Confidential

Program Evaluation

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| **Host Institution:** |  |
| **Program Name:**  |  |
| **Program Type (Therapy, Imaging, Imaging+Nuc Med):** |  |
| **Program Director:** |  |
| **Reviewers:** |  |
|  |  |
| **Date of Site Visit:** |  |
| **Date of Evaluation:** |  |

**Notes:**

This report refers to the self-study document that was submitted as part of this review process.

1. ***Compliance*** refers to the program’s conformance to the published CAMPEP Graduate Education Standards
2. ***Observations*** are general comments related to the performance of the program within the context of the appropriate CAMPEP standards.
3. ***Requirements*** are conditions that must be met by the program as part of the accreditation process.
4. ***Recommendations*** are suggestions by the program reviewers that are offered as improvements in the program but that are not requirements for accreditation.

**Explanation of Compliance Classification:**

* Full – in full compliance with the CAMPEP Standard
* Partial (P) – denotes a minor non-compliance with the CAMPEP standard and should be addressed in annual reports.
* Non-compliant (N) – denotes non-compliance with the CAMPEP standard and will result in a requirement that must be addressed within a given time period and will incur a public posting on the CAMPEP website if not addressed.

Template Revised February 2023

Summary

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| Compliance Summary |
|  | Full | Partial | Non-Compliant |
| 1. Program Goal and Objectives
 | **√** |  |  |
| 1. Program Structure and Governance
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| 1. Admissions
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| 1. Program Director
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| 1. Program Staff
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| 1. Institutional Support
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| 1. Educational Environment
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| 1. Training Requirements
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## Recommendations

The program review team recommends … accreditation for a …-year period ending 31 December 202X.

### Requirements:

### Public Disclosure Posting:

### Summary of Specific Recommendations:

1.

***Accreditation Status***

***Initial Accreditation:*** If a new educational program has already enrolled trainees (Note: A non-accredited residency program may not accept residents), then, following a Site Visit, Initial Accreditation may be granted by the Board for three years. If the program has yet to admit a student/resident, Initial Accreditation may be granted for a period until the first full-time student/resident has completed the first year of study and not to exceed two years, at which time a Site Visit will take place. Following the Site Visit, Initial Accreditation may be extended by the Board so that the total Initial Accreditation period after the initial Board action is three years.

In either case, if the program submits acceptable annual reports during these three years of Initial Accreditation, it may be extended an additional two years on the recommendation of the appropriate Review Committee(s) and granted by the President upon recommendation by the Review Committee Chair.

***Reaccreditation:*** Educational programs applying for Reaccreditation may be granted accreditation for a period of up to five years.

***Provisional Accreditation:*** Provisional Accreditation for a period of up to three years may be granted at the discretion of the CAMPEP Board if circumstances preclude awarding of accreditation. The terms for ending the Provisional Accreditation shall be specified by the Board.

***Accreditation Denied:*** This action is taken when a program is found not to comply with CAMPEP standards for accreditation and it appears that the changes that the program would have to make to qualify for accreditation could not be achieved within a reasonable period of time. After this decision, should accreditation be further pursued by the program, a new application shall be required, including the appropriate fee.

**Program Evaluation**

**1. Program Goal and Objectives**

*The program objectives shall, at a minimum, include the development in the resident of:*

* *an understanding of the role of patient safety in the clinical practice of medical physics;*
* *the technical knowledge, skills and competency required for the safe application of the technologies used in the practice of medical physics;*
* *an appreciation of the clinical purpose and applications of sophisticated technologies;*
* *an understanding of the protocols and practices essential to the employment of technologies to detect, diagnose and treat various illnesses and injuries;*
* *the ability to use analytical and research methods to solve problems arising in the clinical environment;*
* *the ability to deploy new strategies within the clinical environment;*
* *the ability to critically evaluate research and scholarship in medical physics;*
* *the communication and interpersonal skills that are necessary to function in a collaborative, multidisciplinary environment;*
* *the professional attributes and the ethical conduct and actions that are required of medical physicists; and*
* *a valuing of career-long continuing education to keep professional knowledge and skills current.*

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| ***Standard*** | ***Compliance*** | ***Comments*** |
| *1.1 With reference to the CAMPEP published standards, state your program’s mission and objectives. It would also be helpful to indicate where in the program each topic is addressed.* |  |  |
| *Observations:* *Requirements:* *Recommendations:* |

**2. Program Structure and Governance**

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| ***Standard*** | ***Compliance*** | ***Comments*** |
| *2.1 The institution in which the clinical training is conducted must be accredited by the appropriate healthcare accreditation organization.* |  |  |
| *2.2 The clinical training must be located in an appropriately structured, well-established clinical environment, with a history of stability and with the infrastructure to support resident education and training.* |  |  |
| *2.3 The residency program shall be overseen by an appropriate steering committee, which is chaired by the program director or delegate and meets at least twice a year.*  |  |  |
| *2.4 Committee membership shall include the program director and relevant staff involved in residency education**including a physician.* |  |  |
| *2.5 The process for appointment of the members of the steering committee shall be documented.*  |  |  |
| *2.6 Minutes of the steering committee meetings, including a summary of any actions that are proposed or taken, shall be recorded.* |  |  |
| *2.7 A mechanism for residents to communicate with the steering committee shall be available.* |  |  |
| *2.8 The steering committee shall establish a process for evaluating the quality of the educational program and annually assess the quality of the educational program based on this process, taking appropriate action to address improvements when needed.* |  |  |
| *2.9 The steering committee shall assess and monitor the strengths, weaknesses, needs, and long-term goals of the program.* |  |  |
| *2.10 A procedure shall be in place to appropriately counsel, censure, and, after due process, dismiss residents who fail to achieve acceptable learning metrics or clinical competence. “At will” clauses in employment contracts or offer letters will be considered acceptable provided (1) these clauses do not pertain to resident performance, and (2) they are made known to the residency candidate no later than the time of the resident’s interview. In the event that no interview is conducted, this information shall be made known to the resident the earlier of the tendering of an offer to the resident or prior to the date of the Med Phys Match. Employment contracts (if used) shall be consistent with the dismissal procedures and due process described in this Standard.* |  |  |
| *2.11 All courses and practica should use well-defined and consistently applied metrics for evaluating resident progress and performance.* |  |  |
| *2.12 A program may consist of a single institution or of a primary site plus one or more affiliated institutions. An affiliated site is a participating site that is physically separated from the primary site such that it would be impractical for the program director at the primary site to directly supervise the resident’s training at the affiliated site. Residency programs with multiple physical locations that are reasonable commuting distance, and where the program director can exercise direct supervision of the resident’s training at all physical sites, may be considered to be a single site.**For programs with affiliated sites, a formal agreement must be in place between the main site and the affiliate site(s) describing liability, responsibility, accountability and any financial arrangements.* |  |  |
| *2.13 An accredited program must publicly describe the program and the achievements of its residents, preferably through a publicly-accessible website, readily accessible from the program website home page. This information must be updated no less often than annually and must include the numbers of applicants to the program, of applicants offered admission, of residents entering the program, and of graduates. Information on the subsequent positions of graduates shall also be provided, i.e., numbers in academics, clinical practice, industrial positions, etc. This information should not identify individuals.* |  |  |
| *2.14 A medical physics residency shall consist of at least two years of full-time clinical training, with progressively increasing responsibilities under the supervision of qualified medical physicists. Residents’ responsibilities shall, under appropriate supervision, rise to the level of actual clinical activities. The educational experience may take place at one or more affiliated institutions.**Programs that integrate clinical training with research may extend the training period to achieve two years of full-time equivalent training. Residents in such programs shall be considered full-time residents during the extended training period.**Residency programs shall have a clearly defined policy stating that the maximum number of “Time Off” days a resident may take without requiring an extension in their residency training period shall not exceed an average of eight weeks (40 workdays) per year over the duration of the residency. . This 40-day limit includes various types of leave including vacation, bereavement leave, parental leave, medical leave (sick time), caregiver leave, military commitments, and other leave as determined by the Program Director.**This information regarding allowed Time Off shall be made known to the residency candidate no later than the time of the resident’s interview. In the event that no interview is conducted, this information shall be made known to the resident the earlier of the tendering of an offer to the resident or prior to the ranking deadline of the Med Phys Match.* |  |  |
| *2.15 A residency program shall clearly identify the program type (therapy, imaging, imaging + nuclear medicine, etc.). If that is not clearly delineated in the program name, then the program must identify the program type on the home page of its website.* |  |  |
| *Observations:* *Requirements:* *Recommendations:* |

1. **Admissions**

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| ***Standard*** | ***Compliance*** | ***Comments*** |
| *3.1 Residents entering a medical physics residency educational program shall have a strong foundation in basic physics. This shall be demonstrated either by an undergraduate or graduate degree in physics, or by a degree in an engineering discipline or another of the physical sciences and with coursework that is the equivalent of a minor in physics (i.e., one that includes at least three upper-level undergraduate physics courses that would be required for a physics major).* *In addition, residents may enter any medical physics residency program if they have successfully completed either:*1. *A CAMPEP-accredited MS or PhD graduate program, or*
2. *A CAMPEP-accredited certificate program.*
 |  |  |
| *3.2 Residency programs with a duration of 3 years (or greater) and that have an associated CAMPEP-accredited graduate program or certificate program may also conditionally accept residents who possess a PhD in physics or related discipline, but who have not graduated from a CAMPEP-accredited graduate program or completed a CAMPEP-accredited certificate program. The remedial education of such residents shall be well-defined in collaboration with the associated graduate/certificate program director and should be equivalent to the completion of a CAMPEP-accredited certificate program. In addition, all courses used for remediation must be within a single associated graduate/certificate program.* |  |  |
| *3.3 Admission standards including degrees and graduate transcripts, for incoming residents are clearly stated.* |  |  |
| *3.4 The method of processing an application, including evaluating the application and informing the applicant of actions taken, shall be clearly stated.* |  |  |
| *3.5 The program must engage in admissions processes that (a) create an admissions environment that is free from discrimination, harassment, or coercion of applicants, and (b) support the recruitment of a diverse and inclusive training program.* |  |  |
| *Observations:* *Requirements:* *Recommendations:* |

1. **Program Director**

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| ***Standard*** | ***Compliance*** | ***Comments*** |
| *4.1 The process for the appointment of the program director shall be documented.* |  |  |
| *4.2 A sole program director shall be responsible and accountable for ensuring that the residency program satisfies the CAMPEP standards and shall ensure that all residents receive a high-quality education and training at all training sites.* |  |  |
| *4.3 The program director must be certified to practice medical physics by the American Board of Radiology, the Canadian College of Physicists in Medicine, or another appropriate certifying agency.* |  |  |
| *4.4 The program director shall have at least five years of full-time post-graduate experience in medical physics in the specialization of the residency training program.* |  |  |
| *4.5 The program director shall be responsible for coordinating the faculty, recruiting residents into the program, advising the residents, and evaluating and promoting the program.* |  |  |
| *4.6 The program director shall be responsible for determining and documenting that each student offered entry into the residency program satisfies the CAMPEP admission standards for residency education in medical physics or completes rigorous remedial education to meet the standards.* |  |  |
| *4.7 The program director shall ensure that all resident statistics, annual reports, and other information that is required by CAMPEP are reported accurately and in a timely fashion.* |  |  |
| *4.8 The program director shall meet periodically with each resident to assess the resident’s progress, and minutes of the meeting shall be maintained. A copy of the minutes shall be provided to the resident.* |  |  |
| *Observations:* *Requirements:* *Recommendations:* |

1. **Program Staff**

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| ***Standard*** | ***Compliance*** | ***Comments*** |
| *5.1 The process for the appointment of the program staff shall be documented.* |  |  |
| *5.2 An adequate number of program staff shall be available with sufficient time for clinical mentoring.* |  |  |
| *5.3 To provide appropriate full-time supervision of the resident at all sites, including remote sites, the number of program staff shall exceed the number of residents in the program plus 1. The level of supervision will be determined by the Program Director based on the competency level of the resident.* |  |  |
| *5.4 A majority of the program staff shall be licensed to practice medical physics by an appropriate jurisdiction or be certified in a branch of medical physics by an appropriate certifying agency.* |  |  |
| *5.5 Program staff members shall be engaged in scholarly activities such as participation in scientific societies and meetings, scientific presentations and publications, and continuing education.* |  |  |
| *Observations:* *Requirements:* *Recommendations:* |

1. **Institutional Support**

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| ***Standard*** | ***Compliance*** | ***Comments*** |
| *6.1 The organization that sponsors the residency program shall provide administrative support, including clinical and educational resources, budget, residents’ office or cubicle space and access to computing resources, conference room(s), audiovisual facilities, and office support (e.g. copiers, internet access, email account, and telephones).* |  |  |
| 6.2 *The institution must express its intention to support the program both financially and administratively for the term of the accreditation.* |  |  |
| *6.3 Any financial support of residents, including benefits, shall be described clearly to prospective applicants prior to their application to the program.* |  |  |
| *6.4 Entering residents shall be provided with orientation information to ensure their efficient integration into the program.* |  |  |
| *6.5 The program shall instruct its residents on the potential hazards that they might encounter and on the appropriate measures for them to take to minimize risks to themselves, others, and equipment.* |  |  |
| *6.6 The program shall instruct its students regarding the professional, ethical, and regulatory issues in the responsible conduct of research and in the protection of the confidentiality of patient information.* |  |  |
| *6.7 The program must engage in practices that (a) create a training environment that is free from discrimination, harassment, or coercion of residents and program staff, (b) educate residents and program staff regarding unprofessional behavior and the process for reporting, investigating, and addressing such concerns, and (c) support the recruitment and retention of a diverse and inclusive workforce for its training program.* |  |  |
| *6.8 Restrictive covenants, such as non-compete (NC) clauses and non-disclosure (ND) clauses, although not encouraged by CAMPEP, shall be allowed as part of a resident’s terms of employment, provided they are limited in time, geography, and scope, and their terms fully disclosed to prospective residents on the program’s public website. A program may not require any resident to sign any restrictive covenant amended after receipt of the resident’s application.* *All restrictive covenants shall be limited in time to not more than two years following completion of the residency, limited in location to within 50 miles of the resident’s primary training location, and limited in scope to working for direct competitors (e.g., other consulting firms or clients), and not existing in-house medical physics positions.* *Restrictive covenants shall not restrict residents’ retaining the right to take with them any and all educational materials created by or for them during the residency (including lecture notes, educational presentations, study materials, etc,). Restrictive covenants can legitimately prohibit the departing resident from taking with them intellectual property of the practice such as standardized spreadsheets, or business-related property such as pricing, which they may be shown during the residency, as well as other materials that could be considered business and not educational materials.* *Restrictive covenants that in any way limit residents’ rights or abilities to make open and honest statements to CAMPEP about any matter pertaining to the residency program are expressly prohibited.* *Restrictive covenants are explicitly prohibited in jurisdictions in which they may be in violation of the law.* |  |  |
| *Observations:* *Requirements:* *Recommendations:* |

1. **Educational Environment**

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| ***Standard*** | ***Compliance*** | ***Comments*** |
| *7.1 The program shall have mechanisms that encourage open discussion and communication, and facilitate the exchange of knowledge, experience and ideas.* |  |  |
| *7.2 Conference, seminar, and journal club activities shall be used for residents to practice their presentation and oral communication skills.* |  |  |
| *7.3 Residents shall have access to a variety of journals, books, and appropriate resource materials.* |  |  |
| *7.4 Residents shall have access to clinical and research facilities appropriate for a medical physics residency program.* |  |  |
| *7.5 Residents shall be provided with a mechanism for regular feedback concerning the quality of their instruction and the diligence of their mentors. The residents shall be protected from unwarranted retribution.* |  |  |
| *7.6 Feedback on the overall effectiveness of the program and recommendations for improvement should be sought from graduates.* |  |  |
| *7.7 Issues and concerns that are identified through feedback shall be evaluated by the steering committee and remedial action shall be taken where appropriate.* |  |  |
| *7.8 All clinical, educational and scholarly activities engaged in by the resident shall be recorded in an activities journal using any appropriate format maintained personally by each resident and examined regularly by the program director.* |  |  |
| *Observations:* *Requirements:* *Recommendations:* |

**8. Training Requirements**

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| ***Standard*** | ***Compliance*** | ***Comments*** |
| *8.1 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.*  |  |  |
| *8.2 The elements of clinical training shall be consistent with the curriculum.* |  |  |
| *8.3 The self-study document shall include a summary of the elements of clinical training of each clinical rotation.* |  |  |
| *8.4 The process for creating or modifying training objectives shall be described.* |  |  |
| *8.5 All facilities used by the residents including their location, availability, and capacity shall be listed.* |  |  |
| *Observations:* *Requirements:* *Recommendations:* |

**Site Visit Itinerary**