields of medical physics, including Diagnostic Medical Physics, Nuclear Medical Physics, Therapeutic Medical Physics, or Medical Health Physics. QMPs have met academic and training requirements, and have been granted certification in a specific subfield of medical physics by an appropriate certification body as described in AAPM Professional Policy 1<sup>1</sup>.</p> <p>Some institutions may use the services of an individual who is not a qualified medical physicist for certain clinical activities. The services they provide and the location where they provide these services are limited based on safety and patient care considerations and the availability of direct or personal QMP supervision where necessary.</p> <p>The Medical Physicist Assistant (MPA) is an individual who has completed relevant didactic education (Bachelor's or higher college degree from an accredited college or university and/or certification as a Radiologic Technologist or Radiation Therapist), and has obtained practical clinical medical physics knowledge through specific training and technical experience in a program supervised by a QMP. The MPA performs tasks in support of a QMP in the professional practice of clinical medical physics. In all such circumstances, the MPA must be appropriately supervised and the range of tasks must be carefully defined by a QMP who is certified in the same subfield of practice in which the MPA is working. Levels of supervision provided (personal, direct, or general) will vary depending on the specific task, experience of the MPA and professional judgment of the QMP supervisor in accordance with guidance of the forthcoming Medical Physics Practice Guidelines on this subject. All medical physics tasks performed by the MPA must be reviewed in a timely manner, and reports must be co-signed by the QMP supervisor, who assumes full responsibility and liability for the submitted content.</p>			



## MPPG 7: MPAs



- 14 members
- Equal imaging/therapy
- Diverse practice settings
- Diverse perspectives on MPAs




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## MPPG 7 deliberations

- Prescriptive (list of tasks), or defer to the local QMP's professional judgment?
- Levels and nature of supervision – QMP on site?
- Define certain parts of medical physics Scope of Practice as “no go zones”?
- Ratios of MPAs to QMPs




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## MPPG 7 status

ON HOLD awaiting new QMP Scope of Practice document.

Excerpt from draft:

*“...delegation does not absolve the QMP of legal, ethical or other professional responsibility for the quality of the medical physics practice. The delegated task is in all ways the responsibility of the QMP.”*




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