

Memo

To: Radiation Oncology Practice Accreditation Surveyor

From: Brian Monzon, Program Manager
ACR-ASTRO Radiation Oncology Accreditation Program

Subject: Becoming an Surveyor

Thank you very much for your interest in the ACR/ASTRO Radiation Oncology Practice Accreditation Program. Below are the surveyor requirements and some preliminary information about the program.

The surveyor requirements are:

- Have ABR certification in radiation oncology or therapeutic radiological physics
- Be a member in good standing of the American College of Radiology and/or American Society for Radiation Oncology
- Have been in practice for a minimum five years
- Be actively practicing in academic or private practice radiation oncology

First steps to becoming a surveyor:

1. Complete the surveyor application and conflict of interest form and submit for along with your curriculum vitae for approval
2. Complete the online surveyor tutorial
3. Participate in a survey as a trainee and learn the process
4. You will be partnered with an experienced physician or physicist for your first site visit

A radiation oncologist and physicist form the surveyor team. During the onsite review, the surveyors tour the facility; meet and interview the medical director, the chief of physics, and chief therapist and/or department manager; review 10 pre-selected patient records using electronic data collection forms, verify information submitted in the application and in the facility's self-assessment peer review documents, review the facility's quality assurance and improvement program, peer review activities and policies and procedures.

Travel expenses are covered and you will receive a \$500 honorarium. We encourage you to participate in at least two surveys a year.

If you meet the surveyor requirements, please complete the attached application and conflict of interest form and return along with your c.v. by fax to 703-286-1579 or by email to nadinee@astro.org

We very much appreciate your interest in becoming site surveyor for the ACR/ASTRO RO practice accreditation program and look forward to receiving your application.

Thank you.



**COMMISSION/COMMITTEE/TASK FORCE MEMBER
CONFLICT OF INTEREST RESPONSE FORM**

All commission, committee or task force members representing or acting on behalf of the American College of Radiology should avoid conflicts of interest or the appearance of a conflict of interest. Do you or any immediate family member have a relationship or financial interest in excess of \$10,000 with any business, organization or other activity that may conflict or appear to conflict with your duties, responsibilities or exercise of independent judgment in any transaction or matter involving the College?

YES _____ NO _____

If you answered "YES" please describe the nature of the activity and the amount of compensation you received if over \$10,000 for a single activity:

A conflict does not necessarily imply that an individual is ineligible to serve on a College commission, committee or task force. A conflict may, however, limit participation on specific activities of a commission, committee or task force.* During the course of your participation on College activities any questions regarding a conflict or potential conflict should be discussed with the chair of the commission, committee or task force involved or with College staff supporting such activity.

ACKNOWLEDGMENT

I acknowledge that I have read and understand the above requirements for reporting any potential or actual conflicts of interest during my tenure as a member of any College commission, committee or task force.

Name: _____
(Print) (Signature)

Date: _____

*This information is taken from the ACR Policy on Conflict of Interest. The full text of the policy is found in the ACR Digest of Council Actions under Radiologic Practice and Ethics Policies. A copy of the policy will be provided upon request.



Radiation Oncology Practice Accreditation Surveyor Application

| | |
|-----------------------|-------------|
| Name _____ | Date _____ |
| Work Address: | |
| _____ | |
| _____ | |
| _____ | |
| Phone Number: | |
| Work: _____ | Home: _____ |
| | Cell: _____ |
| Fax Number: | |
| Work: _____ | Home: _____ |
| Email Address: | |
| Work: _____ | Home: _____ |

| | YES | NO |
|--|-----|----|
| ACR Member: | | |
| ABR Certified: | | |
| ASTRO Member: | | |
| Surveyor Workshop Attended and date: | | |
| Is your facility currently accredited by the ACR? | | |

| | | |
|---------------------|-----------------|-----------------|
| Work Status: | Full Time _____ | Part Time _____ |
|---------------------|-----------------|-----------------|

| | | |
|--|------------|-----------|
| Number of : Radiation Oncologists in your practice: _____ | | |
| Medical Physicists in your practice: _____ | | |
| Professional Experience: (check all that apply) | <i>YES</i> | <i>NO</i> |
| External Beam | | |
| Conformal RT | | |
| Brachytherapy | | |
| Pediatric RT | | |
| Stereotactic Radiosurgery | | |
| Intraoperative RT | | |
| Prostate Seed Implant | | |
| RTOG Clinical Trials | | |
| Other Clinical Trials | | |
| IMRT | | |
| IGRT | | |
| Mammosite® | | |
| Image Guided (IGRT) | | |
| Other- Please describe: | | |

Please define types of Quality Assessment and Improvement duties you perform:

Please provide any additional information that may be helpful concerning your experiences, interests, availability, and willingness to travel throughout the United States.

Please attach your CV.
