

C A M P E P

Commission on Accreditation of Medical Physics Educational Programs, Inc.

**Guidelines for Accreditation
of
Graduate Educational Programs in Medical Physics**

Revised: January 2011

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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Preface

The Commission on the Accreditation of Medical Physicists Educational Programs (CAMPEP) is a nonprofit organization whose objectives are the review and accreditation of educational programs in medical physics. This document describes the procedure for application to CAMPEP for accreditation of a graduate educational program in medical physics, a process requiring a comprehensive, unbiased evaluation.

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1 ACCREDITATION

1.1 Definition and Scope

Accreditation of a graduate educational program in medical physics is recognition that the program conforms to standards approved by the Commission on the Accreditation of Medical Physicists Educational Programs (CAMPEP). These standards are set such that the program will equip students with appropriate skills to pursue a residency program and a career in medical physics. Such standards require that established levels of educational opportunities are offered by the program and that the program curriculum is up-to-date, inclusive, and challenging to the students. In reviewing a program, CAMPEP pays special attention to the overall quality of the program as judged by the number and competence of the teaching staff; teaching loads, rigor, breadth and depth of instructional offerings; adequacy of facilities and supporting personnel; the aptitude and commitment of its students; and the performance of its graduates.

The current CAMPEP guidelines for evaluation of graduate educational programs (Master of Science and Doctor of Philosophy degree or equivalent) closely follow the recommendations in AAPM Report 197, April 2009. While strict adherence to these recommendations is not absolutely necessary, programs will be evaluated with regard to the intent of fulfilling these recommendations. Reasons for significant deviation from these guidelines must be satisfactorily justified by the institution requesting accreditation.

CAMPEP accreditation of a program does not address the clinical competency of individual graduates. Certification that an individual Medical Physicist has demonstrated a prescribed level of professional competence is currently conferred by the American Board of Radiology (ABR), the Canadian College of Physicists in Medicine (CCPM) and, for some sub-specialties, the American Board of Medical Physics (ABMP) and the American Board of Science in Nuclear Medicine (ABSNM). These organizations certify individuals independently of the accreditation of educational and training programs in medical physics.

1.2 Rationale

Throughout the history of medical physics in North America there have been a number of pathways for individuals to enter the field of medical physics. Initially these pathways included formal education in physics or a related science combined with on-the-job training in a preceptorship relationship with one or more established medical physicists. More recently, medical physics graduate and residency programs have become established in academic institutions. Differences in these programs, together with the variety of alternate entry paths still available to persons interested in pursuing a career in medical physics, are recognized as one of the strengths of medical physics in North America. However, this diversity also necessitates that educational and clinical training standards for entry into the field of medical physics be established and maintained.

2 EVALUATION PROCESS

The CAMPEP Board of Directors is the governing body for the accreditation process. The CAMPEP Graduate Education Program Review Committee (GEPRC) is responsible to the CAMPEP Board of Directors for reviewing medical physics graduate educational programs seeking accreditation and for recommending action following the evaluation process. The CAMPEP Board communicates the results of the program accreditation process to the institution.

CAMPEP is always willing to discuss with chairpersons of medical physics, radiology, radiation oncology and nuclear medicine departments and other university administrative officials all aspects of clinical training and education in medical physics and, if requested, CAMPEP will offer suggestions and guidance on these issues.

2.1 Accreditation Application

The initial application submitted to the chair of the GEPRC of CAMPEP must include the following:

Official Request for Accreditation and Evidence of Commitment

A letter from a principal administrative officer of the institution inviting CAMPEP to conduct an evaluation of the medical physics graduate education program is required. An institution's request for its program to be evaluated by CAMPEP is totally voluntary and, as such, the institution agrees to abide by the decision of the CAMPEP Board of Directors.

University Accreditation

Institutions offering graduate medical physics educational programs must be accredited by a nationally recognized accrediting body. This accreditation is important since an educational program in medical physics requires broad institutional support in areas such as physics, mathematics, computer informatics, anatomy, biochemistry, physiology, radiobiology, therapeutic radiology, diagnostic radiology, and nuclear medicine. A copy of this accreditation certificate must be included with the application.

Basic Program Requirements

The program shall be of adequate size, with adequate faculty and staff, appropriate curricular offering, and sufficient facility resources. A medical physics graduate program may apply for CAMPEP accreditation if it has institutional approval. This approval must be verified in writing by the appropriate institutional official and submitted with the CAMPEP self-study.

2.2 Steps Involved

Provided that the institution applying for accreditation satisfies the preliminary requirements listed above, the accreditation process involves seven steps.

1. The preparation and submission to CAMPEP of a self-study evaluation by the institution applying for accreditation. The purpose of the self-study is to document the scope and performance of the program. This document is the primary vehicle for the CAMPEP's evaluation of a program applying for accreditation. Secondarily, the self-study provides a body of information that permits a critical self-evaluation and the development of goals for self-improvement. (The self-study is discussed in detail in Section V of these guidelines. The official request and institutional accreditation documentation shall be contained in an appendix of the self-study.) Submission of the self-study is via email according to the instructions given on the CAMPEP website. The fee for accreditation is due at the time the application is submitted, the amount and instructions for submission are given on the CAMPEP web-site. The review of the self-study document by the CAMPEP GEPRC shall commence after receipt of the application fee by the CAMPEP treasurer.
2. The review of the self-study by the CAMPEP GEPRC.
3. The resolution of any questions or concerns raised during this review. A satisfactory response from the program director to these questions is required before proceeding to the next step. If the initial review raises no concerns, this step is not required.
4. The site visit by representative members of the GEPRC. Site visits are always scheduled for first time applicant institutions but may not be deemed necessary for institutions being re-accredited. In all cases, institutions applying for reaccreditation will be visited, at the least, on every other occasion on which they apply for reaccreditation (i.e., at least once every ten years).
5. The preparation of a program evaluation report by the site visit team. This report shall include any appropriate recommendations and be approved by the GEPRC prior to submission to the CAMPEP Board of Directors.
6. Consideration of the GEPRC recommendations by the CAMPEP board of Directors.
7. Communication of the resulting recommendation of the CAMPEP Board of Directors to the applicant institution.

2.3 On Site Program Review

2.3.1 Purpose and Structure

The site visit requires one or two days and is scheduled at a time that will permit the members of the site visit team to meet with one or more of the principal administrative officials of the institution, the faculty and the students, and shall therefore be during a time when classes are in session.

The purpose of the site visit is to examine selected areas of the program identified in the self-study review where questions may exist; to meet and talk personally with faculty

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members, students, and administrative officials; to observe the adequacy of facilities; to assess the aptitude and commitment of students and faculty; to observe the general educational and scientific environment at the institution; and to obtain any additional data required for evaluation.

The site visit team shall be provided with records generated by the medical physics programs including, but not limited to, minutes of faculty meetings and governing committee meetings, course evaluations, lecture materials, and student admission records. Any records to which the site-visit team has legal access shall be available for review at their request. Also available for review to the site-visit team shall be theses and dissertations produced by program graduates, and the course exams and qualifying exams for the current and preceding academic year.

2.3.2 Site Visit Team Composition

The site visit team (generally two or three members of the GEPRC) is experienced educators and scientists thoroughly familiar with CAMPEP's criteria and knowledgeable about both administrative and technical aspects of successful programs. In the selection of members of the site visit team for a particular on-site evaluation visit, every effort is made to eliminate any conflict of interest or bias. For instance, a graduate of the institution under evaluation, or a person having a close and continuing relationship with the institution, would not be chosen to assist in the visit and evaluation. Neither would one be selected who is a faculty member at an institution in the same immediate geographical area nor from one having any substantial number of its graduates on the faculty at the institution being evaluated.

2.4 Action Following Evaluation

The possible actions taken by CAMPEP following an evaluation are:

Full Accreditation: Programs that are granted initial accreditation will be accredited for a period of three (3) years. If programs submit acceptable annual reports during the first three (3) years of accreditation, the accreditation will be extended to five (5) years on the recommendation of the GEPRC and approval by the Board. This level of accreditation is awarded to an applicant program that is in substantial compliance with CAMPEP standards.

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.

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.

When a graduate program is accredited, CAMPEP will provide a certificate of accreditation to the institution and a copy of the final GEPRC report listing any required and recommended changes. The name of the institution and program will appear on the list of medical institutions whose programs have been accredited by CAMPEP on the CAMPEP website.

3 GUIDELINES FOR SELF-STUDY

<i>Topic</i>	<i>Suggested Length</i>
<i>I Program Goal and Objectives</i>	<i>1 Page</i>
<i>II Program Evolution and History</i>	<i>1 Page</i>
<i>III Program Structure and Governance</i>	<i>2 Pages</i>
<i>IV Curriculum</i>	<i>6 Pages</i>
<i>A Degree Requirements</i>	
<i>B Design and Content</i>	
<i>C Sample Academic Plans</i>	
<i>C Evaluation of Curriculum</i>	
<i>V Students</i>	<i>6 Pages</i>
<i>A Admissions</i>	
<i>B Recruitment Efforts</i>	
<i>C Enrollment</i>	
<i>D Evaluation of Student Progress</i>	
<i>E New Student Orientation</i>	
<i>F Safety and Regulatory Requirements</i>	
<i>VI Resources</i>	<i>3 Pages</i>
<i>A Faculty</i>	
<i>B Finances</i>	
<i>C Facility</i>	
<i>VII Future Plans</i>	<i>2 Pages</i>
<i>Summary of Strength and Needs</i>	
<i>Further Developments and Improvement</i>	

Appendices

- A Letters of Invitation and Institutional Commitment
 - 1 Principal Administrative Officer of the Institution
 - 2 Departmental Chairman
- B Documentation of Institutional Accreditation
- C Course Summaries
- D Program Graduates
- E Faculty Biographical Sketches – maximum of 5 pages each

I Program Goals and Objectives

The objective of a program must be clearly formulated. It is essential that the program prepare its students (1) for further education, teaching, and research in medical physics, and (2) to assume appropriate responsibilities in the clinical practice of medical physics under the supervision of a certified medical physicist or to enter a medical physics residency program in at least one subspecialty (radiation oncology, diagnostic radiology, or nuclear medicine).

II Program Evolution and History

A brief history of the program's evolution including faculty, staff and students shall be presented. An institution preparing a self-study in maintenance of its accreditation shall list in this section all significant changes in the program since the previous self-study. These changes shall be described in more detail in the appropriate section of the self-study.

III Program Structure and Governance

The accreditation review will assess the stability and continuity of the organizational structure in which the training program is conducted. The self-study shall delineate relationships between departments and other academic programs that provide students with the necessary knowledge and broad understanding of the fundamentals of medical physics. The relationship to clinically oriented programs, such as residency training programs for medical physicists or physicians shall be described.

The position of the medical physics program within an institution shall be clearly defined. The academic organization, such as the status of the faculty members in the program, the selection and approval process for the faculty that teach and direct graduate student education, and the procedure for granting degrees are all pertinent. The process and frequency of institutional review shall be noted together with the rights of the faculty *vis-à-vis* institutional desires. Any collaborative arrangements among departments shall be specified. If several departments participate in the program, the role and commitment of each shall be explained. Likewise, access to clinical facilities and equipment shall be described.

The program shall be headed by a program director responsible for coordinating the faculty, recruiting students, advising the students, and evaluating and promoting the program. The position of the program director in the academic and clinical organization is of key importance and must be explained, together with the relationship of the key director to other participating individuals, groups, and organizations. The process by which the program director is chosen shall be noted.

The mechanism by which the faculty is approved by the program shall be described, together with the means by which the direction and content of the program is governed by the faculty. Communication amongst the faculty is considered key in any program. Faculty committees shall be listed and their purpose defined. The process by which the various committees are established and committee members chosen shall be described. Minutes of all committee and faculty meetings shall be maintained and available for GEPRC review at initial accreditation and reaccreditation site visits.

IV Curriculum

A Degree Requirements

The requirements for graduation from the program shall be defined. This shall include didactic curriculum (e.g., lecture and laboratory), method of clinical training (e.g., clinical rotations) and research training (e.g., special project, thesis, or dissertation). In addition, any other requirements for graduation (e.g., minimum grade point average or maximum time for graduation) shall be stated.

B Design and Content

The curriculum shall be consistent with recommendations presented in AAPM Report Number 197 "Academic Program Recommendations for Graduate Degrees in Medical Physics." ***Curricula will be evaluated with regard to the intent to satisfy the scope of these recommendations as opposed to strict adherence to all recommendations made in these reports.*** In particular, with reference to AAPM Report Number 197:

1. The inclusion of a research project or thesis is encouraged.
2. With the requirement for applicants for clinical certification to have completed a residency program, the rigorous laboratory training listed in section 4.4 for radiation therapy is no longer required. Exposure to a typical set of clinical procedures, such as would be given in a laboratory course, is appropriate.

The self-study document shall include a table listing topics for each course identifying the relevant recommendation from AAPM Report 197. Additionally, a summary of each course offering shall be given in an appendix.

During the site visit, examples of homework assignments shall be available for review upon request together with students' evaluations of the course and instructor.

C Sample Academic Plans

This section shall include sample academic plans that are distributed to incoming students. Since programs include required and optional courses and students do not always enter the programs in synchrony with the course offerings, these plans shall document an adequate frequency of courses. If some required courses are offered every other year, then academic plans for students entering on even or odd years shall be included. The provision for individual student needs and interests shall be discussed.

D Curriculum Evaluation and Modification

The process by which the institution approves the curriculum and course content as well as changes in the curriculum and course content shall be described. A documented process shall be in place to keep the curriculum up-to-date with advances in technology relevant to the practice of medical physics. The methodology for the periodic review of the curriculum and the evaluation of courses by the students and faculty shall be described together with the frequency of evaluation and the mechanisms for change.

V Students

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A Admissions

The application materials provided to prospective students shall be described. It is expected that these materials include a description of the institution's medical physics program, information on the admission standards including appropriate degrees, undergraduate coursework (and graduate coursework if appropriate), GPA, GRE scores, TOEFL scores, etc., and sufficient information on the application process for the student to make an application to the program.

Students entering a medical physics education program shall have a strong foundation in basic physics. This shall be documented by either a degree in physics or a degree in engineering or other area of physical science with physics education equivalent to a minor in physics (including at least three upper level undergraduate physics courses or equivalent required for a physics major). If applicants with deficiencies in their physics background are conditionally admitted to the program, the provision for remedial physics education shall be provided and described in the self-study.

The method of processing a student application shall be described, including the evaluation process and the method of informing students of action taken on their application. Application due dates and an admission process timeline shall be specified.

Admission policies shall be nondiscriminatory except as related to standards for academic qualifications. The self-study shall provide information about the students admitted to the program for the previous five years and shall include previous degrees, GPA, GRE scores and any other information that can be easily compared with admission guidelines.

B Recruitment Efforts

Each program shall have active recruitment efforts which could include contacts with nearby university physics departments or their Society for Physics Students and booths at local meetings of the American Physical Society or the Canadian Association of Physicists.

C Enrollment

A medical physics program shall have sufficient numbers of matriculating students so that the program is active and stimulating to the students, and so that they can be provided with continuity of course offerings. Program capacity shall be clearly stated. A list and status of all students in the program at the beginning of the academic year immediately prior to the self-study submission shall be provided here, to include time of entry into program, name of faculty supervisor and source of funding.

The average time for full-time students to obtain a master's degree when entering the program with an appropriate background shall be approximately two years. Similarly, the average time beyond the master's degree for doctoral students to complete degree requirements shall be approximately three years, i.e., a total of five years of graduate study and research.

The accreditation commission will consider the professional status and accomplishments of past students, since this outcome is an important indicator of the quality of the

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program. The ability of graduates to become satisfactorily employed and the results of evaluation of individual graduates by independent organizations (for example, through professional certification) provide valuable insight into the effectiveness of a program.

D Evaluation of Student Progress and Student-Faculty Interactions

The methods for evaluating student progress shall be delineated. The mechanisms of student advising for both academic and research activities shall be described. This may include meetings with the program director, dean, or faculty committees. The governance process to handle the progress of students that are not satisfactory and students' grievances shall be discussed. It is expected that sufficient academic guidance shall be provided to ensure that students graduate in a timely and efficient manner.

E New Student Orientation

It is important that new students are properly oriented upon entry into the program. The self-study shall include a description of its orientation process. The incoming student shall clearly understand graduation requirements, student administrative procedures, and any other program expectations. The student shall be aware of program resource faculty, laboratories, safety issues, research opportunities, and funding.

F Safety and Regulatory Requirements

Students may be working in an environment that includes hazards not previously encountered where the potential exists for bodily injury to themselves and others. These may include ionizing radiation, high voltages, magnetic fields, pharmaceuticals, chemicals, biohazards, and automated mechanical motion. The program shall provide introductory safety training regarding the potential dangers that students may encounter and measures to prevent damage to expensive equipment. The program shall have a published set of guidelines and restrictions addressing the relevant safety programs. Additionally, the students shall also have an understanding of patient privacy issues, ethics, etc., and receive training in regulations appropriate to clinical activities and research consistent with the recommendations in AAPM Report 159, "Recommended ethics curriculum for medical physics graduate and residency programs".

VI Resources***A Faculty***

A list of participating faculty and their role in the program shall be provided. For each faculty member, identify students being supervised, participation in committees and provide a list of courses taught for the previous three years. The faculty shall be categorized by primary areas of specialization in medical physics. A biographical sketch following an appropriate standard format of each participating faculty or staff shall be provided in appendix E. The student-to-teacher ratio shall be presented and projected for the immediate future.

B Finances

A primary financial resource required to run a successful graduate education program is student funding. The self-study shall list the methods available to finance graduate assistantships and fellowships (e.g. teaching assistantships, research assistantships, or fellowships) and describe the availability of financial aid. Additionally, the self-study

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shall identify the program's mechanism for assisting students in obtaining funding. The financial burden of a student shall be itemized in the self-study. This would include average costs for tuition, books, insurance, housing, and any other costs specific to being a student. The level(s) of student funding, breaking out stipend, tuition, and other benefits (e.g., insurance, books, etc), shall be provided.

C Facilities

The self-study shall list by category all facilities used by the students. Their location, availability, and specialty shall be indicated. Classrooms shall be easily accessible by the student and have adequate capacity for the class size. They shall meet modern standards of lighting, ventilation, and comfort and be equipped with appropriate instructional visual aids.

Student offices shall be available, particularly for master's students for whom a thesis is required and for doctoral students. Office space shall include an individually assigned desk/workspace located reasonably close to research laboratories or classrooms used by the student. Students shall have access to adequate office supplies, copying equipment, and computers.

Student laboratories, teaching laboratories and faculty laboratories accessible to the students shall be listed. These laboratories shall be appropriate to the academic and research goals of the program. Laboratories shall have reasonable recent models of instruments and equipment available to students. Clinical equipment available for research shall be described. Machine and electronic shops shall be accessible, and there shall be provisions for maintenance and prompt repair of laboratory equipment and instruments used by the students.

Programs shall have adequate clinical facilities. Procedures shall be in place (1) to allow the student reasonable access to clinical equipment, (2) to provide students sufficient training and technical support to ensure safe and proper use of equipment, and (3) to ensure that equipment is left in the proper state for continuing clinical use.

The institution shall have a library with holdings appropriate to the size and nature of the medical physics program and the research activities of staff and students. There shall be a minimum of 10 current periodicals, with back runs of no less than 10 years, and a range of other reference materials relevant to medical physics. Web access to appropriate electronic journals shall also be available through the library services.

VII Future Plans

A Summary of Strengths and Needs

The program review shall conclude with a summary of the program's strengths and needs as perceived by the program itself. The program may receive additional feedback on this aspect from CAMPEP as part of its evaluation.

B Further Development and Improvements

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Based on the program's objectives, the program shall describe a set of goals that, if achieved, would improve the program by capitalizing on its strengths and addressing its needs. Again, the program may receive additional feedback in the form of recommended development from CAMPEP as part of its evaluation.

Appendices

A Letters of Invitation and Institutional Commitment

- 1 Upper Administration of the Institution
- 2 Departmental Chairmen

B Documentation of Institutional Accreditation

C Course Summaries

Each summary shall include:

- A Course title, instructor(s), and contact hours;
- B Frequency and time of offering;
- C Texts and other materials used;
- D Course outline indicating time allocated to the different topics;
- E Method of student evaluation; and
- F Method of faculty evaluation.
- G One set of exams;
- H One set of experiments and description of content if appropriate, and
- I One summary of student evaluations of the course and instructor.

D Program Graduates

A table of all program graduates (in reverse chronological order) is required. For programs with a long history, a list of graduates for at least the previous 10 years is sufficient. For each graduate, provide the following information: degree awarded, semester (quarter) of graduation or completion of degree requirements, length of time in program, medical physics specialty (if applicable), thesis or dissertation title (if any), faculty supervisor, current status or occupation, and board certification (note: some of this information may be private and require a release).

E Faculty Biographical Sketches and Program Roles

The sketches shall follow either the NIH format (PHS Form 398/2590) for US programs or the CIHR format for Canadian programs. Additionally, at the front of appendix E, provide a table listing the faculty members, categorized by primary areas of specialty in medical physics, and providing appointments, education, training, board certifications, licenses, a brief description of primary clinical responsibilities and interests, a brief description of research interests and inter and extramural support for the previous three years, if these items are not included in the biosketches.

4 MAINTENANCE OF ACCREDITATION

4.1 Re-Accreditation

A certificate of accreditation of a medical physics graduate education program is valid for a maximum 5 year period. ***CAMPEP requires that applications for re-accreditation are submitted by 1 June of the final year of the current accreditation period.*** A re-evaluation is similar to an initial application, the steps involved are the same, a new self-study is required and the fee for re-evaluation is the same as for initial accreditation. The new self-study shall follow the outline and content described in Section 3 of these guidelines. It is the responsibility of the program to inform CAMPEP in the self-study of significant changes to the program that may have occurred during the period of accreditation. After evaluation of the self-study document by CAMPEP, the review team will decide whether a site visit is required for re-accreditation.

4.2 Action Following Re-accreditation Review

The actions taken by CAMPEP following re-evaluation are the same as that following initial accreditation with the addition of a category of probation.

Accreditation Continued: When the decision of CAMPEP is for continued accreditation, the program director is notified in a letter that includes any suggestions and recommendations CAMPEP might deem appropriate to promote the continued strength and vitality of the program.

Probation and Accreditation Withdrawn: If CAMPEP contemplates placing a graduate program on probation or withdrawing accreditation following a reevaluation, the reasons are summarized in a letter to the program director and the chief administrative officer of the institution. CAMPEP invites any additional information that the institution might wish to provide or any corrections in what was reported about the program. This additional information is then reviewed by CAMPEP at its next regular meeting before it takes any official action.

A program is placed on probationary status prior to any decision to withdraw accreditation. Probationary status results whenever significant changes have occurred in the medical physics staff and/or program that, in the judgment of CAMPEP, might prevent the institution from offering a program that meets CAMPEP's criteria. Examples of such changes are crucial reductions in faculty numbers, in the quality and distribution of staff capability, in clinical training facilities or opportunities, and in budgetary support. Every effort is made by CAMPEP to encourage and assist the institution to strengthen its program in deficient areas, and a period of time - usually not to exceed 12 months - is allowed for the institution to correct the deficiencies and to bring the program back into compliance with the criteria.

If compliance is not achieved within a prescribed period, a complete reevaluation of the program, including a site visit, is required unless the chief administrative officer of the institution indicates to CAMPEP that the institution prefers not to proceed with the reevaluation. In such cases, accreditation of the program is withdrawn. Accreditation is also withdrawn if, upon completion of the site visit and full reevaluation, it is clearly evident that the Program does not meet CAMPEP's criteria and the institution is unable to assure CAMPEP of its ability to correct program deficiencies within the next year.

5 CHECKS AND BALANCES

5.1 Appeals of Adverse Evaluation Decisions

Adverse decisions by the Commission are placement on probationary status or the withdrawal or denial of accreditation. An institution may petition for review of an adverse decision if it believes that CAMPEP has not adhered to its own established policies and procedures or has failed to consider all of the evidence and documentation presented during the evaluation. The petition shall be addressed to the president of CAMPEP and must be sent within 30 days following the date of the letter advising the institution of the adverse decision. Moreover, all information supporting the petition must be received by CAMPEP within 60 days of the date of the letter advising the institution of the adverse decision.

Upon receipt of a petition and supporting information, CAMPEP will conduct a review which may include a conference with representatives of the institution if appropriate. CAMPEP will subsequently report its findings to the institution.

5.2 Procedures for Complaints

Any administrative official of an institution, department chairman, faculty member, student, or other person, who disagrees with one or more of the policies or activities of CAMPEP and wishes to present a complaint, shall do so in a letter to the president of CAMPEP with appropriate documentation. The same procedure is to be followed should the complaint allege failure of an accredited institution to adhere to CAMPEP's criteria or allege that there is a situation tending to jeopardize the quality and vitality of a program at an accredited institution. It will then be the responsibility of CAMPEP to investigate the matter and to advise the complainant of CAMPEP's conclusions not later than 30 days following CAMPEP's next regularly scheduled meeting.

6 CONFIDENTIALITY OF INFORMATION

Institutions requesting the cooperation of CAMPEP for the evaluation of their graduate medical physics educational programs are expected to provide the Commission with detailed information pertinent to the programs. Institutions on the accredited list of CAMPEP are obligated to do so periodically as one of the conditions for continued accreditation. The information provided and all related discussion and correspondence between CAMPEP and an institution are solely for the confidential use of CAMPEP. In the event an institution appeals a CAMPEP decision, CAMPEP may use an *ad-hoc* appeals committee. In this case, CAMPEP would request permission from the institution to release to the appeal bodies information necessary for the proper conduct of the appeal.

In its annual reports, CAMPEP identifies those institutions whose programs are currently accredited. These annual reports also summarize statistical information provided by each institution about its medical physics graduates. Otherwise, CAMPEP holds confidential and does not release information about a particular program or evaluation.