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Commission on Accreditation of Medical Physics Education Programs Inc.

Residency Education Program Review Committee

Program Review Document

Mary Bird Perkins Cancer Center

Medical Physics Residency Program

Sponsoring Organizations: American Association of Physicists in Medicine, American College of Radiology, American College of Medical Physics,
Canadian College of Physicists in Medicine

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Lead Reviewer: Peter Dunscombe, Ph.D.

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Revision: February 2012

Date of Visit: 18/19th June 2012

Date of Report: 25th June 2012

Program Director: John P. Gibbons, Jr, Ph.D.

Notes:

1. **Observations** are general comments related to performance of the program within the context of the appropriate CAMPEP standard.
2. **Recommendations** are suggestions for improvement that the program may wish to consider. Incorporation or not of these recommendations does not affect the immediate accreditation status of the program.
3. **Compliance** means compliance with CAMPEP standards.

MEDICAL PHYSICS RESIDENCY PROGRAM EVALUATION

	Compliance		
	Substantial	Partial	Minimal
Program Goal and Objectives	X		
<ul style="list-style-type: none"> Describe the goal and objectives of the clinical training and education program in one of the three main specialties of medical physics, i.e. the physics of diagnostic imaging, radiation oncology, or nuclear medicine. The primary focus of the resident’s experience shall be clinical training and educational activities. The principal goal of the physics residency program should be to prepare an individual to practice independently a medical physics specialty. 			
<p><i>Observations:</i> The Residency Program seeking accreditation is a Consortium of four institutions led by the Mary Bird Perkins Cancer Center in Baton Rouge, Louisiana. The stated objective of the Medical Physics Residency Training Program is to provide training in clinical radiation oncology physics in preparation for American Board of Radiology (ABR) certification and independent practice in clinical Medical Physics. The Program is designed to cover the majority of topics found in AAPM Report 90, “Essentials and Guidelines for Hospital-Based Medical Physics Residency Training Programs”. After successful completion of the program, the resident will have covered the essential curricula for the board certification examination for radiation oncology physics.</p>			
<p><i>Recommendations:</i> None.</p>			
Program Evolution and History	X		
<ul style="list-style-type: none"> A brief history of the program’s evolution including faculty, staff, and residents should be presented. Proper training can best occur in a stable and supportive environment. Significant changes to the program since its inception or from the previous self-study document (for re-accreditation) should be noted here and described in detail in the appropriate section of the self-study document. 			

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Observations: : Mary Bird Perkins Cancer Center (MBPCC) and Louisiana State University have worked together for many years on the education and training of Medical Physicists although it is only relatively recently that they have entered into a formal agreement. LSU was granted CAMPEP accreditation of their M.Sc. program in 2006 and their Ph.D. program in 2012. Although graduate level education was established and accredited there were no local residency opportunities for LSU graduates. This provided the impetus for the creation of the MBPCC residency program. The first resident of the MBPCC Medical Physics Residency Program graduated in August 2011.

It was quickly apparent that the MBPCC program alone could not accommodate all LSU graduates thus denying a pool of well educated individuals the opportunity to advance their careers locally. In addition, expanding the program to include Consortium sites increased access by residents to special procedures including TBI (University of Mississippi), TSE (MBPCC) and, in 2014, proton therapy (Willis-Knighton). The provision of additional residency slots would also serve to increase the appeal of the LSU graduate program. As a consequence a goal of the initiators of the MBPCC residency program has been to lead a Consortium of other interested medical physics training facilities within the State of Louisiana and its immediate region which, on their own, may not have been able to muster the resources to establish independent CAMPEP-accredited programs. Thus the Consortium has been developed to operate on a hub and spoke model. Formal agreements between MBPCC and three other institutions were executed by early 2012. One of the Consortium members (Oncologics) has been recently acquired by e+Cancer Care and is now known as e+Oncologics. The previous formal agreement has been executed with the new entity.

MBPCC is the only member of the Consortium to have graduated a resident from the program now being submitted for accreditation.

Recommendations: None.

Program Structure and Governance

X

- Delineate relationships to other programs, particularly other academic and training programs, which serve to provide trainees with the necessary knowledge and broad understanding of the fundamentals of medical physics.
- Describe the relationship to clinically oriented related programs, such as residency training programs for physicians.
- Clearly define the position of the medical physics residency program within the organizational structure of the institution along with the source of authority for the program.
- Give an overview of:
 1. the status of the staff members in the program,
 2. the procedure for granting certificates,
 3. the training curriculum essentials,
 4. program review process, and

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5. the mechanism of recruitment and admissions of medical physics residents.

- Describe the mechanism of access to clinical facilities and equipment.
- Describe any collaborative arrangements among departments and institutions.
- If multiple departments and/or institutions participate in the program, the role and commitment of each shall be explained with a description of a strategy to maintain a uniform quality of training and education at the multiple institutions.
- For programs located in settings that do not include all appropriate clinical services and facilities describe arrangements with other facilities where the required clinical training can be provided.
- In the case of Affiliate Programs, arrangements must be in place to access the clinical programs and expertise of a primary CAMPEP accredited site.
- Documentation of such collaborative arrangements or support shall be supplied.
- Explain how the program director was selected.
- Describe the position of the program director in the academic and clinical organizations together with the relationship of the director to other participating individuals, groups, and organizations.

Observations: With this being a hub and spoke program, structure and governance is more challenging than with more conventional single institution programs. The four participating institutions in this Consortium are all independent of each other in all aspects including reporting relationships, budgeting, etc. For the Consortium members to participate in one program it is clearly essential that all agree on their commitments and contributions to the common program. To that end, formal and detailed agreements between the “spoke” programs and the “hub” (MBPCC) have been executed. The overall Program Director is John P. Gibbons, Jr, Ph.D. The three “spoke” programs have each appointed an Affiliate Program Director to take care of day to day issues at the “spoke” centers.

The three “spoke” centres in the Consortium are:

- e+ Oncologics LLC. Lafayette, LA. 7 linear accelerators, Tomotherapy, HDR brachytherapy, orthovoltage. Affiliate Program Director: John Duhon
- University of Mississippi Medical Centre. Jackson, MS. 5 linear accelerators, HDR brachytherapy, Total Body Irradiation. Affiliate Program Director: Dr. Claus Yang.
- Willis-Knighton Cancer Center. Shreveport, LA, 2 linear accelerators, Tomotherapy, HDR, proton therapy slated to commence clinical operation in 2014. Affiliate Program Director: Dr. Terry Wu.

The boilerplate for the formal agreements is included as Appendix 1.

More details of the equipment inventories and staffing levels are given below.

It was very clear during the site visit that senior medical and administrative leaders at the four participating centers are very enthusiastic about their membership in the Consortium. They are all committed to providing a high quality educational and training experience for their own residents and the others in the program.

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Recommendations: None.

Training Requirements	Compliance		
	Substantial	Partial	Minimal
A Requirements for Successful Program Completion	X		
<ul style="list-style-type: none">• The self-study document shall include written expectations of resident performance and behavior as well as the training schedule that is given to incoming residents.• This training schedule should include:<ol style="list-style-type: none">1. dates of each clinical rotation,2. clinical rotation objectives,3. didactic educational expectations,4. optional research opportunities (which must not compromise the two years of clinical training).• Information must be provided that states clearly the pass/fail criteria for these rotations.• The self-study document must describe clearly what will be done and when if the resident fails to meet the expected level of performance.			

The length of the residency education program shall be at least twenty-four months for those entering with didactic training in medical physics as evidenced by graduation from an accredited medical physics graduate education program. The didactic background of individuals entering a CAMPEP accredited residency program should be equivalent to that obtained in a CAMPEP accredited graduate program. For entering residents who have not graduated from an accredited medical physics graduate education program or equivalent, appropriate didactic training must be provided and successfully completed without compromising the two years of clinical training. If more than one class per semester is required to meet the didactic background requirement, the residency will have to be extended so that the resident can meet the above stated didactic requirements. The means by which academic remediation is accomplished without

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compromising the two years full time equivalent of clinical training must be clearly stated. The classes that need to be taken to meet these requirements must be clearly defined for each resident at the beginning of their resident experience. These classes must be at the graduate level and sufficient to meet the requirements of AAPM Report #79. Classes for which the target audience comprises medical residents and/or technologists/therapists are not deemed to be at an adequate level. In the event that graduate level classes in medical physics are not available locally, remediation may take the form of tutorials and evaluations conducted by Board certified physicists. All remedial activities must be thoroughly documented. The pass/fail criteria need to be clearly defined together with the required action that will be taken if these expectations are not met. Likewise, if research is an expectation of the resident this must be conducted in addition to the two years of clinical training. Relevant and documented clinical training obtained prior to entry into the residency program may be used to shorten the training period. In such cases, thorough documentation by the program director will be required to justify such a decision.

Observations: Six conditions need to be fulfilled in order to successfully complete the Program. These include an appropriate educational background (Report 197S), clinical and project rotations, attendance at (75%) rounds and relevant meetings and satisfactory performance at oral exams and staff evaluations. These are universal requirements at all four sites. There is a commitment from all participants to the uniformity of the program at all sites and particularly to a common standard of evaluation. Graduates from CAMPEP-accredited programs are targeted for recruitment. Other graduates who have completed 197S requirements may also be considered.

Recommendations: None.

B Design and Content

X

The elements of clinical training should be consistent with recommendations presented in AAPM Report Number 90, "Essentials and Guidelines for Hospital-Based Medical Physics Residency Training Programs." While strict adherence to these recommendations is not absolutely necessary, programs will be evaluated with regard to the intent of fulfilling the AAPM recommendations.

- Describe the clinical training rotations including the detailed training objectives and the tools by which attainment of training objectives shall be evaluated.

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- List the clinical conferences, seminars, and/or journal reviews, including their frequency that the resident is expected to attend. Mandatory attendance at some fraction of these conferences is expected.
- A schedule of a past year's conferences and seminars including documentation of resident attendance shall be included as an attachment.
- Describe what action will be taken if the resident fails to attend the indicated percentage of conferences.
- Describe the resident's training in the teaching of medical physics to physician residents, graduate students, technologists, and other allied health professionals. In-service presentations on radiation safety topics, implementation of new technology or other clinical topics can also be used to provide this training.
- Describe how professional aspects of medical physics practice are included in the program.
- Professional subjects include:
 1. medical-legal considerations,
 2. ethics,
 3. the various relevant societies and organizations associated with medical physics and their roles (AAPM, COMP, ABR, CCPM, CAMPEP, ASTRO, RSNA, etc),
 4. interactions between medical physicists and state/provincial and federal government agencies.

This education may take place in a mentoring environment, but must be documented as having occurred.

Residents can reasonably be expected to contribute to the routine clinical support activities of the Department. Here, "routine clinical support activities" refers to those activities that, in the absence of a resident, would be performed by a clinical physicist, physics assistant or dosimetrist. The time commitment of such routine activities should be estimated and must not be such that it detracts from the educational experience of the resident.

Observations: The delivery of the program does have differences between the four sites. These reflect local preferences, staffing levels and the way in which clinical physics services are provided. However, all four sites do broadly cover the material in Report 90 and provide adequate clinical training to the residents. The major unifying force within the Consortium's program is the consistency of resident evaluation. Irrespective of the details of the program delivery at the four sites, residents emerge from the program with comparable levels of knowledge, experience and expertise.

Recommendations:

- Consideration should be given to the inclusion of soft skill development within the program. Soft skills include communication, time management, leadership etc. Shadowing selected individuals in the Administration office, such as HR, Finance, PR could also broaden

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the perspective of the residents.

- A formal session, which could be brief, on career planning would be of significant benefit to 2nd year residents.
- Project descriptions which have been independently developed at each site should be compared to ensure consistency in format and broad expectations across the Consortium.
- Each site should schedule meetings between the local resident(s) and Affiliate Program Director/project mentor on a regular basis.

C Sample Training Plans

X

- The self-study document shall include, in an attachment, a summary of the elements of clinical training of each clinical rotation.
- These summaries shall include:
 1. The documentation of specific training objectives and experience to be gained by the resident during each rotation;
 2. The documentation of resident progress evaluation. Actual rotation evaluation forms for several clinical training rotations, with the name of the resident removed, shall be included;
 3. The documentation of didactic education, or courses of self-study, used to satisfy didactic training requirements, This shall include:
 - i) Type of educational experience – lectures, self-study, homework assignment, lecture preparation, etc.
 - ii) Subject material and instructors;
 - iii) Number of contact hours per week and time of offering;
 - iv) List of texts, journal articles, and other materials;
 - v) Detailed outline of course indicating time allocation to topics;
 - vi) If a laboratory is included, description of its content; and
 - vii) Documentation of resident performance evaluation – informal review, written examination, oral examination, etc.
- For courses of self-study, the same reporting format shall be used. Include homework assignments, reports of student/instructor contact hours, and examination results.
- Resident training records should include examples of work assignments, reports, and examinations.
- Copies of supervising physicist evaluations of clinical rotations shall be kept.
- These records shall be available for review at the time of the site visit.
- Include written expectations of resident performance and behavior as well as the training schedule that is given to incoming residents.

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- This training schedule should include:
 1. dates of each clinical rotation,
 2. clinical rotation objectives,
 3. didactic educational expectations,
 4. optional research opportunities, etc.
- Describe clearly the pass/fail criteria for these rotations.
- Describe clearly what will be done and when if the resident fails to meet the expected level of performance.

- Programs at affiliated sites must clearly describe which components are provided by the primary sites and which are available locally.

Observations: Detailed training schedules have been presented and discussed by the participating sites in the Self-Study. While differing in detail, similar core knowledge is imparted and similar clinical experiences are offered. In terms of the training plans, any of the four centres would be regarded as being accreditable using CAMPEP standards. However, working together within the Consortium results in considerable synergies which makes the overall program stronger. Between the four sites a full range of clinical techniques is available to all residents. This includes Total Skin Electrons, Total Body Irradiation and, in 2014, proton therapy. These are described in more detail below.

Recommendations: None.

D Evaluation of the Curriculum

X

- Describe the process for creating or modifying training objectives.
- Describe the method for evaluating clinical rotations by both the residents and the staff, including the frequency of evaluation and the mechanism for corrective actions.
- Give examples of the documentation of these evaluations.
- Describe the process and procedure for implementing modifications to the program. The resident should be informed at the beginning of their residency period that program alterations and enhancements may be made but that they will be informed officially of these changes, especially if new completion requirements are included.

Observations: One item in the formal affiliation agreement is the establishment of a Medical Physics Advisory Committee. A specific charge of this committee is to advise the Residency Program Director on teaching methods and topics for possible implementation into the Residency Program.

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Recommendations: None.

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		Compliance		
		Substantial	Partial	Minimal
Residents				
A	Admissions	X		
		<ul style="list-style-type: none"> • Produce and have available for prospective residents an application packet that contains information necessary to make a decision regarding whether to apply, how to apply, and what to expect during the application process. • Information explaining the field of medical physics and residency training should be included, e.g., documents such as (1) AAPM's "The Medical Physicist", (2) AAPM's "The Roles, Responsibilities, and Status of the Clinical Medical Physicist," and (3) AAPM Report No. 90, "Essentials and Guidelines for Hospital-Based Medical Physics Training Programs," which are available from AAPM headquarters. • There should be a description of the medical physics residency education program. • Admission standards concerning degrees, graduate transcripts, etc., for incoming residents should be clearly stated. • Residents entering a medical physics residency program shall have acquired a strong foundation in basic physics. • This shall be documented by a master's or doctoral degree in medical physics, physics, engineering, mathematics, or other science with physics training equivalent to a minor in physics (e.g., upper level courses in mechanics, electricity and magnetism, quantum mechanics, atomic structure, nuclear physics, and statistical mechanics). • Residents entering a medical physics residency program shall have acquired a strong didactic background in medical physics as described in AAPM Report Number 79, "Academic Program Recommendations for Graduate Degrees in Medical Physics." This could be demonstrated by (1) graduation from an accredited medical physics graduate education program, or (2) transcripts from an unaccredited medical physics graduate education program. • Residents entering the program who have a deficiency in medical physics education must remedy this deficiency during their time in the residency program without compromising the two years of clinical training required of an accredited program. • In this case, the program will (1) provide a mechanism by which the resident will receive this didactic training, while maintaining two full years of clinical training and (2) have a mechanism to evaluate whether the candidate has successfully completed the didactic training prior to program completion. These two mechanisms shall be clearly stated. • If attendance at lectures of accredited graduate medical physics courses is not practical, an alternative didactic training pathway shall be identified and documented. Courses primarily aimed at medical residents, technologists, therapists and/or dosimetrists are deemed insufficient to achieve the necessary academic level. Educational objectives shall be listed along with methods of assessing academic achievement. Formal documentation such as homework assignments and examination results will be demonstrated. • Describe the method of processing a resident application. • Describe the evaluation process and the method of informing residents of action taken on their application. Application due dates and an admission process timeline should be specified. 		

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- Documentation of current applications and admissions should be available for review.
- Admission policies shall be nondiscriminatory except as related to standards for successful performance in the program. The quality of the entering residents shall be such that successful completion of the required training is not precluded by inadequate qualifications upon admission. The general aptitude and qualifications of entering residents will be considered in the accreditation evaluation.
- The self-study document shall provide information about the residents admitted to the program for the previous 5 years (or as long as the program has been in existence if less than 5 years).
- It should include:
 1. graduate degrees (graduate name, university, year, and degree),
 2. transcripts containing grade point averages,
 3. letters of recommendation, and
 4. other information used in evaluating candidates.
- Admissions records should be available for the site visit.

Observations: The Program gives good reasons for targeting graduates of the LSU CAMPEP-accredited graduate program for preferential admission to the Residency Program. The description of the admissions process is clear and the process itself is fair. The Medical Physics Advisory Committee determines whether or not an applicant is acceptable for admission. Following this determination an internal match process is followed to place the incoming resident in one of the four participating centers. Positions not filled during this process are made available to outside applicants meeting admissions criteria.

Recommendations: None.

B Recruitment Efforts

X

- Describe how residents will be recruited to the program.
- Examples of this could be listings in the relevant physics and radiology journals and contacts with nearby university medical physics and physics departments.
- Emphasis should be placed on attracting applicants with the appropriate didactic background in medical physics.

Observations: Recruitment is largely from the LSU graduate program. If the positions cannot be filled by suitable candidates from the LSU program, contact with other CAMPEP-accredited graduate programs and/or the AAPM placement service is employed.

Recommendations: None.

D Enrollment

X

- Program capacity shall be clearly stated.
- Provide a list and status of all residents in the program at the beginning of the training year immediately prior to submission of the self-study document .
- This shall include:
 1. date of entry into program,
 2. assigned rotations and staff supervisors, and
 3. source of funding.

Observations: The hub centre (MBPCC) has funding for three residents currently. It is expecting to be able to ramp this up to 6, taking in 3 new residents per year. “Spoke” centers make a formal commitment to fully fund one resident at any one time. Currently the University of Mississippi has two funded residents and e+Oncologics and Willis-Knighton will both add a second resident in July 2012. There are realistic plans to increase the total resident population within the Consortium to 12 in the coming years.

Recommendations: None.

E Evaluation of Resident Progress

X

- Performance requirements for the resident shall be those in effect at the time the resident enters the program.
- Describe the methods for evaluating resident progress.
- This will include meetings with the program director and/or staff committees and should follow each clinical rotation.
- Sufficient guidance shall be given to ensure the residents complete all program requirements within expected time allotments.
- Describe arrangements for assisting the failing resident.
- Institutional disciplinary procedures for failing residents should be explained to the resident at the beginning of the program and should be stated clearly in the self-study document.

Observations: General monitoring of the resident’s progress is through the on-line tracking system, Typhon. The resident interacts regularly

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with clinical rotation mentors and project supervisors who provide oral and written (on-line) feedback. The Program committee has general oversight of the resident's progress and recommends remedial action where necessary.

Recommendations:

- The residents present their projects on an approximately four monthly schedule. It is program policy that four staff physicists (2 from the resident's home site plus 2 other faculty) representing at least two of the participating four institutions are in attendance. Clinical knowledge and skill development are not evaluated quite so rigorously. It is strongly recommended that the Typhon system be used to identify those competencies which the resident has claimed to have developed since the previous oral examination and that these competencies be used as the basis for targeted questions by participating staff during the oral exams. In this way differences in the clinical schedules and staff expectations of resident performance will be minimized.
- Radiation Oncologists from all participating centers should be invited to attend and participate in resident project presentations as appropriate.
- Evaluation of written project reports should include an assessment by a Consortium staff member at a site other than that of the submitting resident.
- Consideration should be given to developing a standard format for project reports.

Compliance

Substantial

Partial

Minimal

E New Resident Orientation

X

- Describe the orientation process for new residents. The incoming resident should clearly understand the program's requirements, resident administrative procedures, all training expectations, and all behavioral expectations.
- This should include information on:
 1. staff and program resources,
 2. laboratories,
 3. research opportunities,
 4. funding,
 5. a good overview of the program,
 6. all health hazards, including radiation, associated with the practice of the medical physics specialty.

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Observations: Orientation is site dependent but covers all the basics in the four sites.

Recommendations:

- The Consortium should develop a handbook for use by all incoming residents. The handbook should include a core section describing the Consortium's program plus site specific information as appropriate.

F Safety

X

Residents will be working in a radiation and high-voltage environment, where the potential exists for bodily injury to themselves and others. They could also be exposed to chemicals or biohazardous materials. Entering residents should be made sufficiently aware of potential hazards so that they will not be in any immediate danger. The program should have introductory safety training in radiation protection and should provide the resident with his/her own radiation exposure monitor in compliance with state and federal regulations. It should also provide introductory training in the dangers of high voltage. The program should have a published set of guidelines and restrictions for using potentially dangerous equipment or materials. The self-study document shall describe the program's safety training activity. Basic safety training shall be included in the resident orientation program.

Observations: Access to appropriate safety information is available at all sites.

Recommendations: None.

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Program Administration	Compliance		
	Substantial	Partial	Minimal
A Structure within the Hospital or Medical Centre	X		

The structure of the program shall be defined. The programs may consist of multiple institutions and departments bound together by the common thread of the medical physics residency education program. For a single-institution applicant, the roles of the program director, the medical director, the residency program committee, and any appropriate institutional committees should be stated. For programs that consist of multiple institutions and departments, the role and commitment of each component institution and department shall be explained. In particular the roles and responsibilities of individuals in each participating institution as regards the residency program shall be specified.

Observations: The program is administered by the Medical Physics Advisory Committee. This Committee is chaired by the Residency Program Director (currently Dr. John Gibbons) and includes the LSU Medical Physics Graduate Program Director, the MBPCC Medical Director or designate and the Affiliate Program Directors. Additional members may also be appointed. Participating sites have developed their own in-house mechanisms for communicating with their physics staffs on the status of their residents within the local environment.

Recommendations:

- A Deputy Director should be appointed to provide continuity should the Program Director be absent.

B Role of the Program Director	X
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The program shall be headed by a program director responsible for coordinating the staff, advising the residents, and evaluating and promoting the program. The position of the program director in the clinical organization is of key importance; it must be explained and documented, together with the relationship of the program director to other participating individuals, groups, and organizations. The program director shall be board certified in the area of the program and should have seven years clinical experience in the area of medical physics of the training program. Time spent in clinical practice in an accredited medical physics residency program can be counted as part of this requirement for seven years of clinical experience. The appointment of an assistant director is encouraged to provide continuity. The duties and responsibilities of an assistant director must to be clearly defined to avoid confusion within the program for the residents and the institution.

Affiliate and professional degree residency programs require an individual to be identified who takes overall responsibility for the resident(s) in the program and, in particular, responsibility for ensuring that all training requirements are met.

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Observations: The Program Director is appointed by the MBPCC. The Program Director carries the responsibilities usually associated with such a position including Program development and planning, chairing Program Committee meetings, curriculum development, administering affiliations with institutions external to MBPCC. It is to be emphasized that in this case the Program Director's responsibilities extend over the Consortium. A key acknowledged responsibility of the Program Director is to obtain and maintain CAMPEP accreditation for all participating sites. In addition the Program Director manages the residents' performance tracking software, Typhon.

Recommendations: None.

C Committees and Meetings

X

Communication among the staff is key in any program. The various staff meetings and administrative committees that administer the Medical Physics Residency Education Program should be listed and their exact functions defined. The Medical Physics Residency Program Committee should meet on a regular basis to assess the quality of the program, review the overall performance of the current residents, and to make and discuss any changes required by the program. Minutes of all meetings should be complete and available for review.

Observations: The Medical Physics Advisory Committee is properly constituted under the terms of agreement with the participating sites. At the time of application this Committee is meeting relatively frequently as the affiliations become established. It is envisaged that the equilibrium meeting frequency will be about 4 times per year. Skype has proven itself to be an efficient communication tool within the Consortium.

Recommendations:

- A senior resident should be identified by the resident community and appointed to the Program Committee to provide input and feedback regarding issues that affect the residents.
- Face to face meetings between all the residents in the Program should be facilitated and supported ideally at a frequency of 2 per year.

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D Records Available for Review

X

- A list of records of information generated by the Medical Physics Residency Program Committee shall be available.
- These records shall include the following:
 1. Medical Physics Residency Program Committee minutes
 - i) for administrative activities
 - ii) applicant selection activities
 - iii) oral examination activities and results
 2. Resident applications
 - i) application forms
 - ii) transcripts
 - iii) candidate interview evaluations
 - iv) assessment of required didactic remediation
 3. Residents
 - i) training schedules
 - ii) rotation objectives and expectations
 - iii) rotation evaluations
 - iv) examination results
 - v) oral examination evaluations
 - vi) didactic remediation
 - vii) research expectations (if any)
 - viii) routine clinical activities
- For each set of records, the list shall include the description, location, method of access, time to access, and duration that records are stored.
- Any records to which the site-visit team has legal access should be available at their request.
- Affiliate programs must also maintain records of educational and training activities which take place at the primary CAMPEP accredited site.

Observations: Every record requested was readily available.

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Recommendations: None.

Resources	Compliance		
	Substantial	Partial	Minimal
A Staff	X		
<ul style="list-style-type: none">• The professional expertise and certification status of the staff shall be documented.• Responsibilities of the staff for clinical training in a preceptor arrangement must be identified.• The interaction of staff members with the residents shall be described.• In particular, the ability of the staff to provide effective, individualized guidance to the residents and to help with their training and preparation for a professional career will be assessed as part of the accreditation procedure. Since certification in an appropriate specialty by a recognized board is an important clinical credential, the majority of the clinical medical physics staff members should be board certified in the area of the program.• The staff physicist-to-resident ratio shall be described and projected for the immediate future. This must include the necessary data for a primary site where an application is being made by an affiliated program.• The time commitment of staff to resident training shall be specified.• As an attachment, provide a list of professional and other supporting staff categorized by primary areas of specialty in medical physics.• For each staff member, state:<ol style="list-style-type: none">1. their rank or title,2. institution,3. department,4. years as a member of the hospital staff,5. certification(s), and6. percent of effort committed to clinical service, teaching, research, and other program activities.• For affiliate programs, details of staff at the primary site should be included.			

Observations: With the current resident population the resident:staff ratio is approximately 1:3 or better at all participating sites. Even with expansion of the program to 12 residents the overall ratio will not drop below 1:2. All physics staff are certified or at an advanced stage in the certification process.

Staffing levels at the participating sites are:

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MBPCC: 13 Physicists, 11 Radiation Oncologists, 3 Dosimetrists.

E+Oncologics: 5.5 FTE Physicists, 7 Radiation Oncologists, 6 FTE Dosimetrists

University of Mississippi: 6 Physicists, 5 Radiation Oncologists, 2 Dosimetrists

Willis-Knighton: 3 Physicists, 3.5 Radiation Oncologists, 1 Dosimetrist

Recommendations:

- Staff should be encouraged to avail themselves of local opportunities to upgrade their teaching skills.

B Finances

X

- The self-study document shall describe the funding source(s) used to finance residents.
- The levels of resident funding, including any benefits (e.g., insurance, tuition, travel support, books, etc.), shall be identified.
- For affiliate programs the financial resources and time allocated to permit the resident to access the resources of the primary site must be specified.

Observations: Funding of the positions at MBPCC is justified and stable. Agreements with the “spoke” facilities include guaranteed funding for at least one resident per site at this time.

Recommendations:

- Funding for professional development of residents (e.g. attendance at national or regional meetings) should be harmonized across the Consortium as much as possible.

C Facility

X

- List, by category, all facilities used by the residents including their location, availability, and capacity.
- The institution must perform a full range of clinical procedures including:
 1. photon and electron external beam procedures,
 2. intracavitary and interstitial brachytherapy,
 3. total body irradiation,

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4. total skin electron treatment,
 5. intensity modulated radiation therapy,
 6. stereotactic radiosurgery,
 7. radiopharmaceutical therapy, and
 8. interstitial seed implant procedures.
- If the full range of core procedures is not performed at the main clinical facility, arrangements should be made for the resident to obtain this training at another facility.
 - As developing procedures become routine in the clinic, they should be included in the resident's training.

 - Describe the resident offices available. Office space should include an assigned space to sit. Resident offices should be located in or near clinical facilities utilized by the resident. Residents should have access to adequate office supplies, copying equipment, and networked computers.

 - Describe the conference or classrooms available for resident teaching. They should meet modern standards of lighting, ventilation, and comfort, and be equipped with adequate visual aids (blackboard, overhead projector, slide projector, television, and video projection equipment).

 - Describe the procedures in place 1) to allow the resident reasonable access time to clinical equipment, 2) to provide residents sufficient training and technical support to ensure safe and proper use of equipment, and 3) to ensure equipment is left in the proper state for clinical use.

 - List the teaching and research laboratories accessible to the residents. These laboratories should be sufficient for the training goals of the program. Laboratories should have recent models of instruments and equipment available to the residents. Clinical equipment available for training should be indicated. Machine and electronic shops should be accessible, and there should be provisions for maintenance and prompt repair of laboratory equipment and instruments used by the residents.

 - The institution should have a library with holdings related to the size and nature of the program and the research activities of staff and residents.

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Observations: Between the four cancer centers in the Consortium there is a full range of equipment and techniques including Tomotherapy, LDR and HDR Brachytherapy and frameless SRS. IMRT and IGRT are widely used. TSE and TBI are both available within the Consortium. Proton therapy will be implemented in 2014.

Major equipment at the participating sites includes but is not limited to:
MBPCC: 7 linacs, Novalis, Tomotherapy, Nucletron HDR, Mammosite, Variseed.
e+Oncologics: 7 linacs, Tomotherapy Nucletron HDR
University of Mississippi: 3 linacs, VariSource HDR, Xoft
Willis-Knighton: 2 linacs, Tomotherapy, Nucletron HDR, Orthovoltage

Recommendations: None.

Future Plans	Compliance		
	Substantial	Partial	Minimal
A Summary of Strengths and Needs	X		
Conclude with a summary of the program's strengths and needs as perceived by the program staff.			
<u>Observations:</u> A strong new program with committed faculty and administrations at all sites. A full range of techniques is available within the Consortium.			
<u>Recommendations:</u>			
<ul style="list-style-type: none">On-going efforts will be required to enhance and maintain the cohesion of the program. The engagement of all the residents and staff needs to be a focus of the program committee.			
B Further Developments			
Based on its objectives, the program shall produce a set of goals which, if achieved, would improve the program by capitalizing on its strengths and addressing its needs.			

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Observations: Expansion of the program to 12 residents is envisaged and achievable without compromising the training experience of the residents. Additional affiliates in the local region are under consideration.

Recommendations: None.

Concluding Observations: This is the first therapy program of its type, i.e. hub and spoke, and has been challenging to put together. However, with the commitment of the physics staff and administration at all four Consortium sites, a very strong program has been developed.

Recommendations:

- On-going efforts will be required to enhance and maintain the cohesion of the program. The engagement of all the residents and staff needs to be a focus of the program committee.
- Consideration should be given to the inclusion of soft skill development within the program. Soft skills include communication, time management, leadership etc. Shadowing selected individuals in the Administration office, such as HR, Finance, PR could also broaden the perspective of the residents.
- A formal session, which could be brief, on career planning would be of significant benefit to 2nd year residents.
- Project descriptions which have been independently developed at each site should be compared to ensure consistency in format and broad expectations across the Consortium.
- Each site should schedule meetings between the local resident(s) and Affiliate Program Director/project mentor on a regular basis.
- The residents present their projects on an approximately four monthly schedule. It is program policy that four staff physicists (2 from the resident's home site plus 2 other faculty) representing at least two of the participating four institutions are in attendance. Clinical knowledge and skill development are not evaluated quite so rigorously. It is strongly recommended that the Typhon system be used to identify those competencies which the resident has claimed to have developed since the previous oral examination and that these competencies be used as the basis for targeted questions by participating staff during the oral exams. In this way differences in the clinical schedules and staff expectations of resident performance will be minimized.
- Radiation Oncologists from all participating centers should be invited to attend and participate in resident project presentations as appropriate.
- Evaluation of written project reports should include an assessment by a Consortium staff member at a site other than that of the submitting resident.
- Consideration should be given to developing a standard format for project reports.

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- The Consortium should develop a handbook for use by all incoming residents. The handbook should include a core section describing the Consortium's program plus site specific information as appropriate.
- A Deputy Director should be appointed to provide continuity should the Program Director be absent.
- A senior resident should be identified by the resident community and appointed to the Program Committee to provide input and feedback regarding issues that affect the residents.
- Face to face meetings between all the residents in the Program should be facilitated and supported ideally at a frequency of 2 per year.
- Staff should be encouraged to avail themselves of local opportunities to upgrade their teaching skills.
- Funding for professional development of residents (e.g. attendance at national or regional meetings) should be harmonized across the Consortium as much as possible.

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	Accreditation Recommendation			
	Full	Limited	Deferred	Withheld
Site Visit Review Team	X			
Residency Education Program Review Committee				
Commission on the Accreditation of Medical Physics Education Programs				

- 1. Full Accreditation:** Accreditation for a period of 5 years, expiring on the 31st December of the fifth year after the date accreditation is approved. This level of accreditation is awarded to an applicant that is in substantial compliance with CAMPEP standards.
- 2. Accreditation:** Accreditation limited to a period of less than five years with an interim report or reports required over some specified period to address concerns of the program review committee. This action is appropriate for programs that have yet to graduate one resident from the program or are found to be in partial compliance with CAMPEP standards for accreditation. The program is required to provide evidence of graduation of their first resident or remediation as appropriate in which case the accreditation period may be extended to the full 5 year term.
- 3. Accreditation Deferred:** This action may be appropriate for programs that are found to be non-compliant to CAMPEP standards for accreditation to allow an adequate period of time for the institution to implement planned or suggested improvements in the program. This action postpones a final decision until specific additional information is provided which brings the program into compliance with CAMPEP standards.
- 4. Accreditation Withheld:** This action is appropriate for programs that are found to be non-compliant to CAMPEP standards for accreditation, nor does it appear that program changes could be achieved within a reasonable period of time to qualify for accreditation. After this decision, should accreditation be pursued, a new application shall be required including the appropriate fee.

Additional categories of accreditation may be granted under exceptional circumstances at the discretion of the Board.

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Disclosure: The Site Visit Review Team Leader, Dr. Peter Dunscombe, is a Director of a not-for-profit organization registered in Canada (www.treatsafely.org). This organization has been engaged by Mary Bird Perkins Cancer Center to run a workshop entitled Minimizing Error, Maximizing Quality on 18/19 August 2012.

Appendix 1

**Medical Physics Residency Program
Affiliate Agreement**

This Medical Physics Residency Program Affiliate Agreement (the “**Agreement**”) is entered into by and between:

Mary Bird Perkins Cancer Center, a Louisiana non-profit corporation, represented herein by its President and Chief Executive Officer, Todd D. Stevens (hereinafter called “**MBPCC**”); and

who did declare as follows:

WHEREAS, the purpose of this Agreement is to set forth the roles and responsibilities of each party that elects to and which MBPCC permits to participate in MBPCC’s Medical Physics Residency Program (the “Residency Program”);

WHEREAS, MBPCC will affiliate with those institutions that, from time to time, agree to participate in the Residency Program as described in this Affiliate Agreement;

WHEREAS, initially, MBPCC proposes to affiliate with institutions capable of fulfilling the Affiliate obligations; those organizations include, but are not limited to, Willis-Knighton Cancer Center in Shreveport, LA, OncoLogics, Inc. (for the Louisiana locations exclusively) and The University of Mississippi Cancer Center in Jackson, MS;

WHEREAS, the primary purpose of the Residency Program is to provide clinical residency training in radiation oncology physics for M.S. and Ph.D. degree holders, to address a national shortage of medical physics residency positions;

WHEREAS, the Residency Program is not a component of the joint LSU / Mary Bird Perkins Medical Physics Program;

WHEREAS, this Agreement is intended to establish an Affiliate that will maintain at least one medical physics resident in radiation

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oncology physics and work with MBPCC to provide clinical medical physics training;

WHEREAS, the Residency Program will be operated pursuant to the guidelines set forth in the American Association of Physicists in Medicine (AAPM) Report 90, “Essentials and Guidelines for Hospital-Based Medical Physics Residency Training Programs” and the Commission on Accreditation of Medical Physics Educational Programs, Inc. (CAMPEP) “Guidelines for Accreditation of Residency Education Programs in Medical Physics”;

WHEREAS, the Residency Program was formally implemented by MBPCC in July 2009 for MBPCC’s campus;

WHEREAS, with the impending American Board of Radiology (ABR) 2014 mandate for completion of an accredited residency program as a requirement for board certification, there are currently not enough medical physics residency program positions within the State of Louisiana or nationally to meet the anticipated demand from CAMPEP-accredited M.S. and Ph.D. graduate medical physics programs;

WHEREAS, to address this need for medical physics residency positions, (i) MBPCC will expand its Residency Program to the maximum in-house capacity of six (6) residents, and (ii) initially, MBPCC will use its best efforts to place an additional six residents at specified institutions by entering into this Affiliation Agreement with third-party institutions;

WHEREAS, this Agreement defines the roles and responsibilities of MBPCC and Affiliate in its role as an affiliate of the Residency Program;

NOW THEREFORE, MBPCC and Affiliate do hereby agree as follows:

1. MBPCC Responsibilities Under This Agreement. MBPCC, acting through its Residency Program Director, shall be responsible for the following activities:

- a. Develop the curriculum of the Residency Program in compliance with AAPM Report 90.
- b. Work with Affiliate’s Program Director to help Affiliate become CAMPEP-accredited as a resident training site by assisting in (1) preparing and submitting the CAMPEP application and self-study for accreditation of the Affiliate site and (2) helping plan and host any CAMPEP site visits to Affiliate.
- c. Conduct periodic meetings of the Medical Physics Advisory Committee. Committee membership is found in Section 7 (Governance).
- d. Manage the performance tracking software selected by MBPCC, which is used to track resident performance and progress.

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e. Schedule and manage resident exams.

f. Oversee Affiliate's compliance with residency training requirements; however, Affiliate shall remain solely responsible for ensuring such compliance.

g. Maintain copies of all records related to resident performance and evaluation.

2. Affiliate Responsibilities Under This Agreement. Affiliate shall be responsible for the following activities:

a. Training residents in compliance with the Residency Program training requirements set forth by MBPCC and consistent with the CAMPEP-approved curriculum.

b. Overseeing and monitoring all aspects of each resident's activities during the Residency Program.

c. Accepting one new resident per year.

d. Appointing a local Affiliate Program Director (the "Affiliate Program Director") to liaise with the Residency Program Director at MBPCC.

e. Providing regular evaluations of resident performance to the Residency Program Director.

f. Participating in resident oral examinations. This includes examination of residents located at Affiliate and other Residency Program affiliation locations.

g. Maintaining and making available to MBPCC all records related to resident performance and evaluation in accordance with MBPCC policy and providing duplicate records required or requested by MBPCC, which shall be stored at MBPCC.

h. Providing all appropriate resources required to support the Residency Program. These resources include space, administrative, clerical, technical, equipment and professional resources.

i. Assisting in preparation and submission of accreditation materials and participating in the CAMPEP site visit as necessary for Affiliate accreditation of the Residency Program.

j. Prohibiting residents from performing work outside of Affiliate or other Residency Program affiliate sites unless approved by both the Affiliate Program Director and the Residency Program Director. If Affiliate has more than one site or location, residents may only work at those following site(s).

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k. Disciplining and terminating residents in accordance with Affiliate's standard employment practices; Affiliate shall inform the Residency Program Director of any such decisions prior to informing the resident.

l. Providing all documents and information requested by the Residency Program Director.

m. Ensuring each resident at Affiliate's site (i) complies with applicable clinical duties and responsibilities as set forth by Affiliate, (ii) provides appropriate medical physics services, and (iii) performs resident's job competently.

3. Funding.

a. Affiliate is responsible for providing all funding for its residents, staff, and operation costs for the Residency Program under this Agreement. This excludes administrative costs incurred for administrative efforts performed by MBPCC in support of Affiliate and the Residency Program. MBPCC will not contribute or pay any funds to Affiliate or Affiliate's residents.

b. Additionally, MBPCC shall be entitled to charge Affiliate an Administrative Fee for incremental increases in administrative costs resulting from this agreement. In the event MBPCC elects to do so, MBPCC shall give Affiliate one calendar year notice prior to implementing such fee;

4. **Records.** All records related to the documentation of resident training by Affiliate, which are required to achieve and maintain CAMPEP accreditation, shall be retained by Affiliate. At the time of termination of this Agreement, Affiliate shall provide copies of all such records to the Residency Program Director after ensuring their compliance with any federal, state, local, and institutional legal guidelines (e.g., HIPAA). All Residency Program records shall be available for review at any time by the Residency Program Director or the Residency Program Director's designee. Affiliate acknowledges that MBPCC will have access to the above information during and after the term of this Agreement, including access to such information provided through the performance tracking software administered by MBPCC.

5. Indemnification.

a. **Indemnification by Affiliate of MBPCC.** Affiliate will indemnify, defend and hold harmless MBPCC and its officers, directors, employees, affiliates and agents, and the successors to or assigns of the foregoing, from and against any demands, claims, causes of action and damages asserted against MBPCC or incurred by MBPCC arising out of the fault, negligence, errors or omissions of Affiliate in connection with or related to the residency program, any employed residents of Affiliate (including but not limited to any claims for failure to properly or adequately supervise, instruct or teach any resident or Affiliate) and patients of Affiliate. This defense, indemnity and hold harmless includes any and all damages, amounts, losses, attorney's fees, costs, expenses, fines and punitive damages.

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b. **Indemnification by MBPCC of Affiliate.** MBPCC will indemnify, defend and hold harmless Affiliate and its officers, directors, employees, affiliates and agents, and the successors to or assigns of the foregoing, from and against any demands, claims, causes of action and damages asserted against Affiliate or incurred by Affiliate arising out of the fault, negligence, errors or omissions of MBPCC in connection with or related to the residency program, any employed residents of MBPCC and patients of MBPCC. This defense, indemnity and hold harmless includes any and all damages, amounts, losses, attorney's fees, costs, expenses, fines and punitive damages.

6. Resident Placement.

a. If an applicant for the Residency Program is deemed acceptable by the Medical Physics Advisory Committee, then the applicant becomes eligible for placement. The Medical Physics Advisory Committee will first place M.S. and Ph.D. graduates of the CAMPEP-accredited LSU-MBPCC Medical Physics Program as Residents in the Residency Program. Placement of residents will be determined by the Medical Physics Advisory Committee using an internal match process modeled after the match process used by the National Resident Matching Program (NRMP) for medical residents. This process requires MBPCC and the Affiliate to rank only those applicants they deem acceptable to them.

b. Affiliate will accept any applicant which MBPCC matches to Affiliate.

c. If unfilled positions remain after the match process, priority will then be given to applicants which the Medical Physics Advisory Committee deems acceptable.

7. Governance.

a. MBPCC shall appoint a Residency Program Director (the "Residency Program Director"). The Residency Program Director shall set all policies and procedures for the Residency Program. Affiliate agrees to comply with all such policies.

b. MBPCC shall determine, in its sole discretion, which, if any, additional institutions may become affiliates of the Residency Program. Additionally, MBPCC shall determine which, if any, initial affiliates will be terminated.

c. There shall be formed an advisory committee (the "Medical Physics Advisory Committee") composed of the Residency Program Director, the LSU Medical Physics Graduate Program Director (the MBPCC Chief of Physics or his medical physicist designee), the MBPCC Chief of Clinical Physics, the MBPCC Medical Director or his designee, and the Affiliate Program Directors of each affiliate institution. The Residency Program Director will serve as the chair of the Medical Physics Advisory Committee. MBPCC may appoint up to three (3) additional members (e.g., medical physicist, medical dosimetrist, and radiation therapist) to the Medical Physics Advisory Committee if it so elects.

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- i. The Medical Physics Advisory Committee will advise the Residency Program Director on teaching methods and topics for possible implementation into the Residency Program.
- ii. The Medical Physics Advisory Committee will evaluate applications to the Residency Program to and determine applicant acceptability for placement in the Residency Program. Once applicants are deemed acceptable, the Medical Physics Advisory Committee will perform the match process to place residents at MBPCC and Affiliate locations.
- iii. The Medical Physics Advisory Committee cannot bind MBPCC or Affiliate sites to any agreement or amendments to this Agreement.

8. Insurance.

a. At all times during this Agreement, Affiliate will carry and maintain, at Affiliate's expense, the following insurance, in the minimum amounts specified below or such other amounts as MBPCC may from time to time reasonably request, with insurance companies and on forms satisfactory to MBPCC:

- i. General liability insurance coverage, as well as professional liability coverage, with a combined single occurrence limit of not less than \$1,000,000.00. All such insurance will be equivalent to coverage offered by a commercial general liability form, including without limitation personal injury and contractual liability coverage for the performance by Affiliate of the indemnity agreements set forth in this Agreement; and

- ii. Worker's compensation insurance insuring against and satisfying Affiliate's obligations and liabilities under the worker's compensation laws of the state of Louisiana, including employer's liability insurance in the limits required by the laws of the state of Louisiana.

b. Affiliate's insurance policies described above shall:

- i. Be issued by insurance companies licensed to do business in Louisiana with general policyholder's ratings of at least A and a financial rating of a least XI in the most current Best's Insurance Reports;

- ii. Name MBPCC as an additional insured; and

- iii. Provide that the insurance not be canceled or materially changed in the scope or amount of coverage unless thirty (30) days advance notice is given to MBPCC.

c. Affiliate shall provide MBPCC certificates of insurance and copies of all insurance policies upon request.

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9. Name/Marketing. MBPCC shall undertake to determine a name acceptable for the Medical Physics Residency Program. Any advertising, marketing or press release by Affiliate related to or identifying the Medical Physics Residency Program shall only occur if (i) MBPCC approves, in writing, each particular advertisement, marketing material and press release, and (ii) once determined, the name of the Medical Physics Residency Program (including a reference to MBPCC) is used in the advertisement, marketing material and press release.

10. Not a “Qualifying Radiation Therapy Center”. This Agreement does not and shall not be construed to cause Affiliate to be a “Qualifying Radiation Therapy Center” as defined by La R.S. 47:305.64. Nothing in this Agreement shall render Affiliate “A radiation therapy center which is also a non-profit organization which maintains a joint accreditation with a state university by CAMPEP for a graduate medical physics program and which provides facilities and personnel for use for a joint CAMPEP-accredited graduate medical physics program for research, teaching, and clinical training for graduate students.”

11. Termination of Agreement. Either party may terminate this Agreement without cause provided the terminating party shall provide advance notice of no less than one (1) calendar year of a decision to terminate this Agreement. Notwithstanding the foregoing, if Affiliate fails to train residents in compliance with the Residency Program’s training requirements set forth by MBPCC, MBPCC may terminate this Agreement immediately upon written notice.

a. If Affiliate terminates this Agreement, any resident at Affiliate on the date of notification of termination shall be entitled to complete the remainder of the resident’s residency at Affiliate’s site in accordance with this Agreement. Notwithstanding the foregoing, if Affiliate fails to train residents in compliance with the Residency Program’s training requirements set forth by MBPCC, MBPCC may terminate this Agreement immediately upon written notice.

b. If MBPCC terminates this Agreement, MBPCC will place any resident at Affiliate’s site at a new residency site to be determined by MBPCC to allow such resident to complete his/her training.

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12. Changes to Agreement. Modifications to this Agreement require written approval of both MBPCC and Affiliate.

13. Effective Date and Signatures. This Agreement shall be effective upon the acquisition of signatures of the authorized signatory of both MBPCC and Affiliate. This Agreement shall be in force from the date of the final authorizing signature until termination of the agreement by either MBPCC or Affiliate.

14. Venue/Jurisdiction. The exclusive venue for any dispute arising hereunder shall be any federal or state court in East Baton Rouge Parish, Louisiana. Affiliate hereby consents to such venue, and further expressly consents to the personal jurisdiction of any court in East Baton Rouge Parish, Louisiana.

15. Notices. All notices, offers, approvals and other communications hereunder shall be in writing, and shall be deemed given upon receipt if (i) hand delivered; (ii) mailed by registered or certified United States mail, postage prepaid and return receipt requested or (iii) transmitted by a recognized overnight courier service, to the other party addressed as follows:

If to MBPCC: Mary Bird Perkins Cancer Center
Attn: Todd D. Stevens
4950 Essen Lane
Baton Rouge, Louisiana 70809

If to Affiliate:
Attn: _____

16. Miscellaneous.

a. Affiliate is solely an “affiliate” of MBPCC for the Residency Program and for no other purpose. Affiliate will not use the term “affiliate” or MBPCC’s name in any advertising or press release without the express written consent of MBPCC, which may be withheld for any reason or no reason whatsoever.

b. The parties hereto are neither partners nor joint-ventures, and no language herein is intended to or shall cause such an arrangement and neither party assumes liability for the obligations of the other except as expressly provided.

c. Neither party may assign any or all of its rights or obligations under this Agreement to a third party without the prior written consent of the other.

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d. This Agreement shall be governed by the laws of the State of Louisiana.

This Medical Physics Residency Program Affiliate Agreement is entered into by MBPCC and Affiliate on the dates set forth below.

MARY BIRD PERKINS CANCER CENTER

By: _____
Name: Todd D. Stevens, Chief Executive Officer
Title: _____
Date: _____

By: _____
Name: _____
Title: _____
Date: _____

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Itinerary

CAMPEP Site Visit

Radiation Oncology Medical Physics Residency Program

Mary Bird Perkins Cancer Center and affiliate sites:

Oncologics, Inc., Willis-Knighton, University of Mississippi Medical Center

June 18-20, 2012

CAMPEP Site-Visit Team

Peter Dunscombe, PhD (Site-Visit Team Chair)
President and Director, Medical Physics Department
Tom Baker Cancer Centre

Harold Lau, MD
Senior Radiation Oncologist and Fellowship Director
Department of Radiation Oncology
Tom Baker Cancer Centre

John Antolak, PhD
Associate Professor of Radiation Oncology
Mayo Clinic

Local Accommodations for Site Visit Team

The Stockade (<http://www.thestockade.com/index.htm>)
8860 Highland Road
Baton Rouge, LA 70808
Phone: 1-888-900-5430 or 1-225-769-7358

Arrival: June 17, 2012
Departure: June 18, 2012 (Dr. Lau)
June 20, 2012 (Drs. Antolak and Dunscombe)

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Shreveport Accommodations for Dr. Lau

Hilton Shreveport (Confirmation #: 3465853857)
104 Market Street
Shreveport, LA 71101
Phone: 1-318-698-0900

Arrival: June 18, 2012
Departure: June 19, 2012

Emergency Contact

Dr. Gibbons (Cell: 225-806-5242)

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Day 1: Monday, June 18, 2012

Time	Meeting /Activity	Primary discussion topics
8:45		Dr. Gibbons picks up site-visit team at hotel
9:00 – 9:45	John Gibbons, PhD Program Director	Orientation to the Facility and the Residency Program Historical development of the Program Structure of the Program
9:45 – 10:15	Tour of the Facility John Gibbons, PhD	Range/access to technology and treatment modalities Accommodation for Residents Availability of educational resources
10:15 – 10:30	Break	
10:30 – 11:00	Wayne Newhauser, PhD Physics Director	Commitment of the Medical Physics Department to the Program Allocation of Faculty resources Research expectations of residents
11:00 – 11:30	Maurice King, MD Medical Director	Commitment of RO Department to Physics Residents Interaction of RO with Medical Physics RO academic activities open to Physics residents
11:30 – 12:00	Todd Stevens, CEO Susan Dickerson, HR Director John Gibbons, PhD	Salary support, its origin and sustainability Employment benefits, sick leave etc. Support for travel and other professional expenses
12:00 – 1:00	<i>Working Lunch</i> Program Committee, including Affiliate- site Program Directors via teleconference	Organization of the Program Expectations of Residents Expectations of Faculty Time allocation of residents to “routine” clinical activities Remedial education for non-CAMPEP graduate entrants
1:00 – 1:30	Faculty Members	Roles of the Faculty Time commitment of the Faculty to Resident training Faculty performance expectations for Resident training
1:30 – 1:45	Break	
1:45 – 2:45	Residents	Degree to which the Program met expectations

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		Balance between training and “routine” clinical physics Opportunity for input into Program design Opportunity to evaluate Faculty as Resident mentors
2:45 – 3:45	Record inspection	Resident selection Program Committee minutes Evaluation of Residents Residents evaluation of the Program/Components Additional components listed in VI D of the Guidelines
3:45 – 4:00	Break	Site-visit team discussion.
4:00	Travel / Preliminary Report	Dr. Lau departs for Shreveport. Drs. Antolak and Dunscombe work on site-visit report.

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Day 2: Tuesday, June 19, 2012

Dr. Antolak's site visit of Oncologics, Inc., in Lafayette, LA

Time	Meeting /Activity	Primary discussion topics
7:30 – 9:00	Travel to Lafayette, LA	
9:00 – 12:00	John Duhon, MS Program Director	Orientation to the Facility and the Residency Program Historical development of the Program Structure of the Program
10:00 – 10:30	Maitland DeLand, MD Director, Radiation Oncology	Commitment of RO Department to Physics Residents Interaction of RO with Medical Physics
10:30 – 11:00	Chris Burgess, e+ Administrator	Salary support, its origin and sustainability Employment benefits, sick leave etc. Support for travel and other professional expenses
11:00 – 12:00	Physics and Dosimetry Staff	Roles of the Faculty Time commitment of the Faculty to Resident training Faculty performance expectations for Resident training
12:00 – 1:00	Lunch	
1:00 – 2:00	Travel to Baton Rouge	

Dr. Dunscombe's site visit of University of Mississippi Medical Center, in Jackson, MS

Time	Meeting /Activity	Primary discussion topics
7:00 – 10:00	Travel to Jackson, MS	
10:00 – 11:00	Claus Yang, PhD Program Director	Tour of facilities at Jackson Medical Mall and the University of Mississippi Medical Center
11:00 – 11:30	Claus Yang, PhD	Historical development of the Program Structure of the Program

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11:30 – 11:45	Terrance Shirley, Administrator	Salary support, its origin and sustainability Employment benefits, sick leave etc. Support for travel and other professional expenses
11:45 – 12:00	Srinivasan Vijayakumar, MD Dept. Chairman	Commitment of RO Department to Physics Residents Interaction of RO with Medical Physics
12:00 – 1:00	Physics and Dosimetry Staff	Roles of the Faculty Time commitment of the Faculty to Resident training Faculty performance expectations for Resident training
1:00 – 1:30	Lunch	
1:30 – 4:30	Travel to Baton Rouge	

Dr. Lau's site visit of Willis-Knighton Cancer Center, in Shreveport, LA

Time	Meeting /Activity	Primary discussion topics
8:30		Dr. Wu picks up Dr. Lau at hotel
9:00 – 9:30	Tour of the Facility Lane Rosen, MD Terry Wu, PhD	Range/access to technology and treatment modalities Accommodation for Residents Availability of educational resources
9:30 – 10:15	Greg Sonnenfeld, Administrator	Salary support, its origin and sustainability Employment benefits, sick leave etc. Support for travel and other professional expenses
10:15 – 11:00	Terry Wu, PhD Program Director	Orientation to the Facility and the Residency Program Historical development of the Program Structure of the Program
11:00 – 11:30	Lane Rosen, MD Director	Commitment of RO Department to Physics Residents Interaction of RO with Medical Physics
11:30 – 12:30	Lunch	
12:30 – 1:00		Questions and Answers
1:00		Dr. Wu takes Dr. Lau to Shreveport Airport

C A M P E P

Commission on Accreditation of Medical Physics Education Programs Inc.

Drs. Dunscombe and Antolak, in Baton Rouge, LA

4:30 – 7:30	Evaluation (closed)	The site reviewers are sequestered for approximately three hours to complete the first draft of their report. They will have access to Dr. Gibbons during this time to provide clarification of any residual issues.
7:30	Dinner	Site-visit team, Residency program committee