



AAMD Educators' Survey Results – 2025

Introduction

In the summer of 2025, the American Association of Medical Dosimetrists (AAMD) Formal Education Committee (FEC) surveyed medical dosimetry educators in the United States to assess trends, needs, and challenges in clinical education. This report was prepared by Jamie Baker, PhD, MEd, CMD, Victoria Olsen, MBA, CMD, Michelle Mundis Myers, MS, CMD, and Mellonie Brown-Zacarias, EdS, MET, CMD, RT(T), CPCC, with the assistance of Cornelia Gallow. The authors are indebted to the medical dosimetry educators and medical physicists who responded to the survey. All errors are the sole responsibility of the authors.

The AAMD is a scientific, educational, and professional organization representing medical dosimetrists. The AAMD promotes and supports the medical dosimetry profession by defining standards of practice, advancing education and certification, advocating for the profession, fostering professional exchange, and informing members of healthcare developments. Founded in 1975, the AAMD currently has more than 3,300 members.

Questions about this report may be directed to Jamie Baker at jabaker@mdanderson.org, Victoria Olsen at victoria.olsen@mountsinai.org, and AAMD Headquarters at aamd@medicaldosimetry.org.

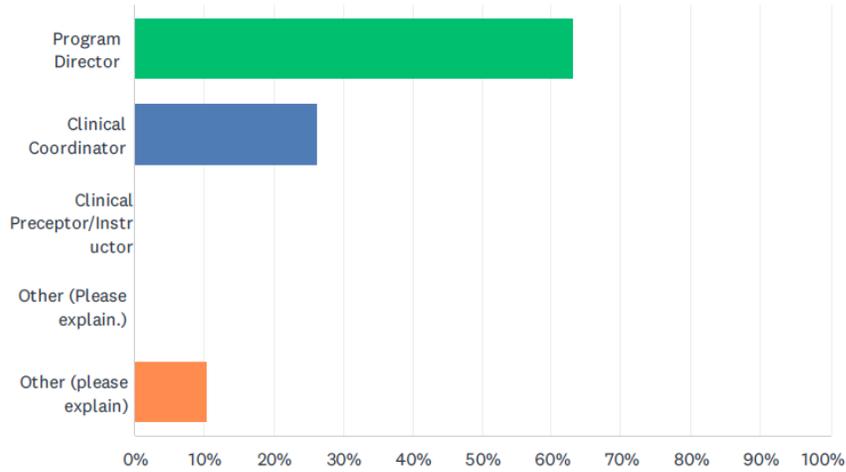
Method

An online survey consisting of 53 questions was distributed to the directors of 17 medical dosimetry programs, and they were asked to also forward the link to their clinical instructors and clinical coordinators. The survey was hosted by Survey Monkey and was available for four weeks from July 7, 2025 to July 31, 2025. A reminder to complete the survey was emailed to program directors three days before the survey closed in late July. Nineteen educators participated representing 14 out of the 17 surveyed medical dosimetry programs. Although the response to the survey is small (N = 19), the survey includes responses from 82.4% (14 out of 17) Joint Review Committee on Education in Radiologic Technology (JRCERT) accredited medical dosimetry programs.

Demographics- All Respondents

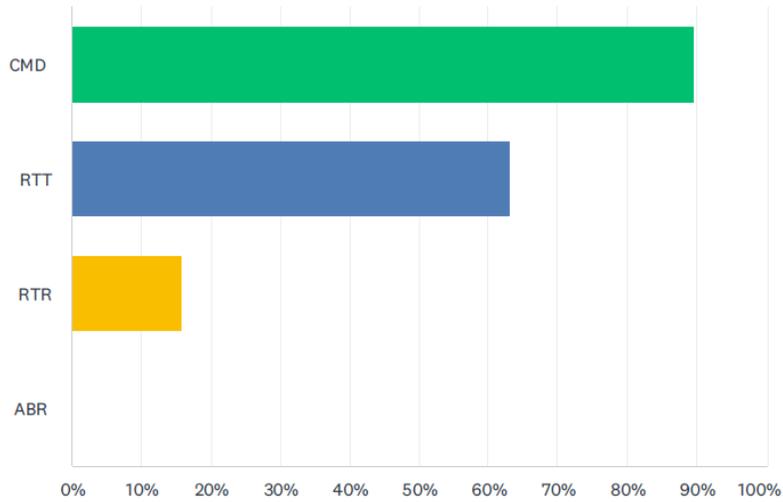
A majority of the respondents (12 or 63.16%) were program directors, five (26.32%) were clinical coordinators, and two (10.53%) held “other” roles including medical dosimetry manager/school liaison or associate director of the center. A majority also hold at least one certification. Almost ninety percent (17 or 89.47%) are certified medical dosimetrists (CMD), while 63.16% (12) hold radiation therapy technologist certification (RTT). Three respondents hold radiologic technologist certification (RTR). Nearly 37% of respondents (7) have worked in education (in either the clinic or the classroom) less than 5 years, and 26.32% (5) have worked in education for more than 16 years. Four respondents (21.05%) have worked in education for 13-16 years. The majority of respondents (17 or 89.47%) were employed full-time, and two respondents (10.53%) were employed part-time.

Position in Program



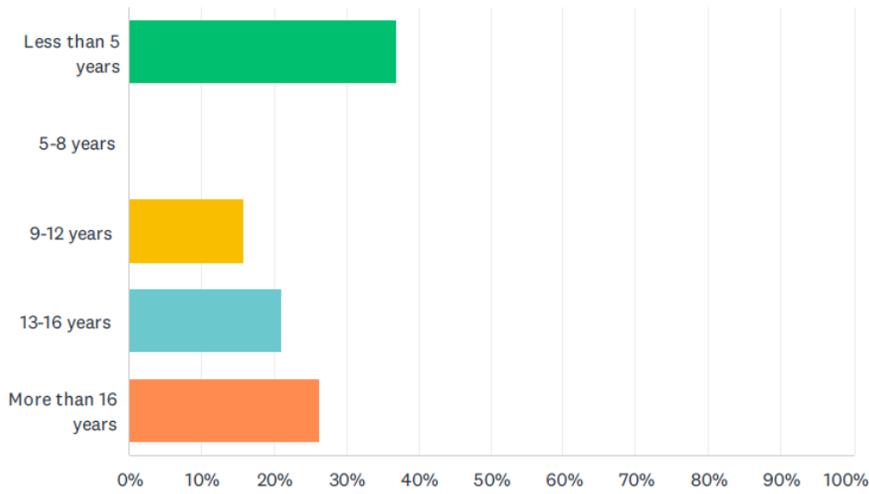
ANSWER CHOICES	RESPONSES	
Program Director	63.16%	12
Clinical Coordinator	26.32%	5
Clinical Preceptor/Instructor	0.00%	0
Other (Please explain.)	0.00%	0
Other (please explain)	10.53%	2
TOTAL		19

Certifications Held



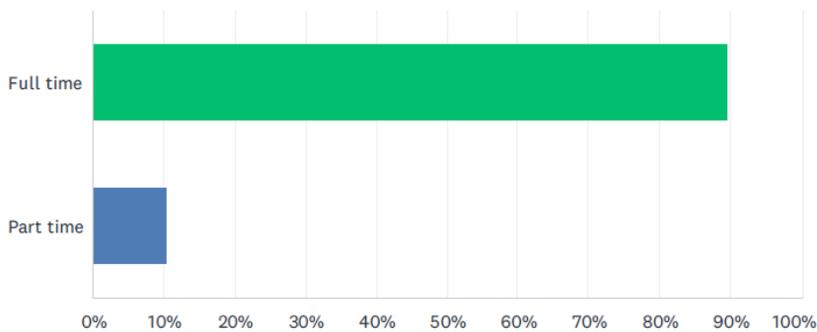
ANSWER CHOICES	RESPONSES	
CMD	89.47%	17
RTT	63.16%	12
RTR	15.79%	3
ABR	0.00%	0
Total Respondents: 19		

How Long Have You Been Working in Education (Didactic or Clinical Instruction)



ANSWER CHOICES	RESPONSES	
Less than 5 years	36.84%	7
5-8 years	0.00%	0
9-12 years	15.79%	3
13-16 years	21.05%	4
More than 16 years	26.32%	5
TOTAL		19

Full or Part Time



ANSWER CHOICES	RESPONSES	
Full time	89.47%	17
Part time	10.53%	2
TOTAL		19

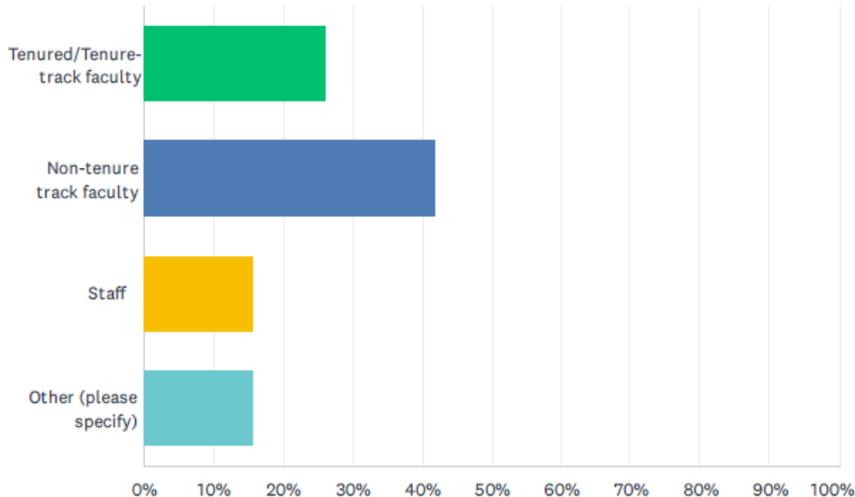
Program Directors and Clinical Coordinators

I. Appointments and Qualifications

Of the 19 individuals who responded, a majority (8 or 42.11%) are non-tenure track faculty, five (26.32%) are tenured or tenure-track faculty, three (15.79%) hold a staff appointment, and another three (15.79%) identified as “other.” A slight majority of the respondents (11 or 57.89%) are not expected to conduct research and publish. Eleven (57.89%) respondents are also practicing clinical Medical Dosimetrists.

It should be noted that two program directors and/or clinical coordinators are not certified by MDCB. Based on the 2021 accreditation standards of the Joint Review Committee on Radiologic Technology (JRCERT), these individuals should hold current MDCB certification or the equivalent which is certification by the American Board of Radiology (ABR) as a radiation oncologist or the American Board of Medical Physicists (ABMP) as a medical physicist.

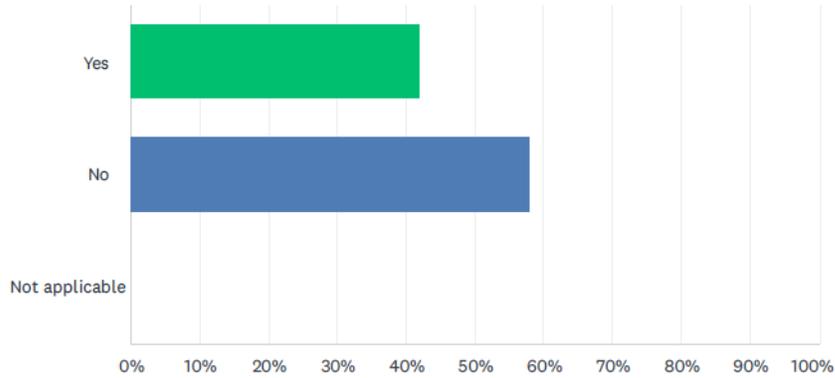
Appointment Type



ANSWER CHOICES	RESPONSES
Tenured/Tenure-track faculty	26.32% 5
Non-tenure track faculty	42.11% 8
Staff	15.79% 3
Other (please specify)	15.79% 3
TOTAL	19

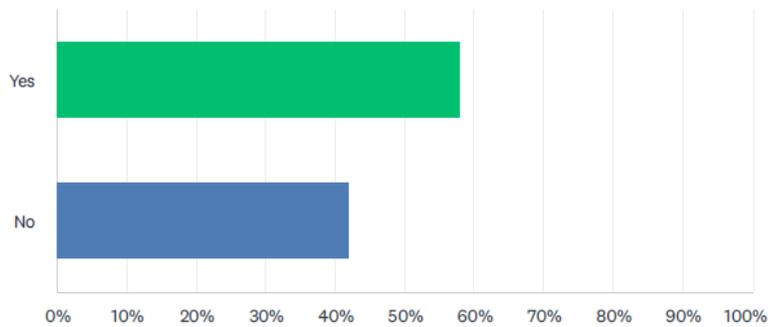
#	OTHER (PLEASE SPECIFY)	DATE
1	Chief Dosimetrist	
2	Administrator of Clinical site	
3	Hospital based certificate program	

Employer Requirement for Research & Publication



ANSWER CHOICES	RESPONSES	
Yes	42.11%	8
No	57.89%	11
Not applicable	0.00%	0
TOTAL		19

Practicing Clinical Medical Dosimetrist

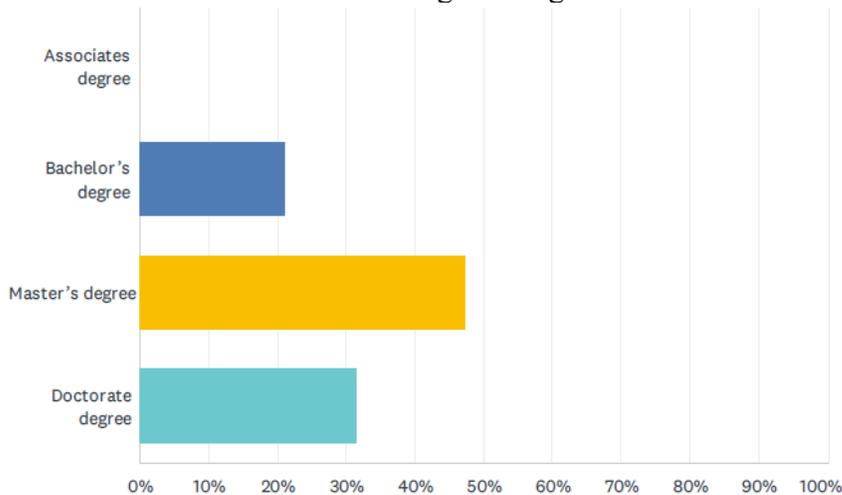


ANSWER CHOICES	RESPONSES	
Yes	57.89%	11
No	42.11%	8
TOTAL		19



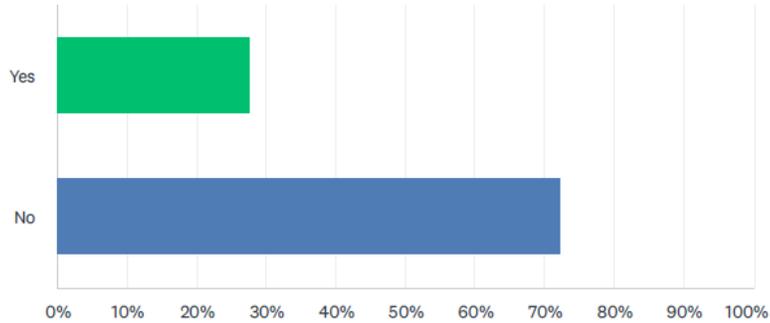
All program directors and/or clinical coordinators who responded hold at least a bachelor’s degree, nine (47.37%) have a master’s degree, six (31.58%) have a doctorate degree, and five (27.78%) are pursuing or plan to pursue advanced degrees. The 2021 JRCERT standards state program directors should hold, at minimum, a master’s degree, and clinical coordinators should hold, at minimum, a bachelor’s degree. If the medical dosimetry educational program grants a master’s degree, then a doctoral degree is preferred for the program director and a master’s degree is required, at minimum, for the clinical coordinator. Survey participants were asked for their opinion about the minimum qualifications for an educator to start or manage a dosimetry program, and respondents list a master’s degree (17 or 89.47%) and clinical dosimetry experience (12 or 63.16%) most frequently as minimum qualifications. Respondents are fairly divided on whether there are enough qualified educators to start or manage new dosimetry programs.

Highest Degree Obtained



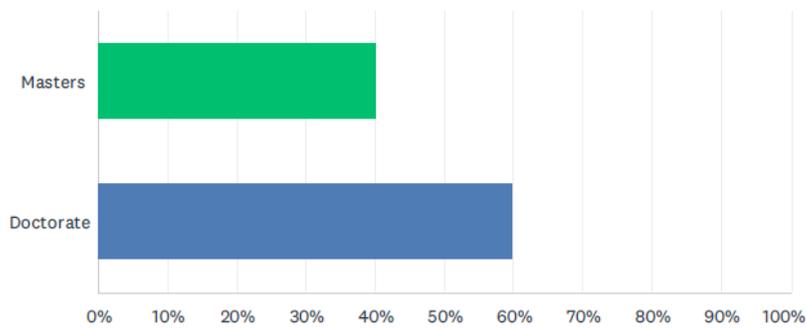
ANSWER CHOICES	RESPONSES
Associates degree	0.00% 0
Bachelor's degree	21.05% 4
Master's degree	47.37% 9
Doctorate degree	31.58% 6
TOTAL	19

Currently Pursuing or Planning to Pursue an Advanced Degree



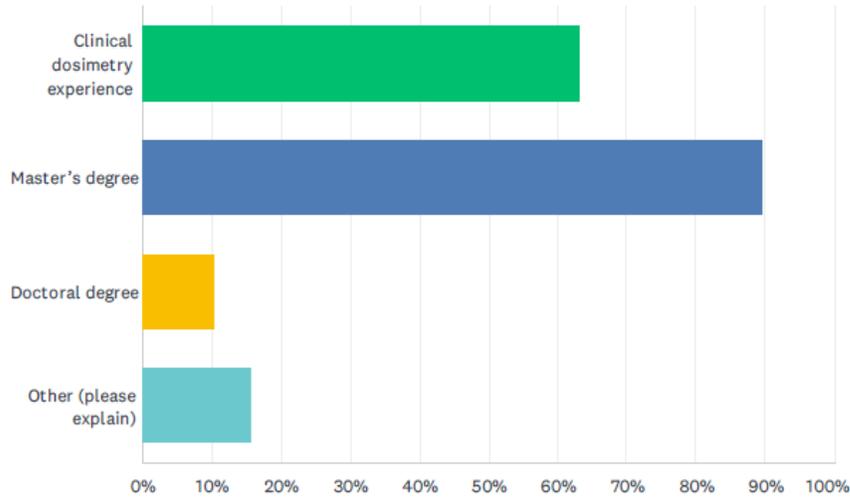
ANSWER CHOICES	RESPONSES	
Yes	27.78%	5
No	72.22%	13
TOTAL		18

If Pursuing an Advanced Degree, What Type of Degree



ANSWER CHOICES	RESPONSES	
Masters	40.00%	2
Doctorate	60.00%	3
TOTAL		5

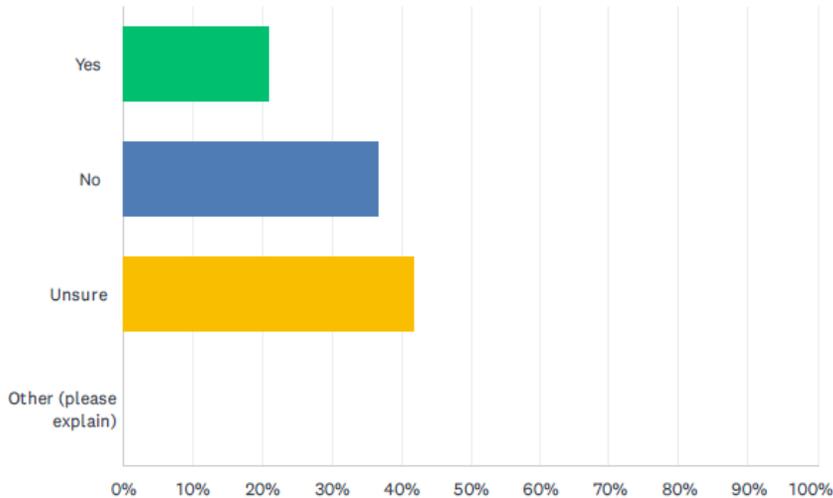
Preferred Minimum Qualifications for an Educator to Start or Manage a Dosimetry Program



ANSWER CHOICES	RESPONSES
Clinical dosimetry experience	63.16% 12
Master's degree	89.47% 17
Doctoral degree	10.53% 2
Other (please explain)	15.79% 3
Total Respondents: 19	

#	OTHER (PLEASE EXPLAIN)	DATE
1	CMD	
2	Plus experience with curriculum design and budget	
3	Education and leadership experience	

Are There Enough Qualified Educators to Start or Manage New Dosimetry Programs



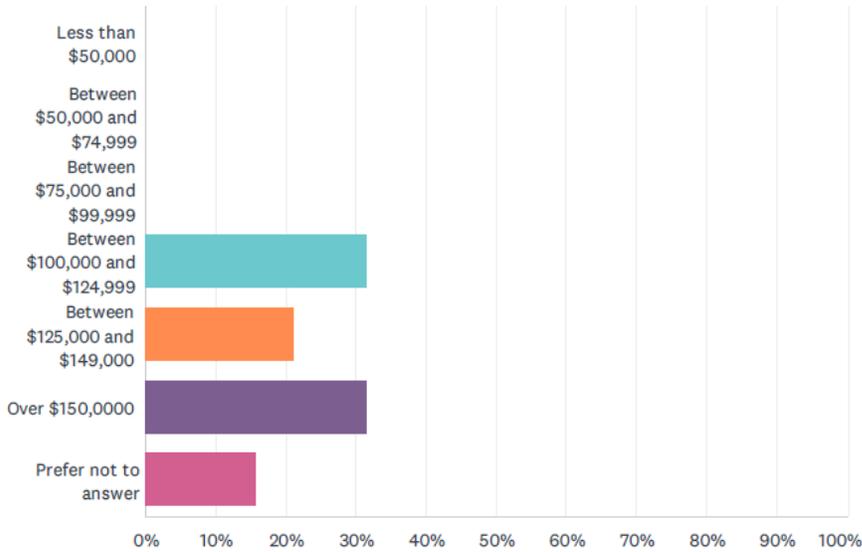
ANSWER CHOICES	RESPONSES	
Yes	21.05%	4
No	36.84%	7
Unsure	42.11%	8
Other (please explain)	0.00%	0
TOTAL		19

II. Salaries

Three respondents did not provide salary information. About a third of respondents (6 or 31.58%) earn between \$100,000 and \$124,999 and another third (6 or 31.58%) earn over \$150,000. Four (21.05%) earn between \$125,000 and \$149,000.



Annual Income from Primary Employer in 2024 (Excluding Benefits)

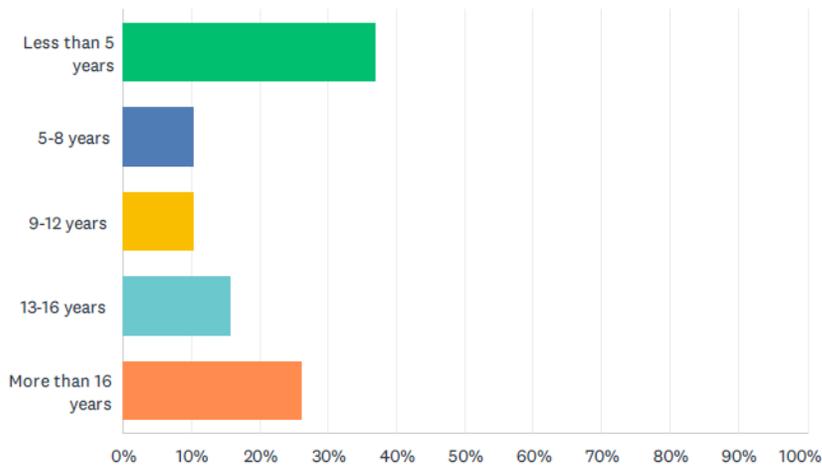


ANSWER CHOICES	RESPONSES	
Less than \$50,000	0.00%	0
Between \$50,000 and \$74,999	0.00%	0
Between \$75,000 and \$99,999	0.00%	0
Between \$100,000 and \$124,999	31.58%	6
Between \$125,000 and \$149,000	21.05%	4
Over \$150,000	31.58%	6
Prefer not to answer	15.79%	3
TOTAL		19

III. Work Experience and Future Plans

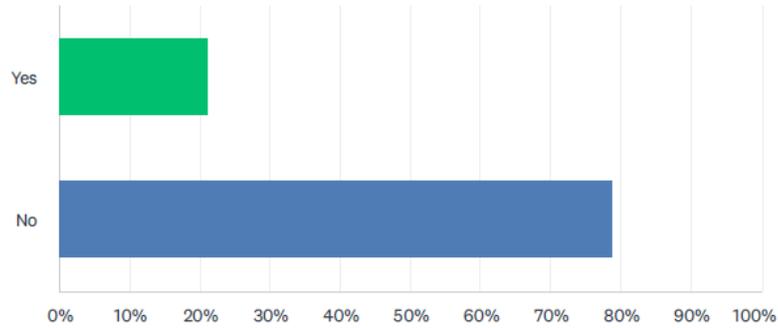
A significant proportion of program directors and/or clinical coordinators (7 or 36.84%) have been in their positions less than five years, while more than a quarter (5 or 26.32%) of program directors and/or clinical coordinators can claim veteran status (greater than 16 years in their position). Most program directors and/or clinical coordinators (15 or 78.95%) are not planning to leave their positions within the next five years. Of those individuals planning to leave their education position within the next five years, two (40%) are planning to retire.

Number of Years in Current Position



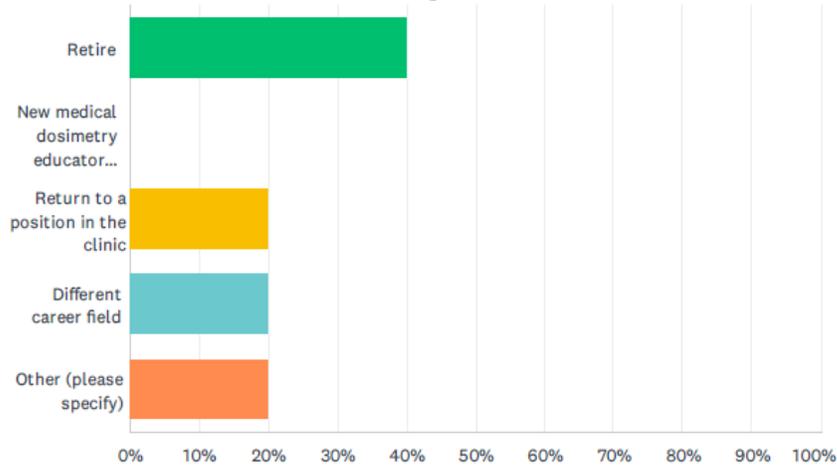
ANSWER CHOICES	RESPONSES	
Less than 5 years	36.84%	7
5-8 years	10.53%	2
9-12 years	10.53%	2
13-16 years	15.79%	3
More than 16 years	26.32%	5
TOTAL		19

Planning to Leave Position in Next Five Years



ANSWER CHOICES	RESPONSES	
Yes	21.05%	4
No	78.95%	15
TOTAL		19

Reason For Leaving Education Position in Next Five Years



ANSWER CHOICES	RESPONSES
Retire	40.00% 2
New medical dosimetry educator position	0.00% 0
Return to a position in the clinic	20.00% 1
Different career field	20.00% 1
Other (please specify)	20.00% 1
TOTAL	5

#	OTHER (PLEASE SPECIFY)	DATE
1	I wasn't planning to leave but starting to consider it due to budget cuts to education and our program	

Programs

I. Recruitment, Admissions & Enrollment

Currently (September 2025) there are approximately 610 slots in dosimetry programs in the United States as determined from the JRCERT Find a Program website. Respondents were asked how many students they are approved by JRCERT to enroll at any one time in their program, and this self-reported number was then compared with the average number of students that program enrolls at any one time.

All programs reported that they receive more applicants than they have capacity to enroll. An overwhelming majority of programs (15 or 83.33%) of respondents notice an increase in the number of applicants during the latest application cycle (2024-2025) compared to previous years.

It is worth noting that only six respondents (31.58%) require a background in radiation therapy for admission. The majority of responding programs (13 or 68.42%) do not require applicants to have a background in radiation therapy.

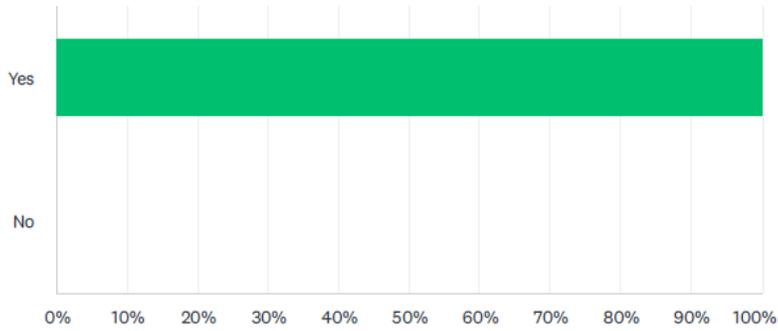


Number of Students Spots Approved by JRCERT vs. Number of Average Number of Students Enrolled

Participant Response	Number of Students Spots Approved by JRCERT	Number of Average Number of Students Enrolled
1	4	2
2	<i>**did not answer**</i>	50
3	28	20
4	≈24	1-2 per site each year
5	5	3
6	50	30-35
7	15	5
8	40	35
9	50	35
10	14	12
11	10	5
12	2	2
13	15	10
14	15	8
15	16	16
16	37	28
17	4	2
18	40	40
19	10	6

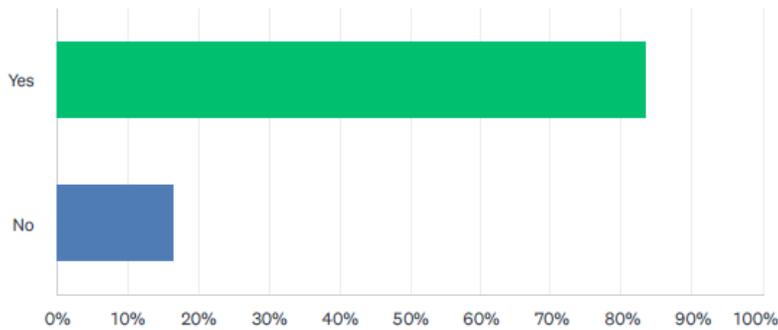


More Applicants Than Available Spots



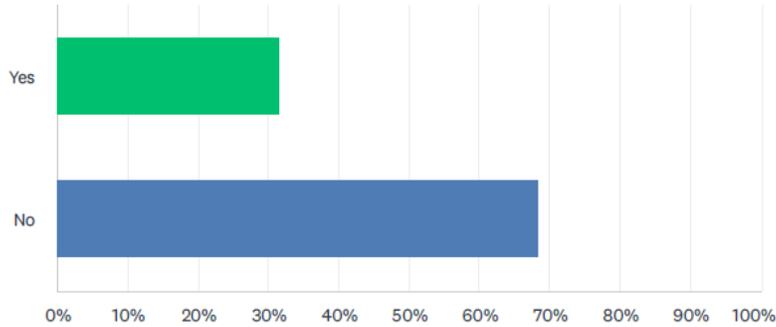
ANSWER CHOICES	RESPONSES	
Yes	100.00%	18
No	0.00%	0
TOTAL		18

In the Latest Application Cycle (2024-2025), Have You Noticed an Increase in the Number of Applicants Compared to Previous Years



ANSWER CHOICES	RESPONSES	
Yes	83.33%	15
No	16.67%	3
TOTAL		18

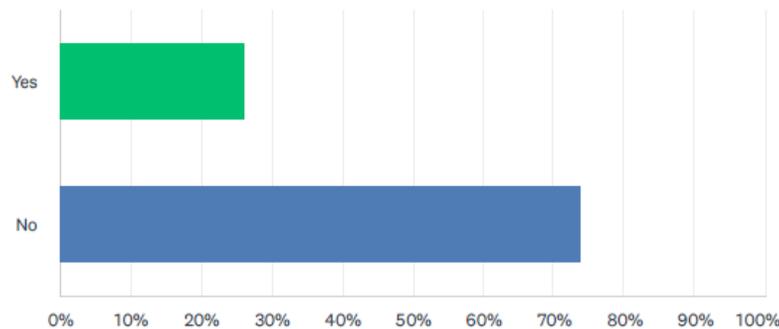
Are Applicants Required to Have a Radiation Therapy Background



ANSWER CHOICES	RESPONSES	
Yes	31.58%	6
No	68.42%	13
TOTAL		19

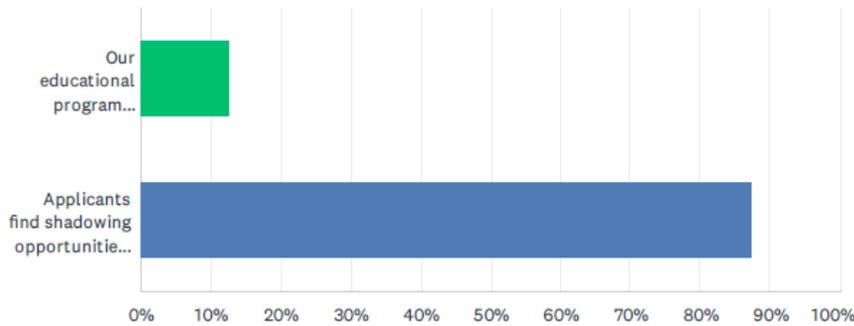
The majority of responding medical dosimetry programs do not require shadowing from applicants. Fourteen (73.68%) of respondents do not require shadowing, and five (26.32%) of program respondents do require applicants to complete shadowing as part of the application process. All but one of the responding programs that requires medical dosimetry shadowing requires medical dosimetry applicants to find the shadowing opportunities themselves, but one respondent (12.5%) coordinates and provides the shadowing for applicants.

Are Applicants Required to Shadow Medical Dosimetrists



ANSWER CHOICES	RESPONSES	
Yes	26.32%	5
No	73.68%	14
TOTAL		19

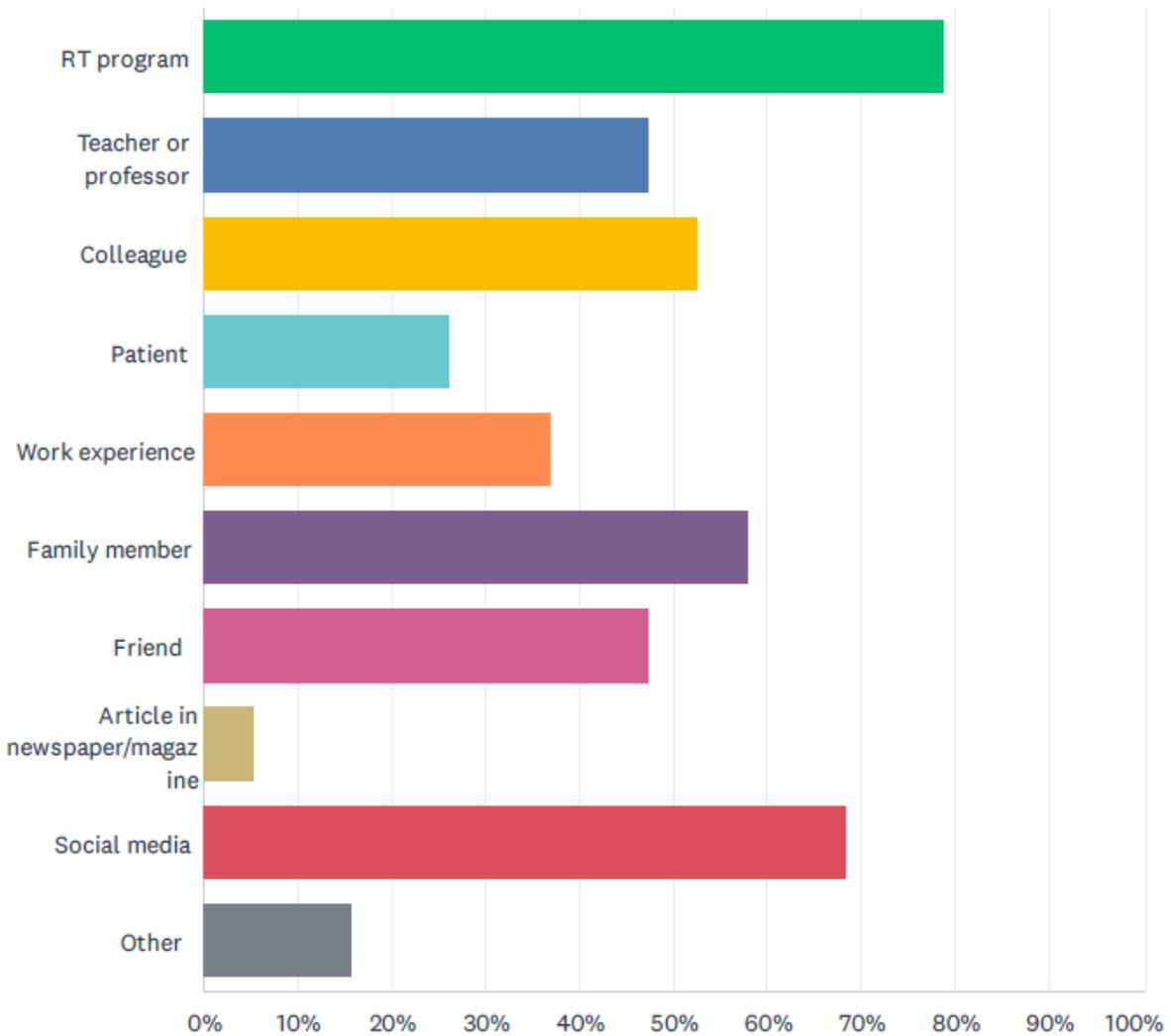
If Shadowing is Required How Do Applicants Find Shadowing Opportunities



ANSWER CHOICES	RESPONSES	
Our educational program coordinates/provides shadowing	12.50%	1
Applicants find shadowing opportunities themselves	87.50%	7
TOTAL		8

Applicants learn about dosimetry from many places, including an RT program, social media, family members, colleagues, friends, teachers, and various other sources. Program marketing relies mostly on career fairs (11 or 64.71%), high school and/or college campus presentations (10 or 58.82%), email campaigns (7 or 41.18%), and informational pamphlets (5 or 29.41%).

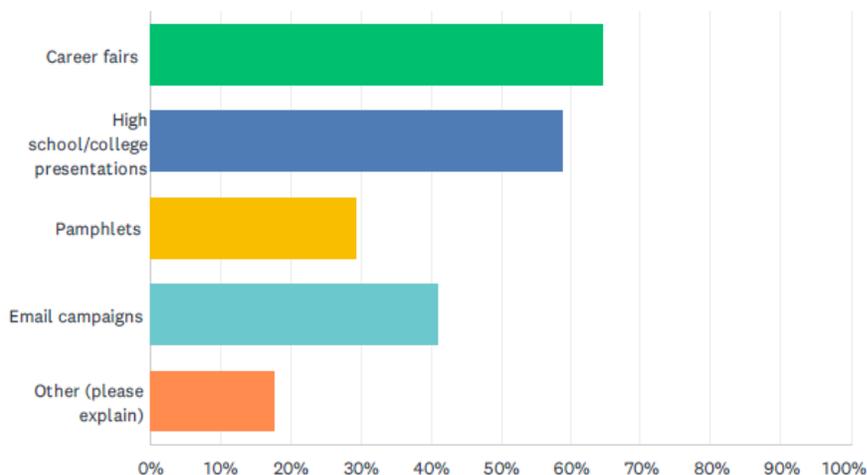
How Applicants Typically Learn About Dosimetry as a Profession





ANSWER CHOICES	RESPONSES	
RT program	78.95%	15
Teacher or professor	47.37%	9
Colleague	52.63%	10
Patient	26.32%	5
Work experience	36.84%	7
Family member	57.89%	11
Friend	47.37%	9
Article in newspaper/magazine	5.26%	1
Social media	68.42%	13
Other	15.79%	3
Total Respondents: 19		

How Do Programs Market Themselves?

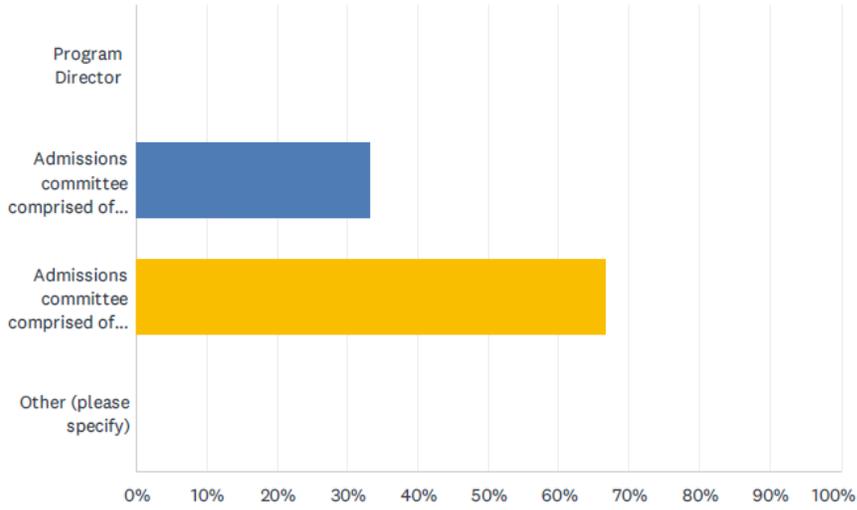


ANSWER CHOICES	RESPONSES
Career fairs	64.71% 11
High school/college presentations	58.82% 10
Pamphlets	29.41% 5
Email campaigns	41.18% 7
Other (please explain)	17.65% 3
Total Respondents: 17	

#	OTHER (PLEASE EXPLAIN)	DATE
1	Program Website only	
2	Social Media	
3	Mostly word of mouth-we haven't had to market as much recently	

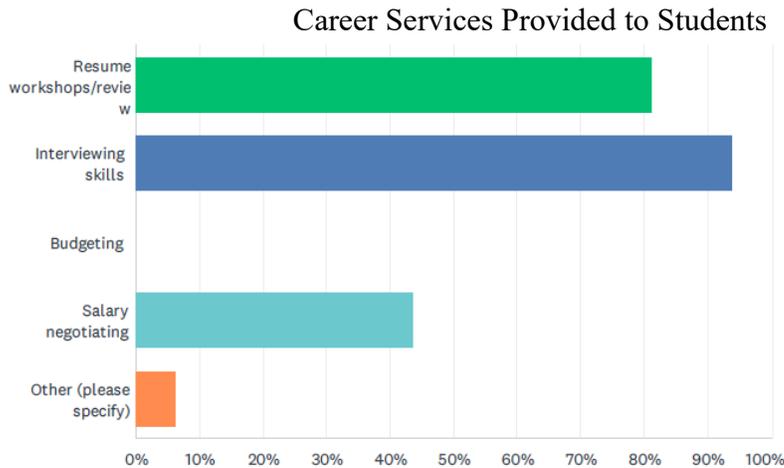
Admissions committees are varied. Twelve (66.67%) programs' admissions committees are composed of faculty and clinical site representatives. Six (33.33%) programs have committees composed only of program faculty.

Who Selects New Students from the Applicant Pool



ANSWER CHOICES	RESPONSES	
Program Director	0.00%	0
Admissions committee comprised of program faculty	33.33%	6
Admissions committee comprised of program faculty and clinical site representatives	66.67%	12
Other (please specify)	0.00%	0
TOTAL		18

Most programs (15 or 93.75%) help their students with interviewing skills, and a majority (13 or 81.25%) hold resume workshops or review resumes of students. Seven (43.75%) programs offer their students salary negotiations training.

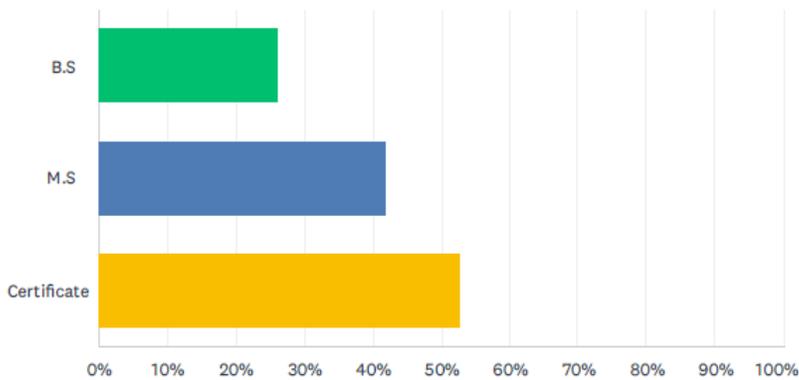


ANSWER CHOICES	RESPONSES
Resume workshops/review	81.25% 13
Interviewing skills	93.75% 15
Budgeting	0.00% 0
Salary negotiating	43.75% 7
Other (please specify)	6.25% 1
Total Respondents: 16	

II. Types of Degrees Awarded

Graduates of medical dosimetry programs earn bachelor, master, or certificate degrees. Most of the survey respondents provide certificates of completion to graduates (10 or 52.63%). Eight (42.11%) programs grant graduate degrees, and five (26.32%) responding programs award their graduates bachelor level degrees.

Type of Degree Offered by Program

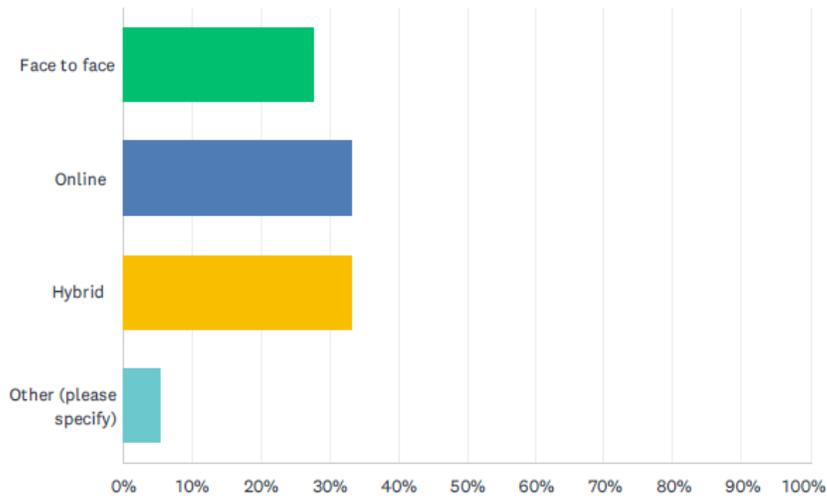


ANSWER CHOICES	RESPONSES
B.S	26.32% 5
M.S	42.11% 8
Certificate	52.63% 10
Total Respondents: 19	

III. Current Modes of Didactic and Clinical Instruction

Medical dosimetry programs educate students in a variety of formats, including face-to-face, remote, and hybrid. Both didactic instruction and clinical instruction use a variety of these delivery options. Respondents were almost evenly divided among teaching didactic classes in face-to-face (5 or 27.78%), online (6 or 33.33%), and hybrid (6 or 33.33%) settings. The majority of clinical instruction occurs in a face-to-face setting (12 or 63.16%) and four (21.06%) respondents stated that a hybrid clinical instruction model was used.

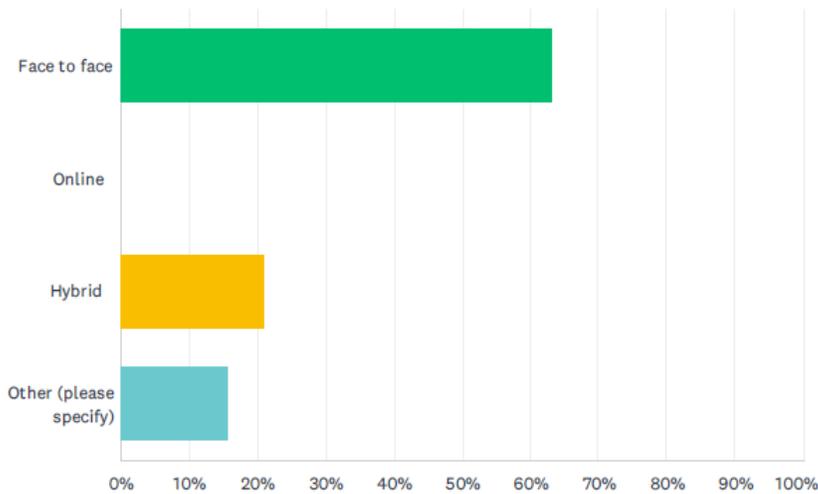
Program's Current Mode of Didactic Instruction



ANSWER CHOICES	RESPONSES
Face to face	27.78% 5
Online	33.33% 6
Hybrid	33.33% 6
Other (please specify)	5.56% 1
TOTAL	18

#	OTHER (PLEASE SPECIFY)	DATE
1	both face to face and hybrid. Also, online synchronous and asynchronous	

Program's Current Mode of Clinical Instruction



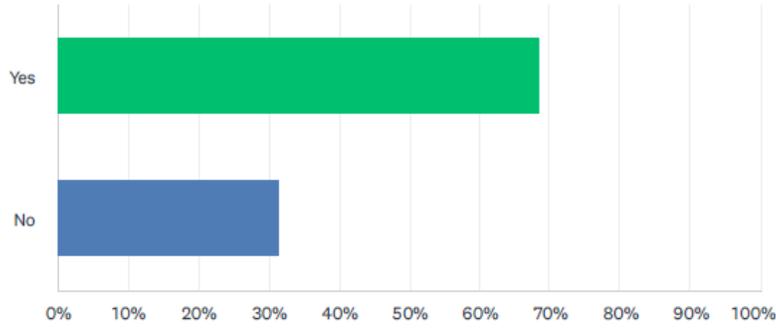
ANSWER CHOICES	RESPONSES	
Face to face	63.16%	12
Online	0.00%	0
Hybrid	21.05%	4
Other (please specify)	15.79%	3
TOTAL		19

#	OTHER (PLEASE SPECIFY)	DATE
1	both face to face and online/hybrid	
2	Up to one third of clinical may be remote with permission	
3	Mostly F2F but a couple clinics are hybrid.	

IV. Treatment Planning and Specialty Courses

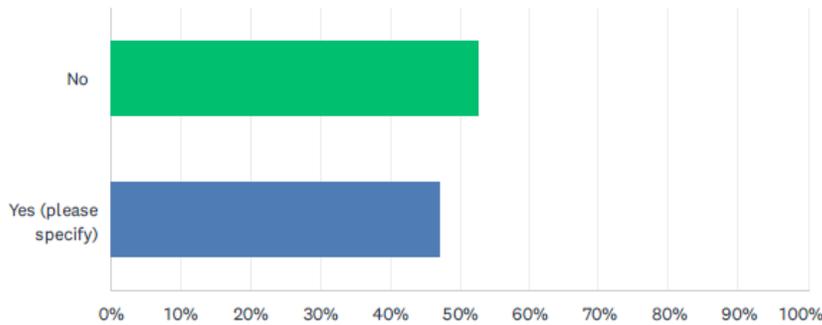
The majority of programs that responded (13 or 68.42%) state they have a treatment planning system (TPS) outside of clinical rotations for use in didactic or laboratory exercises. About half of educational programs (10 or 52.63%) are offering specialized courses with advanced treatment techniques such as protons or stereotactic procedures.

Does the Program Have Access to a TPS Outside of Clinic for Use in Didactic or Lab Exercises



ANSWER CHOICES	RESPONSES	
Yes	68.42%	13
No	31.58%	6
TOTAL		19

Does the Program Offer Specialty Courses (Carbon Ions, Protons, Etc)



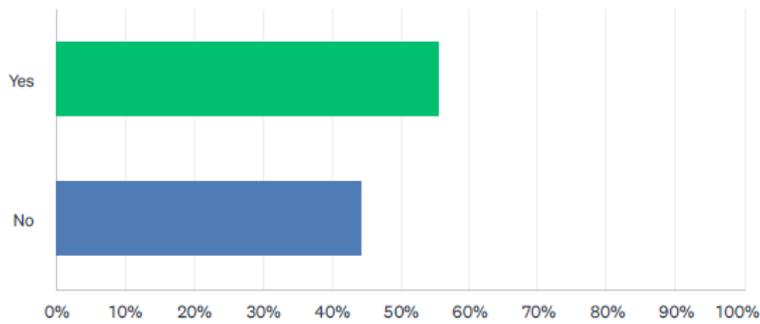
ANSWER CHOICES	RESPONSES	
No	52.63%	10
Yes (please specify)	47.37%	9
TOTAL		19

#	YES (PLEASE SPECIFY)	DATE
1	Protons	
2	Protons, brachy, GammaKnife	
3	protons	
4	proton planning in a laboratory environment	
5	Content is built into the current course structure. There are no courses dedicated specifically to these topics.	
6	protons, brachy, AI, sensitive practice, mri, rapidplan, etc	
7	Protons	
8	protons	
9	The do one week at gamma knife and proton	

V. Artificial Intelligence (AI) Statement

The use of AI in academic work is becoming increasingly common, and educational programs must decide for themselves when to allow AI and how to incorporate its use in their curriculum, both clinical and didactic. More than half of respondents surveyed (10 or 55.56%) do have a stated policy concerning the appropriate or allowed use of AI in academic and clinical coursework.

Does the Program Have a Stated Policy on the Appropriate Use of AI in Academics and Clinic



ANSWER CHOICES	RESPONSES	
Yes	55.56%	10
No	44.44%	8
TOTAL		18

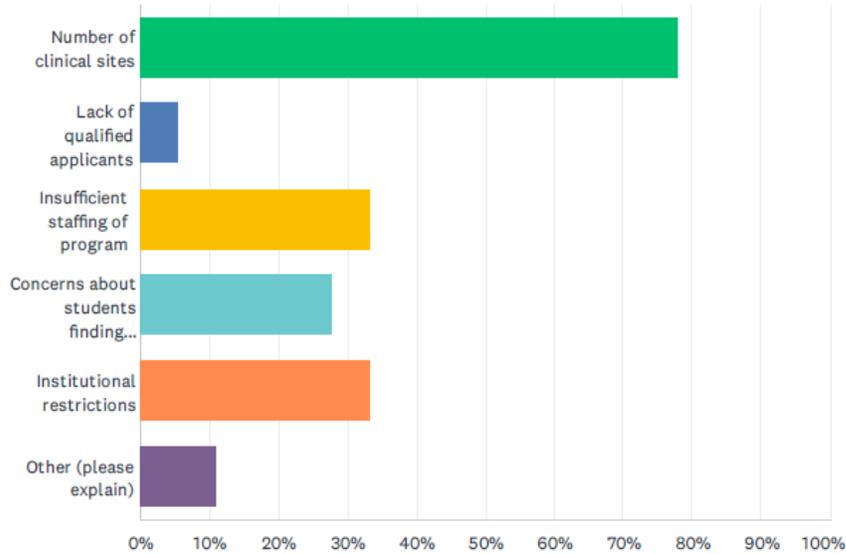
VI. Barriers to Accepting More Students and Clinical Sites

Fourteen (77.78%) respondents identified lack of clinical sites as a barrier to accepting more students. Most responding programs (14 or 77.78%) have increased their number of clinical sites over the last five years. Even though many programs listed lack of clinical sites as a barrier to accepting more students, almost half of participants (8 or 44.44%) state that it is not difficult to find clinical training sites. Respondents were asked to list the number of active clinical sites to which they had assigned students during the last academic year (2024-2025), and the responses ranged from one active clinical site to more than 30 active clinical sites with students assigned. When students rotate through a clinical site, the length of time a student spends at that clinical site varies dependent upon program structure.

Six (33.33%) noted insufficient program staffing as a barrier which is supported by the heavy reliance of programs on adjunct faculty and low numbers of full-time faculty. A majority of programs (7 or 38.89%) have one to two adjunct faculty while the same number (7 or 38.89%) have more than five adjunct faculty. Only two (11.11%) program respondents report having no adjunct faculty.

Other barriers to accepting more students include institutional restrictions, concerns about students finding employment if too many are enrolled, lack of qualified applicants, need to maintain quality, and high cost of program operations.

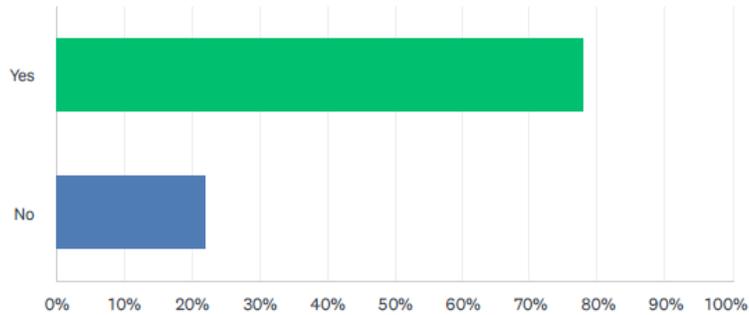
Barriers to Accepting More Students



ANSWER CHOICES	RESPONSES	
Number of clinical sites	77.78%	14
Lack of qualified applicants	5.56%	1
Insufficient staffing of program	33.33%	6
Concerns about students finding employment if we enroll too many	27.78%	5
Institutional restrictions	33.33%	6
Other (please explain)	11.11%	2
Total Respondents: 18		

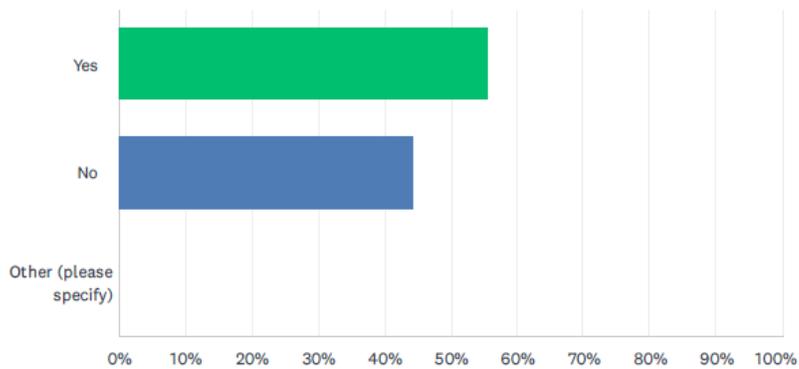
#	OTHER (PLEASE EXPLAIN)	DATE
1	The institution has concerns that the program operations are too costly - and it does not generate enough enrollments or tuition	
2	The faculty want to maintain a quality program and not just increase student enrollment.	

Over the Last Five Years (2020-2025), Has Your Program Increased Your Number of Clinical Sites



ANSWER CHOICES	RESPONSES	
Yes	77.78%	14
No	22.22%	4
TOTAL		18

Is It Difficult to Find Clinical Training Sites



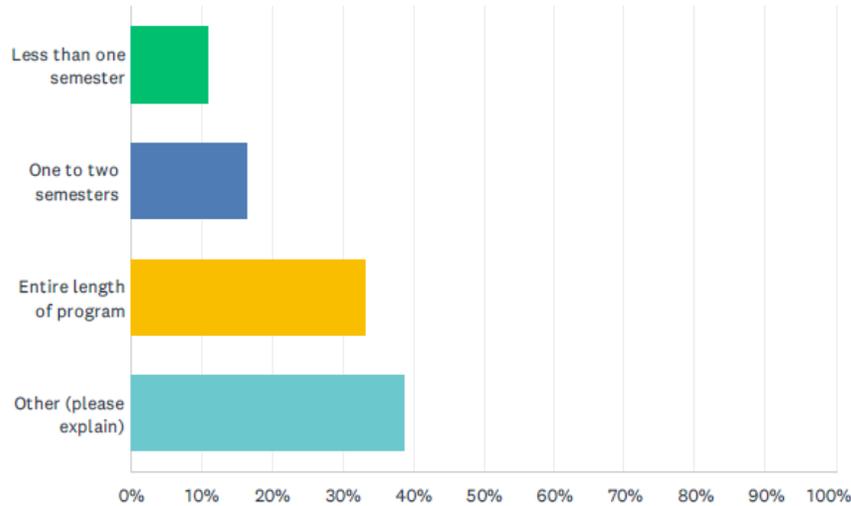
ANSWER CHOICES	RESPONSES	
Yes	55.56%	10
No	44.44%	8
Other (please specify)	0.00%	0
TOTAL		18



How Many Active Clinical Sites with Assigned Students Did Your Program Have During the Last Academic Year (2024-2025)

Participant Response	Number of Active Clinical Sites with Assigned Students
1	3
2	33
3	5
4	4 sites for 2 students to rotate through
5	3
6	29
7	6
8	8
9	33
10	11
11	4
12	1
13	7
14	7
15	8
16	26
17	7
18	6

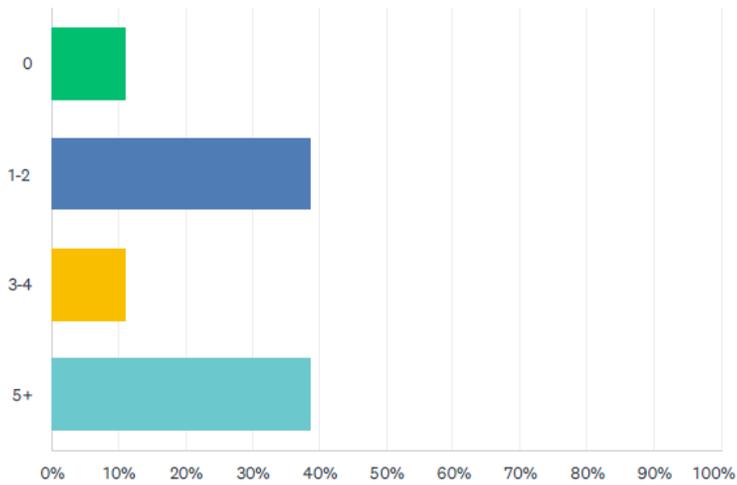
When a Student is Assigned to a Clinical Site, How Long Does the Student Spend at That Particular Site



ANSWER CHOICES	RESPONSES	COUNT
Less than one semester	11.11%	2
One to two semesters	16.67%	3
Entire length of program	33.33%	6
Other (please explain)	38.89%	7
TOTAL		18

#	OTHER (PLEASE EXPLAIN)	DATE
1	they rotate thru the clinical sites in 5 week rotations	
2	We have a main site where they spend the majority of their time and rotate to the other sites for a few months	
3	usually the entire length. On occasion, a site will have multiple sites that they rotate the student through (typically 2-3 max)	
4	Either the entire length of the program (5 semesters over two years) or only during the senior year	
5	Clinical experience is one year; rotations length from one month to three months	
6	Varies. Most spend the one year and others rotate to affiliated clinics.	
7	Depends upon the clinical site.	

Part-time/Adjunct Faculty

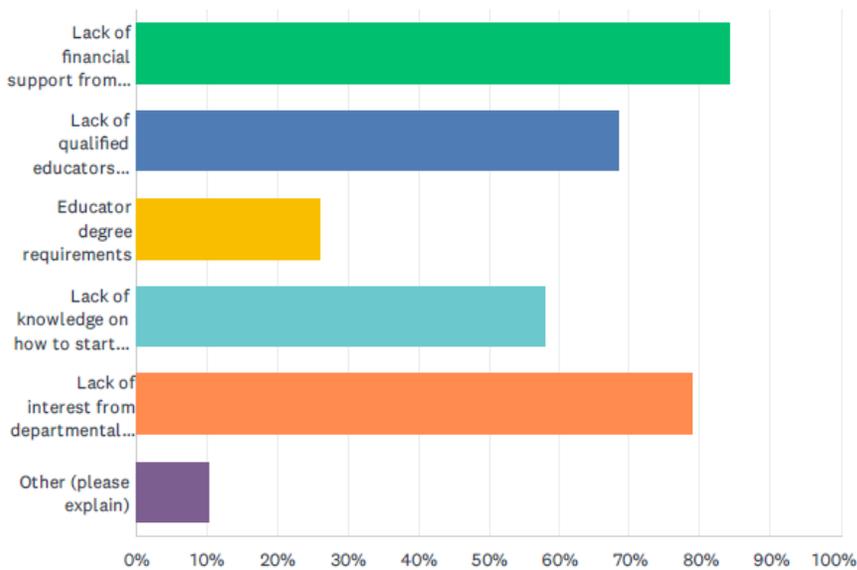


ANSWER CHOICES	RESPONSES	
0	11.11%	2
1-2	38.89%	7
3-4	11.11%	2
5+	38.89%	7
TOTAL		18

VII. Barriers Faced by Universities or Hospitals in Starting New Programs

Respondents were asked to identify barriers faced by universities or hospitals wishing to start new programs. Lack of financial support from administration was identified as the main barrier (16 or 84.21%) followed by lack of interest from departmental staff at clinical sites (15 or 78.95%), lack of qualified educators (13 or 68.42%), lack of knowledge of how to start a program or the accreditation process (11 or 57.89%), and educator degree requirements (5 or 26.32%).

Barriers Faced by Universities or Hospitals Wishing to Start New Dosimetry Programs



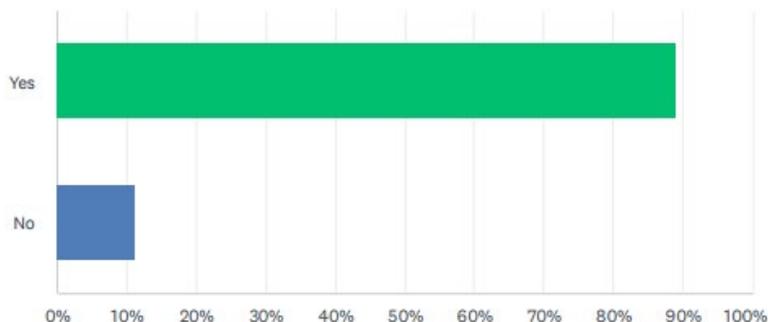
ANSWER CHOICES	RESPONSES
Lack of financial support from administration	84.21% 16
Lack of qualified educators (clinical and/or didactic)	68.42% 13
Educator degree requirements	26.32% 5
Lack of knowledge on how to start a program/accreditation process	57.89% 11
Lack of interest from departmental staff (dosimetrists, physicians, physics, administration etc.)	78.95% 15
Other (please explain)	10.53% 2
Total Respondents: 19	

#	OTHER (PLEASE EXPLAIN)	DATE
1	Institutional admin do not understand or appreciate the intricacies of program operations and accreditation standards	
2	Dosimetry programs are not typically large programs so the ROI for investing is low. Faculty are also higher paid individuals compared to other professions.	

AAMD and Medical Dosimetry Educational Programs

Of the survey respondents, the majority hold AAMD memberships (16 or 88.89%) while two (11.11%) participants are not AAMD members. One of the program officials who was not an AAMD member said that they were current with ASRT, but they would renew their AAMD membership next year.

Are You an AAMD Member



ANSWER CHOICES	RESPONSES
Yes	88.89% 16
No	11.11% 2
TOTAL	18

When asked what the AAMD can do to help or advocate for medical dosimetry educators, respondents provided numerous constructive comments:

- Help to quantify the financial cost/value of a clinical coordinator
- The call for clinical sites was extremely helpful! I wonder if some videos or material could be created exploring what it is like being an instructor/preceptor. This will vary a bit program to program but it might be helpful for those considering but worried about the commitment. It could also highlight benefits, etc. I think more resources on the different TPS programs would be helpful also. There are some in the student resources but having more or ones that are more specific could be beneficial to students who only see one program.
- Overall, a salary survey would be helpful for educators specifically
- A dedicated salary survey for medical dosimetry educators would help ensure that new faculty are hired at appropriate and competitive salary levels. We often hear that educators earn less than clinical dosimetrists, which poses a challenge for recruitment. Having a salary survey focused specifically on educators would provide administrators with the data needed to advocate for fair and equitable compensation. Also, it would help if the programs can use AAMD website to advertise for their new programs or offerings

at very low rate. Another help is providing information about medical dosimetry (video about their roles, interview with dosimetrists, podcasts, etc.) so programs can refer applicants to learn more about the field and the role of medical dosimetrists.

- encourage dosimetrists to continue to education and become clinical sites. Also, push a hybrid work model and not fully remote.
- advocate for high demand stipend to supplement pay difference between healthcare and education. Promote the idea of becoming an educator.
- Provide research grants
- It would be interesting to have some dedicated webinars on the AAMD webpage that are geared towards new medical dosimetry educators, similar to how there are webinars for new students in the field. Any information on what to expect for JRCERT accreditation site visits, self-study reports, etc. would be extremely helpful.
- (1) We need help advocating for higher salaries. (2) Free TPS training from the vendors (win-win for all parties involved). 3. Continue spreading the word about the need for clinical placement sites.
- pay
- Continue to provide educational (CE) opportunities that are relevant to educators

Employers and Graduates' Skills

Respondents identified several qualities and skills that employers seek among new graduates. Clinical competence and planning skills were cited most commonly (13) followed by interpersonal and communication skills, and critical thinking skills.

Specific comments about the qualities and **skills employers say they are looking for** in new graduates include:

- Time management Technical skills. Collegiality, Integrity, Commitment
- strong clinical skills
- Accountable, thoroughness in their work, high attention to detail, ability to multi-task
- Plan quality and contouring quality
- Communication skills, willingness to learn
- Quick learner, good communicator, responds well to feedback, technical skills, professional
- Clinical skills, soft skills, confidence, ability to communicate with the radonc team
- They are looking for clinical skills.
- Proficiency with basic planning skills, confidence and effective interpersonal skills, work ethic
- Clinical proficiency.
- Solid clinical skills, ability to work independently (after initial training)
- Good communication and time management skills. Experience or cross training with diverse treatment planning systems, and supplemental software systems such as MiM, EZFluence, and auto planning features such as MCO, Auto Planning in Pinnacle, and RapidPlan.

- They are seeking not only good planners with a solid skillset that includes 3D and inverse planning, but they also desire critical thinkers and problem solvers with good ability to visualize what is happening in the room. They also want graduates who can be on-site, at the very least for the first 3-6 months of employment.
- Clinical competence and professional traits.
- Social skills
- IMRT and SBRT planning experience

Survey respondents list similar requests concerning what **employers say they need more of** from graduates:

- Time management Technical skills. Collegiality, Integrity, Commitment
- strong clinical skills
- People who are flexible, adaptable, and interested to grow professionally
- I am not sure. We haven't received much for negative feedback I don't think, but a lot of our students do their clinical hours and then work at their site so it might help with this.
- Proactive, involved in research, more comfortable with online communication
- training on various TPS
- Working with real patient plans, presenting plans to physicians, etc.
- Proficiency with basic planning skills and specialized techniques such as stereotactic, brachytherapy, proton, cyberknife, motion management, surface guidance, image registration, understanding automation
- Clinical proficiency.
- Willingness to relocate/not only work remotely
- Leadership qualities since there are a number of smaller clinical settings where the dosimetry and physics teams are only consisted of a handful of individuals. They also are looking for more experience with multitasking since many clinical sites are expecting new graduates to be able to handle a much heavier case load after onboarding. Also experience with complex cases such as retreatment cases.
- More on-site presence. They are wary of new grads who want to be 100% remote before they have proven themselves.
- Clinical competence and professional traits.
- Employers say that new graduates are lacking 3D skills
- Students who have had very good clinical experience and clinical hours

Programs state their **graduates stand out from other job seekers** because of the following qualities and accomplishments:

- Ability to operate at a higher technical level compared to peers Ability to operate independently and problem solve.
- Their knowledge and ability to plan immediately upon graduation
- Well rounded experience during their clinical rotations, being exposed to 4 different centers with different numbers of patients and staffing structure
- Exceptional clinical experience

- A lot of our students are adult learners and really want to be successful. They are driven and are eager to learn. I would say we get a lot of feedback that they are clinically competent which I think is a mix of making sure to have strong clinical sites as well as our non clinical Eclipse didactic lab.
- robust didactic work, professionalism series
- The level of their training
- We have over 1200 clinical education hours and students work on real patient plans. We have a non-clinical eclipse program that allows us to run lab courses so that students get hands on treatment planning skills from the school, not just their clinical site. We focus on their planning skills during the didactic courses too, not just passing the MDCB exam.
- Readiness and adaptability
- Our graduates seem to be meeting the clinical proficiency requirements and expectations of employers.
- Well-respected institution, consistent clinical experience, planning for actual patients
- I do feel that the in-person approach to clinical instruction has positively benefited the students in our program. I have found that it can help to give a broad and well-rounded perspective on dosimetry to new graduates since the students get to overhear conversations/debates and see more procedures done by radiation therapists, physicists, and physicians. This element of exposure to how other radiation oncology team members interact with dosimetrists in the patient planning and treatment process help to give concrete examples of how to troubleshoot and contribute to dynamic centers that want more in person support from their dosimetrists in an ever-increasing age of remote planning/dosimetry services.
- Experience with 2 TPS, in-person education, proton experience.
- Clinical competence and professional traits.
- Exposure to a variety of advanced cases. Research experience.
- We work hard to ensure that our students are clinically strong, they have to prove high competency in treatment planning before we graduate them. In addition to that, they have to meet a minimum grade on their final mock exam to graduate.

Over the Last Five Years (2020-2025), What Percentage of Graduates Entered Medical Dosimetry and Continued Working in the Field as a Medical Dosimetrist

Participant Response	Percentage of 2020-2025 Graduates Still Working as a Medical Dosimetrist
1	93%
2	100%
3	100%
4	100%
5	>95%
6	100%
7	100%
8	Probably over 90%
9	90%
10	100%
11	90%
12	100%
13	100%
14	100%
15	100%
16	95%+
17	New program, currently all graduates working in the field

Over the Last Five Years (2020-2025), What Percentage of Graduates Were Hired for Employment at the Clinical Site Where They Were Placed or at Your Institution/Affiliate Institution

Participant Response	Percentage of 2020-2025 Graduates Hired at Their Clinical Site or Your Institution
1	86%
2	66%
3	25%
4	50%
5	65-75%
6	75%
7	Many are hired at their clinical site, but it depends on whether there are

	openings
8	Don't have exact numbers, maybe ≈65%
9	85%
10	67%
11	50%
12	≈80%
13	50%
14	36%
15	≈40%
16	unknown
17	75%

Closing Question

Respondents closed with additional comments concerning difficulties they face in medical dosimetry education or any information that would be useful to share:

- Recruitment and retention of clinical coordinators. Requirements to maintain a program are largely the same regardless of the number of students. Our students are not a revenue source. The compensation of an experienced medical dosimetrist is significant, but as will many other fields, educators are not as highly compensated. This makes for a challenge to retain junior talented educators as they develop, and it is difficult to recruit more experienced educators, who might be well suited but cannot sacrifice the income.
- finding clinical space for the students
- Getting clinical sites to agree to train, because most institutions aren't staffed appropriately
- As a new program director, information on student resources for contouring and studying for the boards.
- Students are trained using the treatment planning system (TPS) available at their assigned clinical site. While exposure to multiple TPS platforms is ideal, obtaining licenses for various systems is often very expensive for educational programs. Additionally, schools must have qualified faculty to teach each platform. AAMD's efforts in providing workshops on different TPS and related software are extremely valuable for students. Scholarships that support student participation in vendor-led TPS/software workshops are also beneficial. Likewise, funding for students to attend board review courses, either in person or online, can significantly enhance their preparation. Students also gain important career-readiness skills through interview and resume writing workshops. While the AAMD FEC is doing excellent work to support students, these represent additional opportunities to further enrich their educational experience. Another challenge for programs is seeking affiliated clinical sites. The number of students we take is limited by the number of available clinical spots. Thank you for seeking input from educators and for your continued support.
- There seems to be a shift in more awareness of medical dosimetry earlier on, so students are going through a radiation therapy program just to be able to go into dosimetry. This

is causing some issues for radiation therapy programs, as clinical staff does not always like taking a lot of time to train students who will not be working as a radiation therapist.

- Institutional admin do not understand or appreciate the intricacies of program operations and accreditation standards. We find it easier to recruit faculty and clinical sites for Radiation Therapy and more difficult for Medical Dosimetry. We constantly defend our programs from being cut since the college does not profit other than reputational value. Admin do not often recognize the value of a good reputation or see us as serving the community
- I believe the shift to fully remote planning presents challenges (and opportunities) for the field of medical dosimetry and dosimetry education. As we look ahead, it's essential for leaders in the field to think strategically about how to sustain professional visibility, thoughtfully integrate AI, and ensure students develop the skills needed to thrive in a rapidly evolving landscape. In our program, we've seen that students gain the most when learning in person alongside CMDs, where mentorship and hands-on collaboration enrich their education. At the same time, I understand that in-person training isn't feasible for every program or market, and respect that flexibility is necessary to meet diverse needs. I appreciate this survey and the opportunity to contribute to a broader conversation. My hope is that all programs, regardless of format, will embed meaningful exposure to research, AI and its applications, enabling future CMDs to be dynamic, collaborative, and integral members of the radiation oncology team. By evolving together, we can strengthen the profession and expand the scope and impact of medical dosimetrists across the field.
- I feel fortunate to be a part of such a closeknit and supportive community such as the one in medical dosimetry education. Through resources from the AAMD and JRCERT, support from the clinical staff at our participating sites and colleagues within our college, as well as using social media such as LinkedIn to connect to educational leaders in the field, I have felt more than adequately supported in my educational and professional endeavors. The greatest challenge I feel facing the future of our program, is the lack of funding from the College to provide competitive salaries for full time faculty in medical dosimetry. This is why we rely on these studies to help give more context to the working salaries of other full time faculty members at different institutions. Thank you for the critical work you do in these surveys!
- With more and more clinics going to hybrid/remote work, it's harder for students to get an "in-person" experience of all those aspects of the job that cannot be fully replicated remotely. Examples include troubleshooting patient setups, getting comfortable with bolus fabrication and placement etc. Students are also further removed from physicians which is a lost opportunity for learning what they are looking at during plan review as that often involves discussion of aspects of the patient's oncological or medical history/condition that cannot be captured in a plan directive. In terms of curriculum, I feel like I am constantly trying to play catchup. When new grads are being asked if they have experience with breast VMAT and brain SRS during interviews, I question whether I am short changing them because there is only so much room in the curriculum for potential additional competencies. I still teach a lot of 3D in our program because I feel those are so fundamental and are still very much used especially in palliative settings.

But this takes away from experiences such as the aforementioned two examples. Even with over 1300 clinical hours, I find it hard to fit in all the competencies so I am not sure how programs with fewer hours are able to do it. I'd love to learn from them! Lastly, how can we get more people interested in education? Some programs end up closing when the PD retires and no one else is willing to step in the role. Surely, there is more we can do to show administration and clinics about the value of these educator positions. Any program that has recently gone through a hiring process for a CC will attest to having received very few applications.

- Universities are reducing support for travel, meeting attendance, etc. This impacts the ability to retain quality faculty.
- I think the biggest challenge is trying to get individuals to be preceptors. The clinics are so busy, and it takes a lot of their time, when staffing is low it is even harder on the preceptors.