

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

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**MEDICAL PHYSICS PRACTICE GUIDELINES  
 AND THEIR IMPACT ON CLINICAL PRACTICE**

2018 AAPM Annual Meeting  
 Professional Track SAM session  
 Tue 7:30-9:30 AM, Rm 209

1631 Prince Street, Alexandria, VA 22314 | 571-298-1300 | www.aapm.org

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**MEDICAL PHYSICS PRACTICE GUIDELINES:  
 AN INTRODUCTION**

Per Halvorsen

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## 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”

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### 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




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### 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




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### 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




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## 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




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## 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




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## 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




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## 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)




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## Publication of MPPGs

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




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## Progress

- 5-year program review completed
- 8 published (*1 as a collaborative document with AAPM in lead*), 3 in progress, 1 in renewal phase
- MPPGs have begun to be adopted as reference material in ACR Practice Parameters / Technical Standards and accreditation programs including The Joint Commission




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