

Please complete the survey below.

Ethical approval for the collection and processing of data acquired from this survey has been approved by the UCL Department of Medical Physics and Biomedical Engineering Ethics committee (Ethics ID: 26203/001).

Please note, you are under no obligation to participate or complete this survey. Participating is entirely voluntary and will not in any way impact your membership with your respective professional body who have forwarded this survey to you. Results from the survey will be collated and analysed to provide an insight into the workings of departments globally. These will be used to develop a strategy by IUPESM for strengthening the subject of medical physics and biomedical engineering. Findings will also be disseminated to our community through a journal publication in a journal which publishes on findings related to professional practice.

For more information on the task group please visit the following link

Thank you!

The questionnaire will begin on the next page.

Please complete all responses by 30th April 2024.

Please note that once a response has been submitted, it cannot be withdrawn.

Note: If a response is incomplete or has not been submitted before the deadline of this questionnaire, it will automatically be deleted by the software.

Your response to this questionnaire will be used both for developing a strategy by IUPESM for strengthening the subject of medical physics and biomedical engineering, and for a journal publication to disseminate the findings to the wider community.

Yes I consent to participate
 No I do not consent to participate

Please click yes to agree that you consent to participate in this questionnaire.

Institution Information

Institution Name:

Main Focus of Institution:

Healthcare
 Research
 Education
 Other

Please specify:

Department Name:

Sections within Department:

Medical physics specialties
 Biomedical Engineering specialties
 Non-academic clinical services for MP
 Non-academic clinical services for BME
 Other

Please specify:

Planned new areas:

Medical physics specialties
 Biomedical Engineering specialties
 Non-academic clinical services for MP
 Non-academic clinical services for BME
 Other

Please specify:

Staff

Members of staff in your department:

- Medical Physicists
- Engineers (Biomedical/Medical/Clinical)
- Computer/Data Science (including researchers)
- Technicians Technologists/Operators (All including engineering)
- Administrative staff
- Other (please specify specialty and give numbers)

Number of Full-Time Medical Physicists:

Number of Part-Time Medical Physicists:

Number of Full-Time Engineers
(Biomedical/Medical/Clinical):

Number of Part-Time Engineers
(Biomedical/Medical/Clinical):

Number of Full-Time Computer/Data Scientists
(including researchers):

Number of Part-Time Computer/Data Scientists
(including researchers):

Number of Full-Time
Technicians/Technologists/Operators (All including
engineering):

Number of Part-Time
Technicians/Technologists/Operators (All including
engineering):

Number of Full-Time Administrative staff:

Number of Part-Time Administrative staff:

Number of Other staff (please specify specialty and
numbers with a breakdown of Full-Time and Part-Time
staff):

Please do not include any personal information in your
response.

Education

Does the department run its own educational programs in joint field of Medical Physics & Biomedical Engineering:

Yes
 No

Does the department run its own educational programs in non-joint fields:

Yes
 No

Educational Programs & New students admitted every year (if more than one undergraduate (like B.Sc, BE) or Masters course, please fill in options provided. If only one, then leave the others blank. Use Comment for additional courses:

Undergraduate courses (if not applicable leave blank)

Name of Undergraduate course (1):

Number of students/year in this course (1):

Name of Undergraduate course (2):

Number of students/year in this course (2):

Name of Undergraduate course (3):

Number of students/year in this course (3):

Name of Undergraduate course (4):

Number of students/year in this course (4):

Name of Undergraduate course (5):

Number of students/year in this course (5):

Additional comments:

Please do not include any personal information in your response.

Master's courses (if not applicable leave blank)

Name of Masters course (1):

Number of students/year in this course (1):

Name of Masters course (2):

Number of students/year in this course (2):

Name of Masters course (3):

Number of students/year in this course (3):

Name of Masters course (4):

Number of students/year in this course (4):

Name of Masters course (5):

Number of students/year in this course (5):

Additional comments (may also include some information on numbers majored in Medical Physics, Biomedical Engineering/Clinical Engineering, Imaging, Therapy etc):

Please do not include any personal information in your response.

PhD (if not applicable leave blank)

Total number in 2023:

Number of PhDs who qualified in last 5 years:

Patients

Patient numbers per specialty if Healthcare Institution (per year)

- Imaging
- Therapy
- Others

Imaging patient numbers:

Therapy patient numbers:

Please comment with other speciality names and patient numbers (per year):

Please do not include any personal information in your response.

Publications

Number of Research Publications in PubMed over last 5 years (if not applicable leave blank): _____

PubMed link to some important publications:

Number of Research Publications in non-PubMed over last 5 years (if not applicable leave blank): _____

Link to some important publications:

Grants

Number of Research Grants awarded in last 5 years (if not applicable leave blank): _____

List the funding bodies of the most significant grants:

Please do not include any personal information in your response.

Total award value:

Please do not include any personal information in your response.

Spin Out Companies & Public Engagement

Number of Spin Out companies in last 5 years (if not applicable leave blank): _____

Company Names:

Please do not include any personal information in your response. _____

Formalized Public Engagement Initiatives in last 5 years (if not applicable leave blank): _____

Please do not include any personal information in your response. _____

Name some of these initiatives:

Please do not include any personal information in your response. _____

Workload

Clinical engineering/physics workload: Please provide information on the number of tests of different types and approximate hours of workload (average per year)

- Quality control tests of imaging machines
- Others

Number of quality control tests:

Approximate hours of workload for quality control tests:

Specify the names of other tests, the number of tests and approximate workload hours for each:

Please do not include any personal information in your response.

Medical Physics and Biomedical Engineering Departments

Benefits of being a joint Medical Physics and Biomedical Engineering Department:

Please do not include any personal information in your response.

Indicate if you were to establish a new department, would you like a combined one or separate for Medical Physics and Biomedical Engineering and reasons thereof:

Please do not include any personal information in your response.

Description of practice in your country

Is there an association of Medical Physics?

- Yes
- No
- I do not know

Number of members:

Are some Biomedical Engineers also members?

- Yes
- No
- I do not know

Rough percentage?

Is there an association of Biomedical Engineering?

- Yes
- No
- I do not know

Number of members:

Are some Medical Physicists also members?

- Yes
- No
- I do not know

Rough percentage?

Is there a combined association of Medical Physics & Biomedical Engineering?

- Yes
- No
- I do not know

Number of members:

How many joint departments of Medical Physics and Biomedical Engineering exist in your country?

If the name is different than the joint department of Medical Physics and Biomedical Engineering, please specify the name:

Please do not include any personal information in your response.

With time, have the number of joint departments:

- Increased
- Decreased
- Remained the same

Some idea about the reason for the number
increasing/decreasing/remaining the same in the last
10 years: _____

Please do not include any personal information in your
response.

Any other input you would like to make:

Please do not include any personal information in your
response. _____