


The American Association of Physicists in Medicine
We advance the science, education and professional practice of medical physics

JMPLSC Has Morphed Into Medical Physics Licensure and Regulatory Recognition Subcommittee

Bob Pizzutiello, FACR, FAAPM, FACMP
Chair JMPLSC
AAPM Annual Meeting
July 30, 2012

Agenda


- Recent Historical Background
- AAPM and JMPLSC
- CARE Act Update
- Qualified Medical Physics (QMP) Registry
- State Updates
- Doug Pfeiffer, Regulatory Approach



AAPM Vision & Mission Statements*

- Vision:
 - The American Association of Physicists in Medicine is the premier organization in medical physics, a broadly-based scientific and professional discipline encompassing physics principles and applications in biology and medicine.
- Mission:
 - The mission of the American Association of Physicists in Medicine is to advance the science, education and professional practice of medical physics.

*<http://www.aapm.org/org/objectives.asp> - KS



Goals* of the AAPM

- Promote the highest quality medical physics services for patients.
- Encourage research and development to advance the discipline.
- Disseminate scientific and technical information in the discipline.
- Foster the education and professional development of medical physicists.
- Support the medical physics education of physicians and other medical professionals.
- Promote standards for the practice of medical physics.
- Govern and manage the Association in an effective, efficient, and fiscally responsible manner.

* <http://www.aapm.org/org/objectives.asp> - KS



CARE Act Update



CARE Bill – H.R. 2104 and the 112th Congress

- CARE stands for: *Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2011*
- Introduced June 2011 by Representative Ed Whitfield (R-KY) as H.R. 2104
- Following the introduction of the bill, it was immediately referred to the House Energy and Commerce Committee and House Committee on Ways and Means for review.
- Does not include exemption for MIPPA* Advanced Imaging Modalities
 - Diagnostic magnetic resonance imaging,
 - Computed tomography, and
 - Nuclear medicine-including positron emission tomography
- Amends title XVIII (Medicare) of the Social Security Act to allow Medicare payment for medical imaging and radiation therapy services, only if the examination or procedure is planned or performed by an individual who meets this Act's requirements.

*MIPPA= Medicare Improvements for Patients and Providers Act of 2008

1

112TH CONGRESS
1ST SESSION
H. R. 2104

To amend the Public Health Service Act and title XVIII of the Social Security Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly.



The CARE Bill

C. 355. QUALITY OF MEDICAL IMAGING AND RADIATION THERAPY.

(a) Qualified Personnel-

* (1) IN GENERAL- Effective January 1, 2014, personnel who perform or plan the technical component of either medical imaging examinations or radiation therapy procedures for medical purposes shall be qualified under this section to perform or plan such services.

(2) QUALIFICATIONS- Individuals qualified to perform or plan the technical component of medical imaging examinations or radiation therapy procedures shall--

³ (A) possess current certification in the medical imaging or radiation therapy modality or service they plan or perform from a certification organization designated by the Secretary pursuant to subsection (c); or

(B) possess current State licensure or certification, where--

⁴ (i) such services and modalities are within the scope of practice as defined by the State for such profession; and

² (ii) the requirements for licensure, certification, or registration meet or exceed the standards established by the Secretary pursuant to this section.

¹ (3) STATE LICENSURE, CERTIFICATION, OR REGISTRATION.

³ (A) IN GENERAL- Nothing in this section shall be construed to diminish the authority of a State to define requirements for licensure, certification, or registration, the requirements for practice, or the scope of practice of personnel.

(B) LIMITATION- The Secretary shall not take any action under this section that would require licensure by a State of personnel who perform or plan the technical component of medical imaging examinations or radiation therapy procedures.

⁽⁴⁾ EXEMPTIONS- The qualification standards described in this subsection and the payment provisions in section 1848(b)(4)(C) of the Social Security Act shall not apply to physicians (as defined in section 1861(r) of the Social Security Act (42 U.S.C. 1395x(r))) or to nurse practitioners and physician assistants (each as defined in section 1861(aa)(5) of the Social Security Act (42 U.S.C. 1395x(aa)(5))). Such practitioners shall not be included under the terms 'personnel' or 'qualified personnel' for purposes of this section.



The CARE Bill

(b) Establishment of Standards-

(1) IN GENERAL- For the purposes of determining compliance with subsection (a), the Secretary, in consultation with recognized experts in the technical provision of medical imaging or radiation therapy services, shall establish minimum standards for personnel who perform, plan, evaluate, or verify patient dose for medical imaging examinations or radiation therapy procedures. Such standards shall not apply to the equipment used.

(2) RECOGNIZED EXPERTS-

(A) IN GENERAL- For the purposes of this subsection, the Secretary shall select recognized expert advisers to reflect a broad and balanced input from all sectors of the health care community that are involved in the provision of services of the type described in paragraph (1) to avoid undue influence from any single sector of practice relating to the content of such standards.

' (B) DEFINITION- In this paragraph, the term 'recognized experts' includes-

* (i) representatives of all medical specialties and providers that perform or plan medical imaging procedures;

^a (ii) representatives of all medical specialties and providers that perform or plan radiation therapy procedures;

^a (III) medical imaging and radiation therapy technology experts; and

⁴ (iv) other experts determined appropriate by the Secretary.

(3) MINIMUM STANDARDS- Minimum standards established under this subsection shall reflect the unique or specialized nature of the technical services provided, and shall represent expert consensus from those practicing in each of the covered imaging modalities and radiation therapy procedures as to what constitutes excellence in practice and be appropriate to the particular scope of care involved.

^ (4) ALLOWANCE FOR ADDITIONAL STANDARDS- Nothing in this subsection shall be construed to prohibit a State or certification organization from requiring compliance with standards that exceed the minimum standards specified by the Secretary pursuant to this subsection.

(5) **TIMELINE**- Not later than 12 months after the date of enactment of this section, the Secretary shall promulgate regulations for the purposes of carrying out this subsection.



Purpose

- Amends the Public Health Service Act to require personnel who perform or plan the technical component of either medical imaging examinations or radiation therapy procedures for medical purposes to possess, effective January 1, 2014:
 - (1) **certification in each medical imaging or radiation therapy modality and service they plan or perform from a certification organization designated by the Secretary of Health and Human Services (HHS); or**
 - (2) **state licensure or certification where such services and modalities are within the scope of practice as defined by the state for such profession and where the requirements for licensure, certification, or registration meet or exceed the standards established by the Secretary.**
- Exempts physicians, nurse practitioners, and physician assistants from the requirements of this Act.



Purpose (continued)

- Directs the Secretary to:
 - (1) establish minimum standards for personnel who perform, plan, evaluate, or verify patient dose for medical imaging examinations or radiation therapy procedures;
 - (2) establish a program for designating certification organizations after consideration of specified criteria;
 - (3) provide a process for the certification of individuals whose training or experience are determined to be equal to, or in excess of, those of a graduate of an accredited educational program; and
 - (4) publish a list of approved accrediting bodies for such certification organizations.
- Authorizes the Secretary to develop alternative standards for rural or health professional shortage areas as appropriate to ensure access to quality medical imaging.



Status

- House - Subcommittee on Health Hearing June 8, 2012
- Witnesses included:
 - American ASRT
 - ASTRO
 - CMS
 - Rebecca Smith-Bindman – comments on Lancet article
- AAPM Submitted a Statement
 - http://www.aapm.org/government_affairs/documents/2012-06-08_AAPM_Statement_on_CARE_HR2104_final_1.pdf



AAPM's Response to the Lancet Article by Pearce et al

<http://www.aapm.org/publicgeneral/CTScansImportantDiagnosticTool.asp>

AAPM believes that patient safety in the use of medical radiation will be increased through consistent education and certification of medical team members, whose qualifications are recognized nationally and who follow consensus practice guidelines that meet established national accrediting standards.



June 7, 2012

CT scans are an important diagnostic tool when used appropriately

The American Association of Physicists in Medicine (AAPM) encourages parents to discuss the need for any diagnostic medical procedures for their children with their physician. AAPM believes parents may have additional questions regarding computed tomography (CT) scans for their children in light of the results of a study (Pearce et al), published on June 7, 2012 in the *Lancet* regarding radiation risk from pediatric CT. Specifically, the study's conclusion of medical appropriateness, parents may request information regarding steps being taken to keep radiation doses as low as possible while ensuring that the studies of sufficient quality to yield the correct diagnosis. A number of important and ongoing activities are being taken to ensure that the appropriate dose is used in medical imaging. The AAPM believes that communication to parents of these important initiatives may assist in ensuring parents that the entire medical imaging community is working diligently to keep CT imaging a safe and effective diagnostic tool. Some of these initiatives include:

1. **Image Quality** — AAPM is a founding member of the Alliance for Radiation Safety in Pediatric Imaging along with the Society for Pediatric Radiology (SPR), the American College of Radiology (ACR) and the American Society of Radiologic Technologists (ASRT). Image Quality advocates provides an opportunity to lower radiation dose used in the imaging of children. The campaign, created in late 2009, now includes 10 Medical Organizations Worldwide. AAPM encourages parents to read the "Image IQ poster" developed by the Alliance.
2. **Image Workflow** — AAPM, along with the Radiological Society of North America (RSNA), ACR, and ASRT co-founded the initiative to educate physicians on opportunities to lower dose and ensure appropriate imaging. The initiative also provides patient education materials, including a patient medical imaging record (PMIR) developed with the FDA.
3. **Standardization of CT Nomenclature and Protocols**: AAPM has led the effort to produce and make freely available a set of nomenclature and protocols for frequently performed CT examinations, ensuring the basic requirements of the exam and giving several model-specific examples of scan and reconstruction parameters. The work is being performed by a multidisciplinary group that includes academic and consulting medical physicists who specialize in CT imaging, representatives of each of the major CT scanner manufacturers, and clinicians to the American College of Radiology, American Society of Radiologic Technologists, and the U.S. Food and Drug Administration (FDA). These study protocols can be found on the AAPM.org/ct website. A pediatric hand protocol is...

The committee's findings are published in the *Journal of Clinical Medical Physics*, member Society of the American Association of Physicists in Medicine and the International Organization of Medical Physics

AAPM's Response to the Lancet Article by Pearce et al - Action Needed

- AAPM urges Congressional action in the following areas to ensure appropriate imaging and lower the radiation dose that Americans receive from scans each year by:

- Passing the *Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy Act* (H.R. 2104).
- Requiring Accreditation of all imaging facilities (including hospitals)
- Encouraging/Incentivizing use of Appropriateness Criteria based decision support/exam order entry systems



Next Steps in the House

- Request Congressional Budget Office to score the bill
- Mark up of the bill in the fall
- Call for Vote



AAPM'S Letter to Senators re: CARE

- No consistent national recognition of the Qualified Medical Physicist credential
- No consistent minimum requirement for graduate education or board certification of medical physicists.
- The states vary widely in their requirements.
- It is possible in some states for individuals without appropriate qualifications to perform as medical physicists.



AAPM'S Letter to Senators re: CARE

- The tasks performed by medical physicists are quite technical and require years of study and practice to be properly executed.
- Many of the tasks performed by a medical physicist apply to all patients undergoing imaging or treatment. While major mistakes may make the news, smaller unseen mistakes or poor techniques may never be known or reported – the final result being a missed diagnosis or a less than adequate treatment.



AAPM'S Letter to Senators re: CARE

- The CARE bill will guarantee consistent formal education, training and experience for each medical physicist, giving the public a reasonable assurance that the care they receive, or perhaps the care of a loved one in a different state, will be given by a well educated, trained and experienced individual.
- In conclusion, creating the requirement for these standards is critical in order to provide an assurance to the general public that the imaging and radiation therapy provided to them will be performed by individuals who have attained at least an industry standard minimum level of formal education, training, and experience resulting in a quality procedure.



Conclusion in AAPM's Letter re: Senate CARE Bill

- We must strive for nationally consistent recognition of the Qualified Medical Physicist and equivalent competency for all medical radiation team members.
- With your guidance and support, the CARE bill can accomplish all of these goals and we request that the Senate take immediate action on the CARE bill.



S. 3338 - The CARE Bill

112TH CONGRESS
2D SESSION

S. 3338

To amend the Public Health Service Act and title XVIII of the Social Security Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly.

- Introduced June 25, 2012 by Sen. Michael B. Enzi, (R-WY)
- Co-sponsors as of July 20, 2012: Tom Harkin, (D-IA) and Roger Whicker (R-MS)
- [http://thomas.loc.gov/cgi-bin/query/z?c112:S.3338:](http://thomas.loc.gov/cgi-bin/query/z?c112:S.3338)



S. 3338

- Some differences in format between the House and Senate versions
- Substantively the bills are the same
- Same end goal of minimum standards for imaging and therapy personnel.
- The main differences:
 - Revised effective dates, and
 - That the criteria for deeming a certification organization has been streamlined to incorporate the criteria the Secretary would use to deem accreditation organizations for the certification boards into the same section.



Licensure Update



Why Licensure?

- Our profession has an obligation to regulate itself and the practice of medical physics if it is truly to serve the public interest.
- The public deserves the benefit of the *best* our profession can offer.
- The citizens need to be protected from unqualified or unsupervised individuals who claim the ability to perform medical physics services.



Why Licensure? (continued)

- If medical physicists fail to restrain such individuals, the quality of service offered by the profession will likely be reduced. This would erode public confidence in these services.
- Establishes a mandatory legal requirement that ensures minimal education and training standards to practice.
- Defines the profession of medical physics.
- Creates penalties for practicing without a license.
- Protects the public from improper practice of medical physics.



Why Licensure? (continued)

- Protects the medical physicist with due process of law.
- Applies to licensed QMP as well as grandfathered licensed medical physicists.
- Without licensure, there will always be Grandfathered people practicing, but without benefits of due process of law and any additional requirements to keep the license current.
- Licensure protects medical physicist jobs in a tightening fiscal healthcare environment.



Increased media focus

The New York Times

Health

WORLD | U.S. | N.Y. / REGION | BUSINESS | TECHNOLOGY | SCIENCE | HEALTH | SPORTS | OPINION

THE RADIATION BOOM
Radiation Offers New Cures, and Ways to Do Harm

By WALT BOGDANICH
Published: January 23, 2010

As Scott Jerome-Parks lay dying, he clung to this wish: that his fatal radiation overdose — which left him deaf, struggling to see, unable to swallow, burned, with his teeth falling out, with ulcers in his mouth and throat, nauseated, in severe pain and finally unable to breathe — be studied and talked about publicly so that others might not have to live his nightmare.

Sensing death was near, Mr. Jerome-Parks summoned his family for a final

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Increased media focus

THE PLATFORM

03.05.2010 7:44 am

Inadequate regulation puts patients at risk
By Editorial Board

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St Louis Today:
Rural Missouri

It's the kind of thing that never should happen but did. Seventy-six patients looked for head and neck tumors. On average, they got 50 percent more radiation than had been prescribed. The problem at CoeHealth began in 2004 and continued unnoticed until September. Sophisticated equipment. There was no independent check of the calibration, and no state or federal regulation requires it. And there are who administer the treatment to be certified. That certification is an option instead of a requirement "is really silly," said Dr. Eric Klein, a professor of radiat

Congressional focus

Chairman Pallone, Ranking Member Blumenthal, and I thank you for your leadership and support on these issues.

It is my pleasure to be here today, and I am generally as the AAPM representative.

good review of the issues, known since 1958.




DR. HERMAN MS. HAYDEN




Congressional focus


RADIOACTIVE ROULETTE:
How the Nuclear Regulatory Commission's Cancer Patient Radiation Rules Gamble with Public Health and Safety



A report by the Staff of Edward J. Markey (D-MA)
Chairman, Subcommittee on Energy and Environment
Energy and Commerce Committee
U.S. House of Representatives
March 18, 2010



EMBARGOED UNTIL THURSDAY MARCH 18, 2010
12:01 AM




Summer 2009

CT brain perfusion overexposures

The Center for Devices and Radiological Health (CDRH) issued an alert in regards to high dose levels used in head CT perfusion studies at a hospital in Southern California(1). Over 200 patients apparently received excess radiation during these time-lapse (repeated) CT studies of the head. Subsequently, similar incidents have been identified at two other hospitals in Southern California and potentially in other locations as well. Early investigations of these incidents revealed a misunderstanding of some of the automated dose selection features on the scanner, and this led to an estimated 8 fold increase in radiation to the patient. This was discovered when a number of the patients experienced some temporary hair loss (epilation) and skin reddening (erythema).

This incident apparently resulted from a lack of adequate training of CT technologists, and perhaps an overreliance on the use of preselected CT protocols. There is no



2009



Hearing

Philadelphia VA Medical Center's Terminated Cancer Treatment Program

UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

Field Hearing on Philadelphia VA Terminated Cancer Treatment Program

June 29, 2009, 10:00 AM

Philadelphia VA Medical Center

[Click Here to Listen to Part 1 of the Hearing](#)

[Click Here to Listen to Part 2 of the Hearing](#)

Videos

View the committee's latest hearings or videos



Calendar

View the committee's latest events and hearings





The New York Times

Radiation Boom

Articles in the 'Radiation Boom' series by Walt Bogdanich examine issues arising from the increasing use of medical radiation and the new technologies that deliver it.







March 5, 2011
February 28, 2011
December 29, 2010
November 22, 2010
August 1, 2010
February 25, 2010
January 27, 2010
January 24, 2010
December 8, 2009
October 16, 2009
June 30, 2009
June 21, 2009

**With follow-up articles
in countless local news media**







Increased regulation is likely.



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February 10, 2010

F.D.A. to Increase Oversight of Medical Radiation

By **WALT BOGDANICH** and **REBECCA R. Ruiz**

The federal **Food and Drug Administration** said Tuesday that it would take steps to more stringently regulate three of the most potent forms of medical radiation, including increasingly popular CT scans, some of which deliver the radiation equivalent of 400 chest X-rays.

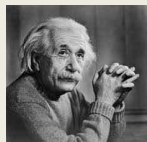
With the announcement, the F.D.A. puts its regulatory muscle behind a growing movement to make life-saving medical radiation — both diagnostic and therapeutic — safer.

Last week, the leading radiation oncology association called for enhanced safety measures. And a Congressional committee was set to hear testimony Wednesday on the weak oversight of medical radiation, but the hearing was canceled because of bad weather.





“Concern for man and his fate must always form the chief interest of all technical endeavors. Never forget this in the midst of your diagrams and equations.”



Albert Einstein

History of Licensure and AAPM

- On November 1, 1992, the Initial AAPM Policy Supporting Licensure (PP- 2A) was passed by the AAPM Board of Directors (BOD).
- In 2007 after careful consideration, the AAPM BOD approved the current licensure effort and committed funding.
- On July 31, 2008, the AAPM BOD reaffirmed the Policy Supporting Licensure (PP-2D).



PP – 2D: Licensure and The Medical Physicist's Role in the Practice of Medicine

- The AAPM and the ACMP* strongly supports licensure for practitioners of Medical Physics.
- Licensure or formal registration for Medical Physicists is in the public interest.
- Under current law, Medical Physics services in imaging and therapy without any formal minimum training and education standards are not compulsory in all jurisdictions allowing individuals to provide education.

*NOTE: When adopted, the American College of Medical Physics (ACMP) existed. ACMP ceased to exist 12/31/2011.

*PP-2: <http://www.aapm.org/org/policies/details.asp?id=259&type=PP&KS>



PP - 2D*: Licensure and The Medical Physicist's Role in the Practice of Medicine

- Physicians, health care administrators, regulators and the public have no clear guidelines for judging the qualifications or abilities of a Medical Physicist.
- Other than the civil courts, the public has no redress to deal with issues such as fraud, substance abuse, malpractice, or unethical behavior that negatively impact patient care and public safety.

*PP-2: <http://www.aapm.org/org/policies/details.asp?id=259&type=PP#KS>



Licensure & the AAPM

- Subcommittee formed to promote minimum practice standards through licensure or registration regulations.
- The AAPM Board has approved significant funding to support this effort (staff support, IT support, lobbying).

Committee JMPLSC
Keywords:

- ⊞ Board of Directors [Status]
- ⊞ Administrative Council [Status]
- ⊞ Government and Regulatory Affairs [Status]
- ⊞ Joint Medical Physics Licensure SC [Status]
- » Active Task Group listing



The 2011 Licensure Retreat

- Name and Charge change
 - When formed, the Joint Medical Physics Licensure Subcommittee (JMPLSC) was a joint committee of AAPM and ACMP.
 - ACMP ceased to exist December 31, 2011.
 - New name: **Medical Physics Licensure and Regulatory Recognition Subcommittee**
 - The AAPM Board of Directors directed the subcommittee to focus on a regulatory approach in addition to licensure by legislation.



Medical Physics Licensure and Regulatory Recognition Subcommittee

- Charge:
 - To promote the protection of the public through the recognition of the profession of medical physics by legislation or regulation.
- Pathways to be addressed:
 - Recognition through licensure
 - Recognition through regulation
 - Annually prepare status of subcommittee's activities.

*Updated 11/4/11



Recognition of the Profession through Licensure by Legislation

- Support the formation and activities of state committee(s) focused on professional licensure
- Provide model legislation
- Provide consultation on regulatory language to implement professional licensure



Recognition of the Profession through Regulation


- Support the formation and activities of state committee focused on the regulatory approach
- Provide model regulation
- Provide consultation on regulatory language to implement professional licensure
- Collaborate with the AAPM Conference of Radiation Control Program Directors (CRCPD) Subcommittee



Model Licensure Legislation


Sections of the Document

1. Purpose and scope.	7. Provisional license.
2. Definitions.	8. Exemptions.
3. Definition of "practice of medical physics".	9. Licensure without examination.
4. Use of the title "licensed medical physicist".	10. Continuing education requirements.
5. <State board> for medical physics.	11. License term and renewal.
6. Requirements and procedures for professional licensure.	12. Enforcement.
	13. Ethical Guidelines.
	14. Separability.



Current Licensure States

- NY, FL, TX, HI
- NY law:




Education Law

Article 166, Medical Physics Practice

§ 8700. Introduction, | § 8701. Definitions, | § 8702. Definition of "practice of medical physics", | § 8703. Requirements and procedures for professional licensure, | § 8704. State committee for medical physics, | § 8705. Requirements and procedures for professional licensure, | § 8706. Licensure without examination, | § 8707. Provisional license, | § 8708. Exemptions, | § 8709. Continuing education requirements, | § 8710. License term and renewal, | § 8711. Enforcement, | § 8712. Ethical Guidelines, | § 8713. Separability.

Medical Physics

Online Registration Renewal
Laws, Rules & Regulations
License Requirements




NY Licensure

There is an 18-month phase-in period, then Board certification required.

§ 8705. Requirements and procedures for professional licensure.

To qualify for a license as a professional medical physicist, an applicant shall fulfill the following requirements:

1. Application: file an application with the department;
2. Education: have received an education including a master's or doctoral degree from an accredited college or university in accordance with the commissioner's regulations. Such person shall have completed such courses of instruction as are deemed necessary by the medical physics specialty in which the applicant has applied for a license;
3. Experience: have experience in his or her medical physics specialty satisfactory to the board and in accordance with the commissioner's regulations;
4. Examination: pass an examination in his or her medical specialty satisfactory to the board and in accordance with the commissioner's regulations. The examination requirement may be waived by the board on recommendation of the commissioner for certain applicants with medical physics;
5. Any other requirements as may be required by the board.



Licensure

- Without licensure, there will always (at least for a while) be Grandfathered people practicing, but without benefits of due process of law and any additional requirements to assure their **practice** is proper.
- Licensure defines the profession of medical physics.
- Critical decisions made by **Board** of Medical Physicists
- Licensure is an investment that benefits the public and the entire profession for the future.



Professional Misconduct

1. Practicing the profession with **negligence on more than one occasion**;
2. Practicing the profession with **gross negligence on a particular occasion**;
3. Practicing the profession with **incompetence on more than one occasion**;
4. Practicing the profession with **gross incompetence**;
5. Practicing the profession while **impaired by alcohol, drugs, physical disability, or mental disability**;



Professional Misconduct (continued)

6. Being **a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, except for a licensee who is maintained on an approved therapeutic regimen which does not impair the ability to practice, or having a psychiatric condition which impairs the licensee's ability to practice**;



Professional Misconduct (continued)

7. Permitting, aiding or abetting an unlicensed person to perform activities requiring a license;
8. Revealing of personally identifiable facts, data, or information obtained in a professional capacity without the prior consent of the patient, except as authorized or required by law; and
9. Practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform, except in an emergency situation where a person's life or health is in danger.



ABR Revocation/Suspension of Certification

- ABR can suspend or revoke a certificate or placing a Diplomate or candidate on probation for a fixed or indefinite time or some combination of these for several reasons.
 - All of the reasons except one have to do with falsification of information to the ABR such as the certificate was issued contrary to or in violation of any rule or regulation of the Corporation; substantial misstatement or omission of a material fact to the Corporation in an application or in any other information submitted to the Corporation; violation of the rules and regulations relating to the Written Qualifying, Oral and Maintenance of Certification Examinations engaging in any conduct that materially disrupts any examination or that could reasonably be interpreted as threatening or abusive toward an examinee, proctor or staff.



ABR Revocation/Suspension of Certification

- The one exception is:
 - any license of the person to practice is not, or ceases to be, a valid and unrestricted license to practice within the meaning set forth in the Rules and Regulations of the American Board of Radiology. In the event that a Diplomate's license to practice is suspended, revoked or restricted in any state in which the Diplomate practices, holds a license or has held a license, the Diplomate's board certification may be revoked or suspended.

From ABR By-Laws (05/30/2008) - Article X: Revocation and Suspension



Licensure vs. Board Certification

Licensure

1. Protects public from improper practice
2. Protects the medical physicist with **due process of law**
3. Applies to all medical physicists:
 - a. Licensed Qualified Medical Physicists
 - b. Grandfathered licensed medical physicists
4. Legally defines the profession

Board Certification

1. **Exam based, not practice-based**
2. **Cannot be revoked** except for fraud or revocation of a license
3. No due process of law for medical physicists
4. No impact on Grandfathered medical physicists



Licensure vs. Registration

Licensure

1. A technical definition: a license is a government grant of specific legal rights and obligations to the licensee.
2. Once a license has been granted, it cannot be restricted or taken away without notice and a hearing, with all the attendant legal rights and appeals.
3. If the State proposes to take some action against a licensee, the burden of proof rests with the State.
4. Since a license grants a right to do something, it ipso facto limits or prohibits the ability of others to do that same activity.

Registry

1. It is simply a list.
2. Confers no rights although it may impose certain obligations as a precondition to being on that list and as such, registration is not property protected by either state or federal Constitutional guarantees.
3. The burden of proof is on the registrant to prove its case if someone makes a claim against the individual.

**Biggest Difference?
The Board**



Registration

- Twenty states, with more drafting new regulations.
- Many follow AAPM QMP definition.
- Wide variation in professional standards and enforcement.



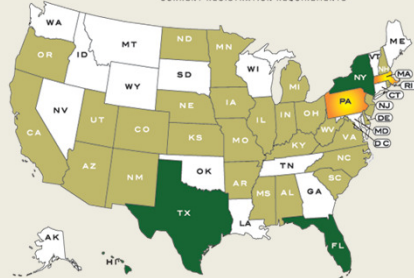
State Regulations

- Professional Licensure or registration
- More states are implementing strong definitions of a QMP, with Board certification the only pathway.
- Working with CRCPD to incorporate QMP definition in the Suggested State Regulations



State Regulations

■ LICENSURE
 ■ REGISTRATION
 ■ LICENSURE TARGET STATE
 ■ NONE OR NO INFORMATION
*VIEW STATE INFO BELOW FOR ANY CURRENT REGISTRATION REQUIREMENTS



Link: http://www.aapm.org/government_affairs/licensure/default.asp - KS



Definition of a Qualified Medical Physicist AAPM Professional Policy - PP-1

- For the purpose of providing clinical professional services, a Qualified Medical Physicist (QMP) is an individual who is competent to independently provide clinical professional services in one or more of the subfields¹ of medical physics. The subfields of medical physics are:
 - Therapeutic Medical Physics
 - Diagnostic Medical Physics
 - Nuclear Medical Physics
 - Medical Health Physics
- The scope of practice of each subfield is defined in the AAPM Professional Policy 17 "Scope of Practice of Clinical Medical Physics".



PP-1: <http://www.aapm.org/org/policies/details.asp?id=316&type=PP> - KS

Credentials of a QMP According to PP-1

- A Qualified Medical Physicist meets each of the following credentials:
 - Has earned a master's or doctoral degree in physics, medical physics, biophysics, radiological physics, medical health physics, or equivalent disciplines from an accredited college or university; and
 - Has been granted certification in the specific subfield(s) of medical physics with its associated medical health physics aspects by an appropriate national certifying body and abides by the certifying body's requirements for continuing education.



Medical Physics



The QMP Registry

- AAPM has contracted with the CRCPD to establish and maintain a registry of Qualified Medical Physicists
- CRCPD does not independently verify medical physics qualifications
- Direct upload of information from certifying boards



Conference of Radiation Control Program Directors (CRCPD) Registry of Qualified Medical Physicists

- Purpose:
 - To allow state regulators' to verify the qualification of medical physicist working in their state.
 - The registry provides the solicitor with one stop to look up physicist who has passed one of five participating boards.
 - American Board of Radiology (ABR)
 - American Board of Medical Physics (ABMP)
 - Canadian College of Physicists in Medicine (CCMP)
 - American Board of Science in Nuclear Medicine (ABSNM)
 - American Board of Health Physics (ABHP)
 - Prior to the registry, state and federal regulators depended on copies of board certification, now with a few entries the same regulator can independently valid the credential of the medical physicist for all five boards.



Isn't the QMP Registry enough? What the Registry does:

- The QMP Registry is not licensure and does not meet all the components of licensure (accountability); however, it **is** a step in a positive direction towards improving healthcare.
 - The QMP Registry establishes a list of medical physicists who have achieved board certification.
- ABR, ABMP, ABHP, ABSNM and CCPM





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National QMP Registry

Last Name

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First Name	Last Name	Certified By	Certification	State	
Kai	Lee	ABR	Medical Physics	CA	details
Kar Ho Francis	Lee	ABR	Therapeutic Medical Physics		details
Keunchul	Lee	ABR	Therapeutic Medical Physics	NJ	details
Ki	Lee	ABR	Diagnostic Medical Physics		details
Ki	Lee	ABR	Therapeutic Medical Physics		details
Nancy	Lee	ABR	Therapeutic Medical Physics	NE	details
Nina	Lee	ABR	Therapeutic Medical Physics	TX	details
Peter J-T.	Lee	ABHP	Health Physics	IL	details
Plato	Lee	ABR	Therapeutic Medical Physics	IL	details

CRCPD.org

Details	
First Name	Plato
Last Name	Lee
City	Hinsdale
State	IL
Certification	Therapeutic Medical Physics
Certified By	ABR
Certification Type	Lifetime Certificate
Area of Certification	Therapeutic Physics
Date of Certification	6/6/1991
Valid until	



Isn't the QMP Registry enough? What the Registry does:

- Public would be served by having those who attained this level of expertise be required through by state regulations perform specific services.
- State regulatory control agencies, accrediting bodies, etc. could easily identify those who have met QMP definition.



Isn't the QMP Registry enough? What the Registry does not do:

- A National Registry alone will not be sufficient in providing consistent minimum standards of practice nation-wide.
 - Need states to adopt regulations requiring that all clinical medical physicists are listed on the National Registry.
- A registry listing is not amenable to peer-reviewed enforcement because any infractions will be reviewed by the regulatory community and not necessarily medical physicists.
- Private organizations (certification boards) not constitutionally subject to the "due process" requirement.



Isn't the QMP Registry enough? What the Registry does not do:

REMINDER:

The effect of licensure on the profession is **consistent minimum standards** for the profession on a state-by-state basis.

- Licensure **establishes the authority to enforce the practices of the profession**, by a board of professionals. A license can be restricted or rescinded for misconduct through due process of law.



State Updates



MA - Background

- The licensure legislation was introduced in mid-June 2011
 - HB 3515 (Sponsor Rep. Carlos Basile)
- The MA State Committee reviewed the bill language at the end of July 2011
- There was a series of meetings in mid-October 2011 with MA legislators. The size of the Board (8 members) was raised as there is some concern about an even number.
 - The MA State Committee discussed adding an additional "floating" medical physicists position to the board to create an odd number and majority of medical physicists representation



MA – Background (continued)

- Dan Delaney, Director of Legislative Policy, said the Massachusetts Department of Public Health was generally supportive of the licensure bill.
- Hearing in the Joint Committee of Public Health was held on October 25, 2011.
 - Testifying were: Per Halvorsen, Martin Fraser and Fred Fahey
 - Joint Committee Chairman Sanchez and Chairwoman Fargo asked multiple questions regarding the practice of medical physics and the need for licensure of the profession.



MA – Current Status

- On March 20, 2012, the bill received a **FAVORABLE** Report out of the Joint Committee.
- MA Legislative Counsel redrafted the bill with technical corrections and the bill was renumbered in May 2012.
- **CURRENT BILL: HB 4097**



MA - HB 4097 Text Changes

- Scope and Purpose language removed
- Sections were rearranged
- Added language regarding Board terms of service
- Definitions were alphabetized and edited for consistency



MA - HB 4097 Text Changes (continued)

- Added definition of “Board”
- Added language regarding duties and function of the Board
- Added section on the creation of a public registry of the licensed medical physicists
- Added general application procedural language
- Removed “fee setting” language



MA - HB 4097 Text Changes (continued)

- Added time-frame for grandfathering period (18 months after enactment date)
- Removed “license term and renewal” section
- Modification of template enforcement clause but template was extremely detailed and the modifications bring the enforcement clause in alignment with other license enforcement action clauses in MA



MA - HB 4097 Text Changes (continued)

- Added articulation of possible specific enforcement actions and applicability of the law
- Added authorization language for the licensing board to do its duty
- Added language to ensure medical physicists would be able to continue to work while the Board promulgated the regulation



MA: Next Steps by Legislature

- MA Public Health Finance Committee currently reviewing HB 4097
 - Anticipate that will pass out of Finance Committee without hearing and Chair approval by July 2012
- Anticipate the bill will move to the full House for consideration and vote in mid-fall



MA: Next Steps by MA State Committee

- MA State Committee currently reviewing changes in HB 4097
- Suggested amendments to be drafted over summer
- Anticipate the following changes
 - Change to board membership to a majority of medical physicists
 - Definition of Qualified Medical Physicist



MA: Next Steps Meeting with MA Department of Public Health Staff

- To be scheduled late summer/early fall
- Purpose:
 - To review HB 4097 to identify any areas of concern
 - To identify areas that may have regulatory implications
 - Q&A session



MA: Next Steps by MA members

- Need to familiarize yourself with HB 4097 language
- Questions or issues should be sent to Martin Fraser, MA State Committee Chair by end of August
- If necessary, FAQs to be developed in response to concerns raised by MA members
- Respond to "Calls-to-Action to MA members"
 - Calls and emails to state legislators demonstrating support of HB 4097



PA Current Status

- In mid-May 2011, the PA licensure bill was introduced and given a bill number – HB 1559 (Sponsor Rep. Harry Readshaw (D)).
- In late June 2011, AAPM PA members and Mr. Bevan met with the Department of State representatives to discuss the Sunrise Evaluation.
- In early September 2011, based on the results of that meeting an addendum to the Sunrise Evaluation was submitted.



PA Current Status (continued)

- In November 2011, the Department of State issued their findings and found that at this time there was no need for a separate licensure board for the medical physics profession.
- Based upon this decision, the PA licensure bill **will not move forward** this legislative session and likely will not have enough support to pass until/if the Administration changes from Republican leadership.



PA Current Status (continued)

- The Department of State cited the following reasons for their decision:
 - The current protection provided by the PA DEP regulations is "extensive."
 - The threat to public safety for unlicensed medical physicists is not substantial and therefore, the Governor does not want to add another layer of "regulatory authority over the profession".
 - The potential cost to medical physicists for licensure fees would be \$1,000 biennially which would increase cost of health care services to the public.
 - The committee recognized a need for improvement in the rules surrounding the use of medical radiation and as the DEP will be updating those regulations "in the near future", we have been encouraged to work with them to offer suggestions.



PA Current Status (continued)

- The PA State Committee and Mr. Bevan, AAPM lobbyist will remain active within PA to the extent of maintaining communication with established contacts.



OH Current Status

- There was a positive in-person meeting with Rep. Wachtmann regarding sponsorship of the OH version of the licensure bill.
- Rep. Wachtmann supplied the model bill to the OH Department of Health, Bureau of Radiation Protection (BRP) with a request for comments
 - In early-October, OH State Committee member Kerry Krugh received the BRP's response
- The OH State Committee drafted a response to Rep. Wachtmann and the OH BRP
- There was no further rebuttal and the bill could still be introduced this legislative session.



IN Current Status

- Much of the effort in the following states has been provided by chapter representatives
 - Collaborative efforts have been initiated between Ohio River Valley and the Midwest Chapters regarding appropriate paths toward licensure
 - Communication is ongoing



IN Current Status (continued)

- Meeting in mid-September 2011 with IN Department of Health, Director of Medical Radiology Service David Nauth
 - IN had an Advisory Committee, which was inactive for years, and consequently was decommissioned in 2010.
 - Requested that the Advisory Committee be re-commissioned and that the current regulations be updated to which Mr. Nauth agreed and promised to look into both ideas.
- While there was verbal agreement to consider the recommendations, to date there has not been forward progress.



KY Current Status

- The "Kentucky Radiation in Medicine Advisory Committee" began in August 2011, under the supervision of KY State Office of the Commissioner.
 - The committee roster formed included QMPs of all subspecialties and MDs of all subspecialties.



KY Current Status (continued)

- Commissioner Hacker retired and a new Commissioner was appointed, a CHP (non-ABHP), Matthew McKinley.
- It is not expected that the committee will be active anytime soon.
 - There has been some question at the Commissioner level on the positions currently listed on the Advisory Committee roster and it is anticipated that several other related professions will be asked to serve such as technologists.



Summary

- Recent Historical Background
- CARE Act Update
- AAPM and JMPLSC
- QMP Registry
- State Updates
- Doug Pfeiffer, Regulatory Approach
- Final Thought



“The real question is whether we want to define our profession, or leave it to some other group to do that for us.”

– David Lee Goff, Austin Texas 11/13/09