Update on the professional status of the Medical Physicists in Europe

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HAMP Side Event – ECMP2016
ACADEMIC AND PROFESSIONAL MOBILITY OF YOUNG MEDICAL PHYSICISTS
• **EFOMP** has **32 NMOs** (National Members Organizations) representing more than **7500 Medical Physicists** all over Europe.

• Among the **aims and purposes of EFOMP** are:
  – To encourage exchange and dissemination of professional and scientific information, and exchange of medical physicists between countries.
  – To work for Europe-wide recognition of medical physics as a regulated profession in all member states as well as medical physics as a healthcare profession.

[www.efomp.org](http://www.efomp.org)
Other **EFOMP aims** include:

- Proposing and developing guidelines for education, training and accreditation programmes;

- Making recommendations on the appropriate general responsibilities, organisational relationships and roles of workers in the field of Medical Physics

One way in which this is done is by the publication of **Policy Statements**.
• What / Who defines the current professional status of Medical Physicists in Europe?

• Do we know what is happening in each individual country?

• How far are we from the desired harmonization and regulation of the profession in Europe, essential condition to the free movement of professionals across countries?
The professional status of Medical Physicists is/will be determined by the **European BSS Directive 2013/59/Euratom** and the way different countries will transpose it to national laws.
This revised BSS Directive includes:

✓ New definition of Medical Physics Expert (MPE)

✓ The roles, responsibilities and the need for continuous education and training

✓ The need for the MPE to be recognised by the relevant competent authorities of the European Union Member States

✓ …. Look at articles: 14, 22, 57, 59, 79, 82, 83
In parallel with the publication of the EU BSS Directive, EFOMP was closely involved and acted as main partner in the European Project “Guidelines on Medical Physics Expert” that led to the publication in 2014 of the European Commission document:

Radiation Protection 174
European Guidelines on the Medical Physics Expert
EUROPEAN GUIDELINES ON MEDICAL PHYSICS EXPERT

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The purpose of this European Guidance on Medical Physics Expert (MPE) is to provide for improved implementation of the Medical Exposure Directive and revised BSS provisions related to the MPE and to facilitate the harmonisation of the education and training of medical physicists to MPE level among the Member States aiming at an improvement in cross-border mobility.
Qualification Framework for the Medical Physics Expert (MPE) in Europe

MPE: "An individual having the knowledge, training and experience to act or give advice on matters relating to radiation physics applied to medical exposure, whose competence to act is recognized by the Competent Authorities" (Revised BSS)

The Qualifications Framework is based on the European Qualifications Framework (EQF). In the EQF learning outcomes are defined in terms of Knowledge, Skills, Competences (KSC) (European Parliament and Council 2008/C 111/01)

**EDUCATION**
- EQF Level 6 (e.g. Bachelor with 180 - 240 ECTS)
  - (i) Physics or equivalent
- EQF Level 7 (e.g. Master with 90 - 120 ECTS)
  - (ii) Physics or equivalent
  - (iii) Medical Physics or equivalent

**CLINICAL TRAINING**
- Clinical Certification in Medical Physics Specialty
  - (iv) Structured accredited clinical training residency in the specialty of Medical Physics in which the candidate seeks clinical certification. The duration should be typically two full-time year equivalents.

**ADVANCED EXPERIENCE and CPD**
- EQF Level 8 in Medical Physics Specialty
  - (v) Structured accredited advanced experience and CPD in the specialty of Medical Physics in which the candidate seeks certification as MPE. The duration would be an additional minimum of two full-time year equivalents.
  - (vi) Re-certification

**RECOGNITION**
- By Competent Authorities as MPE in Medical Physics specialty

**RE-CERTIFICATION**
- 5 year CPD cycle

* Should include, as a minimum, the educational components of the Core KSC of Medical Physics and the educational components of the KSC of the specialty of Medical Physics (i.e., Diagnostic & Interventional Radiology or Nuclear Medicine or Radiation Oncology) for which the candidate seeks clinical certification. When this element of specialization is not included it must be included in the residency.

** The EQF level of the residency is intermediate between EQF Levels 7 and 8.

*** In countries where the MPE is required to be certified in more than one specialty of Medical Physics the number of years would need to be extended such that the MPE will achieve level 8 in each specialty.
Since the publication of both the EU BSS directive and RP174, EFOMP made an effort to update Policy Statement affected by them, namely:

- Policy Statement 12.1
- Policy Statement 6.1
- Policy Statement 7.1
- Policy Statement 10.1
EFOMP policy statement


C.J. Caruana a,*, S. Christofides b, G.H. Hartmann c
EFOMP Policy Statement

The European Federation of Organisations for Medical Physics Policy Statement No. 6.1: Recommended Guidelines on National Registration Schemes for Medical Physicists

Stelios Christofides a, Jorge Isidoro b, Csilla Pesznyak c, Lada Bumbure d, Florian Cremers e, Werner F.O. Schmidt f
The European Federation of Organisations for Medical Physics Policy Statement No. 10.1: Recommended Guidelines on National Schemes for Continuing Professional Development of Medical Physicists

Stelios Christofides a,*, Jorge Isidoro b, Csilla Pesznyak c, Florian Cremers d, Rita Figueira e, Christiaan van Swol f, Stephen Evans g, Alberto Torresin h
EFOMP Policy Statement

The European Federation of Organisations for Medical Physics. Policy Statement No. 7.1: The roles, responsibilities and status of the medical physicist including the criteria for the staffing levels in a Medical Physics Department approved by EFOMP Council on 5th February 2016

Stephen Evans a, Stelios Christofides b, Marco Brambilla c
Also important to the definition of the profession is the **EFOMP Declaration** of 6\(^{th}\) June 2015.

**EFOMP DECLARATION**

of 6\(^{th}\) of June 2015

regarding the role of the Medical Physics Expert as the Radiation Protection Expert in the Hospital Environment
On this document the Council of EFOMP declared that:

“The Medical Physics Expert as defined in the directive 2013/59/Euratom must be the professional to supervise and assume the responsibilities of the radiation protection activities in hospitals, including patients, working staff, members of the public and visitors to the hospitals”.

So, a “Medical Physics Expert” should be the “Radiation Protection Expert” in the hospital environment.
The professional status of the Medical Physicists in Europe was/is also a matter of concern for IAEA that last year promoted a Regional Meeting on “Medical Physics in Europe: Current Status and Future Prespectives”, held in Vienna 7-8th May 2015.

Representatives from more than 30 european countries attended the meeting.
As a preparation for this meeting, a “Questionnaire On Medical Physics Status in Europe” was sent, with the collaboration of EFOMP, to all European countries.

The answers from more than 30 countries constitute now an important source of information for the characterization of the current situation in Europe.
The Regional Meeting on Medical Physics in Europe: Current Status and Future Perspectives, held at IAEA headquarters, Vienna, from 7 to 8 May 2015, noted the following:

1. The important contributions of ionising radiation in diagnostic and therapeutic applications in healthcare;
2. The key role of clinically qualified medical physicists (CQMPs)\(^1\) in the safe and effective use of ionizing radiation in medicine (diagnostic and interventional radiology, radiation oncology, and nuclear medicine);
3. The continuous innovations in medical radiation technologies and techniques for imaging and therapy that require comprehensive quality assurance (QA) programmes conducted by CQMPs in order to ensure the quality of diagnostic imaging and radiation treatment of patients;
4. The importance of the role of CQMPs in optimizing radiation protection and safety (of patients, staff and general public) in medical uses of radiation;
5. The shortage of CQMPs in the majority of Member States in the Europe Region;
6. An insufficient harmonization of medical physics education and training among the Member States in the Europe Region;
7. A lack of accredited clinical training programmes and corresponding continuous professional development (CPD) schemes in the majority of Member States in the Europe Region;
8. The efforts carried out by the IAEA, the European Commission and professional organizations to harmonize the core curriculum for medical physics education and clinical training.
As an outcome from this meeting and based on these notes, IAEA issued a list of recommendations addressed to all European Member States.
The Meeting also recommended that Member States of the Europe Region should, in particular:

1. **Recognize** medical physics as an independent profession in health care with radiation protection responsibilities, as given in the *Joint position statement by the IAEA and WHO – Bonn Call for Action*;
2. **Ensure** that medical physics aspects of therapeutic and diagnostic procedures, including patient and equipment related tasks and activities, are performed by CQMPs or under their supervision;
3. **Establish** an appropriate qualification framework for CQMPs including education, specialized clinical training, certification, registration and continuing professional development in the specialization of medical physics, i.e. diagnostic and interventional radiology, radiation oncology, and nuclear medicine;
4. **Follow and fulfil** international recommendations regarding staffing levels in the field of medical physics;
5. **Establish** mechanisms for the integration of medical physics services in all centres practising radiation medicine, and establish, where appropriate, independent Medical Physics Departments in which accredited clinical training can take place;
6. **Promote** involvement of CQMPs in hospital governance boards and relevant national health committees;
7. **Establish and enforce** the legislative and regulatory requirements related to radiation safety in medical imaging and therapy where medical physics is concerned, in accordance with international and, where applicable, European basic safety standards.
• What / Who defines the current professional status of Medical Physicist in Europe?

• Do we know what is happening in each individual country?

• How far are we from the desired harmonization of the profession in Europe, essential condition to the free movement of professionals across countries?
Questionnaire On Medical Physics Status in Europe

Qualification framework for medical physics in the country
- Education (minimum level to start work)
- How was the minimum level to start work established?
- Clinical training (minimum level to start work independently)
- Subsequent clinical training (additional/higher level)
- How was the minimum level to start work independently established?
- Continuous professional development (CPD)

Professional status of medical physicists in the country
- Certification
- Registration
- Recognition
- Medical physics staffing levels
Questionnaire On Medical Physics Status in Europe

Qualification framework for medical physics in the country

Education (minimum level to start work)

- BSc in Physics: 16
- MSc in MP: 13
- PhD: 1
- Other: 3

Compliance with RP174
- BSc in Physics + MSc in MP: 30%
- Other: 70%
Questionnaire On Medical Physics Status in Europe

Qualification framework for medical physics in the country
Clinical training (minimum level to start work independently)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is clinical training available at accredited hospitals?</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

Clinical Training

- Training per specialty (RT, DIR, NM): 7
- Training for all specialities: 8
- Both: 10
- Neither: 5

<table>
<thead>
<tr>
<th>Mean number of years</th>
<th>2.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries with &gt; 3 years</td>
<td>7</td>
</tr>
<tr>
<td>Countries where it is mandatory</td>
<td>21</td>
</tr>
</tbody>
</table>
Questionnaire On Medical Physics Status in Europe
Qualification framework for medical physics in the country
Continuous professional development (CPD)

CPD Established at national level?
If Yes who manages it?

- No: 18
- Yes - Professional Body: 12
- Yes - PB + Min Health / Red Authority: 6
- Yes - Min Health / Reg Authority: 4

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Questionnaire On Medical Physics Status in Europe

Professional status of medical physicists in the country

Certification

Does the qualification framework lead to certification?

- No
- Yes

12/23 with re-certification process

Registration

Is there a national registry for medical physicist?

- No
- Yes - Governamental
- Yes - ProfBody

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### Questionnaire On Medical Physics Status in Europe

#### Professional status of medical physicists in the country

<table>
<thead>
<tr>
<th>Recognition</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a designated competent authority for medical physics recognition? (Y/N)</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Is medical physics considered a health care profession? (Y/N)</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

| Medical physics staffing levels                                                                 |
|----------------------------------------------------------------------------------------------|----|----|
| Are there different levels of Medical Physics staff (e.g. Medical Physicist, Medical Physics Expert/Medical Physics Specialist/Qualified Medical Physicist) | 18 | 12 |
| Is there any supporting staff within MP departments (e.g. MP assistants, dosimetrists, etc.) (Y/N) | 18 | 12 |
Questionnaire On Medical Physics Status in Europe

Major issues in medical physics

- Difficulties to implement new BSS: 11
- Inability to participate in the management / decision making process: 19
- Difficulties to find funding to attend CPD activities (e.g. courses,...): 22
- Unattractiveness of the career: 11
- Problems with inter-professional communication: 11
- Inability of professional growth: 8
- Lack of recognition at national level: 16
- Lack of structured clinical training: 19
- Lack of educational framework: 12
- Shortage of Medical Physicists: 17

SITUATION IN EUROPEAN COUNTRIES

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• What / Who defines the current professional status of Medical Physicist in Europe?

• Do we know what is happening in each individual country?

• How far are we from the desired harmonization and regulation of the profession in Europe, essential condition to the free movement of professionals across countries?
• The presented results show that the situation is far from being uniform across European countries.

• For some countries small changes will be enough to reach the “ideal” scenario of the European recommendations but others will need a bigger effort.

• Only by the recognition by the European Union of the Medical Physics as a regulated profession we can have an automatic recognition of professionals between countries and the possibility of moving across Member States.
To become a regulated profession we must meet the requirements of the European Union Directives on the recognition of professional qualifications (Directives 2005/36/EC and 2013/55/EU), which include having a common training framework in at least on third of the Member States.

EFOMP can play an important role in guiding and following individual NMOs countries in their path towards the required standards of education, training and performance of Medical Physicists.
THANK YOU

We do not need to run all at the same pace but rather in the same direction

EFOMP Motto

“Applying physics to healthcare for the benefit of patients, staff and public”.