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The Honorable Jane Nelson, Chair  
Texas Sunset Advisory Commission  
Robert E. Johnson Building  
1501 North Congress Avenue, 6<sup>th</sup> Floor  
Austin, Texas 78701

Dear Chairwoman Nelson:

I am writing to you today in my capacity as President of the Southwest Regional Chapter of the American Association of Physicists in Medicine (SWAAPM) with a membership of over 500 medical physicists, residents and students. I am a tenured professor and the director of the Department of Medical Physics, at the University of Texas Health Sciences Center in San Antonio and a licensed medical physicist in Texas (LMP, No. MP0593). With this letter, I hope to provide some additional information in reference to the Texas Sunset Advisory Committee Report that was presented in May 2014. Having been an academic clinician for my career of 25 years and having practiced in five different states (Texas being the only state that has a license requirement) I can objectively attest to the significance of having a practicing license and the reasons why it should not be eliminated in the state of Texas.

Therapy medical physicists work together with the radiation oncologists providing clinical consultation to the physicians as well as oversight of the treatment planning process for cancer patients treated with radiation. In addition, medical physicists perform periodic tests to verify the performance of clinical equipment following an initial commissioning and acceptance testing that is completed before clinical use. Such tests, allow us to monitor the performance of the clinical equipment so that we can ensure that the prescribed radiation is accurately delivered to the cancerous site while limiting the radiation to normal cells. This requires the use of highly specialized and trained individuals who after completing graduate studies in medical physics, they must also complete a residency program in radiation oncology physics, similar to the residency a physician has to complete. Completion of residency is a prerequisite for board certification and thankfully in Texas, a prerequisite for a permanent license to practice medical physics.

Radiation Oncology has saved many lives and approximately 60% of cancer patients will receive radiation therapy during their battle with cancer. As a clinical medical physicist I have seen the tremendous benefit radiation therapy has in curing cancer. This success has been possible through the use of highly qualified individuals that participate and contribute to the care of those patients. The medical physics licensure law assures Texans that it is only those qualified individuals that do the commissioning and testing of the equipment to ensure its safe operation

and appropriate use.

The report suggests that the licensing programs are unnecessary because; (1) deregulation would have little impact on health and safety, (2) they cover professionals that operate in a highly regulated environment, (3) they have 'regulation' provided by another body or through private sector accreditation, and (4) they generate little regulatory activity.

The Sunset Commission staff review has made the assumption that the licensure of medical physicists has made little impact on health and safety and that deregulations will be inconsequential. I respectfully disagree and submit to you that the medical physicist licensure has made a tremendous impact on patient safety in Texas. The licensure holds medical physicist to a higher standard and requires from the licensee to submit for license renewal documentation of continuous medical education documentation, similar to the expectation for our physician colleagues.

The second conclusion addressed in the report is that medical physicists operate in a highly regulated environment. This is partially true, the Texas Department of Health regulations specifies the equipment and the minimum standards to be met. However, state inspectors (who typically are not medical physicist nor have they completed a residency in medical physics specialty) do not perform all the tests to verify the clinical equipment meets the performance requirements in radiation therapy. The inspectors depend on the licensed medical physicists to perform the tests and provide a record indicating that the equipment meets the state standards. Licensure enforces the requirement that the clinicians performing those tests, meet all the training qualifications.

The third conclusion addressed in the report is that there are regulations provided by another body or through private accreditation to negate the value of licensing. Although there is voluntary accreditation for radiation oncology programs the accrediting organizations do not specify or mandate rigorous personnel qualification standards for medical physicists. In addition, accreditation does not include the same level of qualification for medical physicists as licensure does. There is a subset of radiation oncology procedures that use radioactive sources such as gamma knife and high dose remote afterloading brachytherapy that require specific qualifications for medical physicist. Same is true for very high dose procedures in few treatment sessions such as stereotactic radiosurgery and stereotactic body radiotherapy. Without professional licensing for medical physicists in Texas, those individuals providing such clinical services may not be qualified and patient safety may be compromised.

The final point of the report that I would like to address is the statement that medical physicists have generated little regulatory activity. We currently have in Texas over six hundred licensed medical physicists that hold either a masters or doctorate degree in Medical Physics. Because of the licensure mandate the professionalism of our members, the SWAAPM chapter holds each year several educational symposia at our annual to keep the clinical medical physicist up to date with current technology and techniques. The lack of regulatory activity demonstrates the success of the licensure regulations rather than a lack of impact. Imagine if you will the potential problems associated with nonqualified individuals performing quality assurance on a therapy machine. The potential harm is tremendous and may involve hundreds of patients. Licensure

assures that qualified individuals are performing these tests. Same is true for our physician colleagues. We are both clinicians caring for the same patients. The clinical medical physicists should be held to the same licensing requirements and for the same reasons as our physician colleagues.

Radiation Oncology has cured many cancer patients and has improved the lives of many others here in Texas. Licensed professionals including the medical physicists as well as medical radiologic technologists are instrumental in the design and delivery of the radiation treatments and as such it is imperative that they be licensed to practice to continue providing Texans with high quality health care focusing on patient safety.

Thank you in advance for your consideration in withdrawing medical physicists and medical radiologic technologists from the list of professions to be sunset. I invite you and your staff to visit us in San Antonio and witness the role of medical physicists in the radiation oncology team of cancer care providers. As you review the sunset recommendation report and this rebuttal letter, I encourage you to consider what is ultimately best for the patient.

Sincerely,

A handwritten signature in black ink, appearing to read 'Niko Papanikolaou', with a long horizontal flourish extending to the right.

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