Problem Statement: The Radiation Oncology industry seeks guidance from the American Association of Medical Dosimetrists (AAMD) on the utilization of remote work strategies for the medical dosimetry profession.

Background: COVID-19 has forced professionals across the globe to adapt and modify practices that were once well established and commonplace. The medical dosimetry community has not been immune to these same pressures, as almost 50% of respondents to the AAMD 2020 Workforce Survey indicated that their professional activities had been changed (Mills, 2021). The overwhelming majority indicated that remote work was the substantial change to their professional responsibilities. This is a drastic shift from pre-COVID-19 data, where roughly 75% of members responded that they did not have remote work opportunities for their primary work setting (Mills, 2021). The AAMD’s 2011 Workforce Survey alluded to the possibility of remote work becoming more commonplace, but respondents felt that the technology was not mature enough to see widespread adoption (Mills, 2012). Now, survey respondents indicated that a broad variety of tasks were performed remotely, with roughly two-thirds citing data transfers, contour definition, plan development, and treatment chart finalization as the primary responsibilities done outside of the clinical environment.

Analysis: The ability to work remotely is of significant interest to medical dosimetrists, with 80% of those surveyed responding that it is important to their motivation for activity in medical dosimetry (Mills, 2021). Based on AAMD data, many medical dosimetrists feel remote opportunities allow for more work-life balance and potential efficiency in plan development tasks. Siemens Healthineers reports that their research on remote work within healthcare environments during COVID-19 found that “workplace safety can be improved; capacity constraints can be overcome; and efficiency and productivity can be enhanced” (Siemens, 2020). While a strong majority of medical dosimetrists feel that remote planning is just as effective and beneficial to patient care as onsite planning, we recognize that Radiation Oncology colleagues might not hold the same beliefs. Colleagues expressed that medical dosimetrists play a critical role in the radiation oncology team, providing valuable insights during simulation and treatment delivery that support optimal patient care within the clinical environment. They also appreciate that new technologies such as real-time adaptive therapy provide opportunity for medical dosimetrists to play a leading role in implementation of cutting-edge patient care delivery (Mills, 2021).

Summary & Recommendation(s): COVID-19 has necessitated some adaptation to how patient care is provided, with remote plan development just one of those adaptations. Hospitals are now considering long term options to keep employees remote on a permanent basis, balancing them with a return to the office space. Each institution will approach this complex challenge in
alignment with their institutional philosophies, focusing on the impacts to direct patient care (Drees, 2020). Each radiation oncology work environment should collaboratively determine the scope of what work is able to be addressed remotely and what needs to be done onsite in the support of patient care based on the unique role and responsibilities of the medical dosimetrists. Special considerations should be made for the technologies, responsibilities, and environments where medical dosimetrists collaborate in patient care. The future of the medical dosimetry profession will be secure if there are modifications to each professional’s collaborative engagement that harmonize to meet the needs of their patients and colleagues.

References:


*Publications with an asterisk are pending publication by the AAMD.