AAPM Medical Physics
Practice Guidelines

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Chair AAPM Subcommittee on Practice Guidelines
Conflict of interest

• None
Learning objectives

• A. To learn about the purpose of MPPGs.
• B. To learn about how MPPG topics are identified.
• C. To learn about the differences between an MPPG and a TG.
• D. To learn about recently published and upcoming MPPGs.
A little history

- Subcommittee on Practice Guidelines (SPG) formed in 2007
- Maria Chan was first chair
- Original focus was on reviewing TG reports for professional issues
- From the first meeting minutes in 2008:
  - Proposal for the establishment of Minimum Practice Recommendations (MPR). The MPR, similar to Clinical Implementation Guide, can serve as a supplement to the TG report, if needed.
- This evolved into the Medical Physics Practice Guideline (MPPG)
- In 2012 it was decided to make MPPGs the sole focus of SPG and TG reviews were made the responsibility of the Practice Environment Subcommittee
Purpose of MPPGs

- Goal is that practice guidelines is to set minimum guidance for physics, but will discuss role of other team members involved in the practice
- MPPG’s should not be at the level of task group report recommendations but at the level of minimum practice. Past issue has been incorporation by regulatory agencies.
- Medical Physics Practice Guidelines (MPPG) Intended to provide the medical community with a clear description of the minimum level of medical physics support that the AAPM would consider to be prudent in all clinical practice settings.
- Staffing, equipment, machine access, and training.
- Not designed to replace extensive Task Group reports or review articles, but rather to describe the recommended minimum level of medical physics support for specific clinical services.
## Difference between MPPG and TG

<table>
<thead>
<tr>
<th></th>
<th>TG</th>
<th>MPPG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Basis</td>
<td>Provides complete educational and scientific basis for recommendations</td>
<td>Uses expertise of group members to establish minimum procedural guidelines</td>
</tr>
<tr>
<td>Recommendations</td>
<td>Recommendations include all potential tests and narrow tolerances for items</td>
<td>Recommendations include minimum practice and safety standards for implementation</td>
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<tr>
<td>Development Time</td>
<td>Several years to develop</td>
<td>1 year to develop</td>
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<tr>
<td>Resource Intensity</td>
<td>Should be used by clinics with more bandwidth and resources</td>
<td>Should be used by clinics with less bandwidth and resources</td>
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<tr>
<td>QA Standards</td>
<td>Should not be used to inform regulators of QA standards</td>
<td>Should be used to inform regulators of minimum QA standards</td>
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</table>
Coordination of TGs and MPPGs

• Current work on TG/MPPG process
• Create explicit process for TG and MPPG coordination
• Need for MPPG considered as part of TG creation
• Parallel work to shorten time frame
Structure of SPG

• The SPG membership will include one standing member each from the Therapy Physics Committee (TPC) and Imaging Physics Committee (IPC) of Science Council, and the Government and Regulatory Affairs Committee (GRAC) of Administrative Council.

• The SPG leadership structure will include a Chair, a Vice Chair for Imaging Physics Guidelines, and a Vice Chair for Therapy Physics Guidelines.

• Other members of the SPG will be selected by its Chair(s) or the parent committee, CPC, Chair(s).

• MPPG chairs are members of SPG until publication
Selection of MPPG topics

SPG is responsible for developing a list of appropriate subjects, including a prioritization for their development.

The Clinical Practice Committee (CPC) is responsible for reviewing the list, the prioritization, and for providing suggested revisions.

PC is responsible for final review and approval.
Selection of MPPG topics

• Where does SPG get ideas for topics?
  • MPPGs must be updated every 5 years
  • SPG members
  • AAPM members, see BBS page (Y90)
  • Science Council
  • Survey of existing guidance for gaps (HDR)
MPPGs published as of 3-1-2022


MPPGs published as of 3-1-2022

  - *MPPG 6.a has been extended until the TG report comes out for an MPPG group to review.*
MPPGs published as of 3-1-2022

# MPPG citations

Number of citations for MPPGs

<table>
<thead>
<tr>
<th>MPPG</th>
<th>Year</th>
<th>Topic</th>
<th>as of 6-24-20</th>
<th>as of 11-3-21</th>
<th>AM score</th>
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For details see the Information section on the MPPG article page in JACMP

The AM score is highly correlated with Tweets and Facebook mentions
MPPG process

- Identification of topic
- Selection of chair and members
- Topic approval (day 0)
- Preparation of draft (day 90)
- Report to SPG for approval (day 210)
- Concurrent CPC and PC approval (day 240)
- Member comment (day 270)
- SPG approval (day 300)
- Concurrent CPC and PC approval (day 330)
- EXCOM approval (day 365)
- Submit for publication (day 400)
- Publication (day 490)
MPPG resources

- MPPG link on AAPM web site
MPPG resources

• BBS link
• https://www.aapm.org/bbs/forums/forum-view.asp?fid=152
MPPG resources

• Newsletter article

SO, WHAT ARE MPPGs AND WHY SHOULD I BE AWARE OF THEM?

SUBCOMMITTEE ON PRACTICE GUIDELINES REPORT
Daniel C. Povard, MS | Allegheny General Hospital
Arthur J. Olich, PhD | Children’s Hospital of LA
Mary A. Keenan, DMP | Vanderbilt University Medical Center

A concise description is found on the MPPG web page:

“MPPGs are intended to provide the medical community with a clear
description of the minimum level of medical physics support that AAPM would
consider to be prudent in all clinical practice settings. Support includes but
is not limited to staffing, equipment, machine access, and training. These
MPPGs are not designed to replace extensive Task Group reports or review
articles, but rather to describe the recommended minimum level of medical
physics support for specific clinical services.” AAPM has made a clear and
AAPM Policy on MPPGs

• AP 115-A, Guidelines for Presentation of TG, WG, and MPPG Reports at AAPM Meetings
  • Requirements for presenting
  • Presentation of final results/recommendations of the Group
  • Reports/papers must have minimally reached the stage of Council level approval by the time the invitation to present is issued. (SPG practice is accepted for publication by time of presentation)
  • All presentations must be SAM and recorded for inclusion in the virtual library
  • For presentations in which the Group is requesting feedback from the medical physics community to help them address their charges:
    • The Group must have support for the presentation by their parent organization (WG, subcommittee, committee, or Council).
    • The title of the meeting presentation and abstract must make it clear that this is not a presentation of final findings/recommendations. The speaker must also state the same during the presentation.
    • AAPM reports/papers may not be submitted or presented as proffered talks. Reports will be presented as invited symposia.
  • All reports will be presented at only one national AAPM meeting.
  • Additional presentation at AAPM Chapter meetings is allowed.
What can you do?

• Be a member of SPG
• Contribute as a member of MPPG writing group
• Implement in your clinic
• Give feedback during public comment period for initial publication and that can be incorporated into 5 year updates
• Make your regulators and accreditation bodies aware of the existence of and your use of MPPGs
Acknowledgements

• Previous chairs
• Brent Parker 2017-2019
• Russ Tarver 2014-2016
• Maria Chan and Joann Prisciandaro 2012-2013
• Maria Chan 2007-2012
Acknowledgements

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