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UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION
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ADVISORY COMMITTEE ON THE MEDICAL USES OF
ISOTOPES
TELECONFERENCE RE
10 CFR PART 35 TRAINING & EXPERIENCE

THURSDAY, AUGUST 16, 2007

The meeting was convened in room T-08C1 of
Two White Flint North, 11545 Rockville Pike,
Rockville, Maryland, at 1:00 p.m., Leon S. Malmud,
M.D., ACMUI Chairman, presiding.

MEMBERS PRESENT:

- LEON S. MALMUD, M.D., Chairman
- DOUGLAS F. EGGLI, M.D.
- RALPH P. LIETO
- SUBIR NAG, M.D.
- RICHARD J. VETTER, Ph.D.
- JAMES S. WELSH, M.D.
- DARRELL FISHER, Ph.D.
- ORHAN SULEIMAN, Ph.D.
- BRUCE THOMADSEN, Ph.D.
- WILLIAM VAN DECKER, M.D.
- DOUGLAS EGGLI, M.D.
- SALLY SCHWARZ

1 NRC STAFF PRESENT:

2 DONNA-BETH HOWE, Ph.D.

3 CINDY FLANNERY

4 MOHAMMAD SABA

5 ASHLEY TULL

6 SANDRA WASTLER

7 DUANE WHITE

8 ANGELA McINTOSH

9 CARLEEN SANDERS

10 RONALD ZELAC, Ph.D.

11 ED LOHR

12 JAMES FIRTH

13 SUSAN CHIDAKEL

14

15 ALSO PRESENT:

16 BOB GALLAGHER, MA

17 CHRIS GALLAGHER, ASNC

18 DAVID WALTER, AL

19 DAWN EDGERTON, CBNC

20 DEBBIE GILLEY, FL/OAS/CRCPD

21 EMILY WILSON, ASTRO

22 GERALD WHITE, AAPM

23 GLORIA ROMANELLI, ACR

24 HENRY ROYAL, ABNM

25 JARED THOMPSON, AR

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ALSO PRESENT:

JEAN ST. GERMAIN, ABMP

KAREN LANGLEY, UT

KEVIN NELSON, HPS

LYNN MCGUIRE, Veterans Affairs

LYNNE FAIROBENT, AAPM

MARLENE OLIVER, NCI

MELISSA MARTIN, ACR

MIKE PETERS, SNM

MILTON GUIBERTEAU, ABR

RICHARD MARTIN, ASTRO

RICHARD RATLIFF, TX

ROBERT DANSEREAU, NY

ROBERT RODGERS, USAF

SALLY CHEEVER, Physics Consultants, Inc.

SANDY WOLFF, Sentara

SARA MILO, AACE

SEAN SEELEY, ME

STEPHEN THOMAS, ABR

STEVEN SUTIEF, Veterans Affairs

WILLIAM METZGER, NeoVista

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P-R-O-C-E-E-D-I-N-G-S

1:06 p.m.

MS. WASTLER: As the designated Federal Officer for this meeting I'm pleased to welcome you to this teleconference. My name is Sandra Wastler.

I'm the Chief of the Medical Safety and Events Assessment Branch and have been designated as a Federal Officer for this advisory committee in accordance with 10CFR part 7.11.

Present today is alternate designated Federal Official Cindy Flannery, team leader for the Medical Aviation Safety Team. This is an announced meeting of the Committee to continue the discussion of the training and experience requirements from our June 2007 meeting.

It is being held in accordance with the rules and regulations of the Federal Advisory Committee Act and the Nuclear Regulatory Commission. The meeting was announced in the July 31st, 2007 edition of the Federal Register. The function of the Committee is to advise the Staff on issues and questions that arose on the medical use of byproduct material.

The Committee provides counsel to the Staff but does not determine or direct the actual

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1 decisions of the Staff or the Commission. The NRC
2 solicits the views of the Committee and values their
3 opinion.

4 I request that whenever possible we try to
5 reach a consensus on the various issues that we will
6 discuss today. But I also recognize there may be
7 minority or descending opinions.

8 If you have such an opinion, please allow
9 them to be read into the record. As part of the
10 preparations for this meeting I reviewed the agenda
11 for the members and employment interest based upon the
12 very general nature of the discussion that we're going
13 to have today and have identified any items that would
14 pose a conflict.

15 Therefore, I see no need for an individual
16 member of the Committee to recuse themselves from the
17 Committee's decision making activity.

18 However, in the course of our business you
19 determine that you have a conflict, please state it
20 for the record and recuse yourself from that
21 particular aspect of the discussion.

22 At this point I would like to act the
23 ACMUI members participating in today's teleconference
24 to identify themselves. Dr. Malmud, Dr. Williamson,
25 Sally Schwarz?

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1 MS. SCHWARZ: I'm here.

2 MS. WASTLER: Mr. Lieto?

3 MR. LIETO: Present.

4 MS. WASTLER: Dr. Nag?

5 DR. NAG: Present.

6 MS. WASTLER: Dr. VanDecker?

7 DR. VANDECKER: (No verbal response.)

8 MS. WASTLER: Dr. Eggli?

9 DR. EGGLI: Present.

10 MS. WASTLER: Dr. Orhan Suleiman?

11 DR. SULEIMAN: (No verbal response.)

12 MS. WASTLER: Dr. Welsh?

13 DR. WELSH: Here.

14 MS. WASTLER: Dr. Fisher?

15 DR. FISHER: Online.

16 MS. WASTLER: And Dr. Vetter?

17 DR. VETTER: Here.

18 DR. NAG: Does that make a quorum or not?

19 MR. WILLIAMSON: Oh, and Jeff Williamson

20 is here. I don't think I responded intelligibly when

21 my name was called.

22 MS. WASTLER: Okay. Yes, that is a

23 quorum. I would now like to ask the NRC's

24 participants to identify themselves. We'll start here

25 at headquarters. Again, this is Sandra Wastler.

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1 MR. SABA: Mohammad Saba.

2 MR. FIRTH: James Firth.

3 MS. CHIDAKEL: Susan Chidakel from OGC
4 today.

5 MS. SANDERS: Carleen Sanders.

6 MR. WHITE: Duane White.

7 MS. McINTOSH: Angela McIntosh.

8 MR. ZELAC: Ronald Zelac.

9 MR. LOHR: Ed Lohr.

10 MS. BETH-HOWE: Donna Beth-Howe.

11 MS. WASTLER: On the bridge?

12 MS. TULL: This is Ashley Tull.

13 MS. FLANNERY: Cindy Flannery.

14 MS. WASTLER: And there was someone else
15 there that --

16 MS. CHEEVER: Sally Cheever.

17 MR. THOMAS: This is Stephen Thomas.

18 MS. WASTLER: This is NRC. We've got the
19 NRC participants on the line. Ashley Tull, Cindy
20 Flannery, anyone else?

21 (No verbal response.)

22 MS. WASTLER: All right, with that I'd ask
23 any other participants to identify themselves.

24 MS. TULL: This is Ashley Tull. Do you
25 want me to just go down my list as opposed to everyone

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1 trying to say their names? Because I have
2 notification from everyone that should be on the line.

3 MS. WASTLER: Okay. That would be fine.
4 Thank you, Ashley.

5 MS. TULL: Okay. I have confirmation from
6 Bob Gallagher. Is Chris Gallagher on the line?

7 MR. GALLAGHER: Ashley, Chris is online.

8 MS. TULL: Okay, thank you. David Walter?

9 MR. WALTER: I'm here.

10 MS. TULL: I have Dawn Edgerton and Debbie
11 Gilley and Emily Wilson.

12 MS. GILLEY: Debbie is here.

13 MS. TULL: Yes.

14 MR. MARTIN: I'm Richard Martin for Emily
15 Wilson from ASTRO.

16 MS. TULL: Okay, I have you further down
17 listed. Gerald White?

18 MR. WHITE: Yes, I'm here.

19 MS. TULL: Gloria Romanelli?

20 UNIDENTIFIED SPEAKER: Ashley, could you
21 please identify people's -- who they're representing,
22 what organization when you --

23 MS. TULL: Sure, each of you should have
24 a list of all these in alphabetical order and the
25 organizations they are representing.

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1 UNIDENTIFIED SPEAKER: Okay.

2 MS. TULL: Okay, Gerald White is AAPM.

3 MR. WHITE: Yes, that is correct. I am
4 here.

5 MS. TULL: Okay. Gloria Romanelli with
6 ACR?

7 MS. ROMANELLI: Yes.

8 MS. TULL: Henry Royal with ABNM?

9 MR. ROYAL: Here.

10 MS. TULL: Jared Thompson with AR?

11 MR. THOMPSON: (No verbal response.)

12 MS. TULL: I believe he said he was on
13 earlier. Is he still with us?

14 (No verbal response.)

15 MS. TULL: Okay, Jean Saint Germain with
16 ABMP?

17 (No verbal response.)

18 MS. TULL: Karen Langley with Utah?

19 MS. LANGLEY: Here.

20 MS. TULL: Kevin Nelson with HPS?

21 MR. NELSON: Present.

22 MS. TULL: Lynn McGuire with Veteran
23 Affairs?

24 MR. MCGUIRE: Here.

25 MS. TULL: Lynne Fairobent with AAPM?

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1 MS. FAIROBENT: Here.

2 MS. TULL: Marlene Oliver with the
3 National Cancer Institute?

4 (No verbal response.)

5 MS. TULL: Melissa Martin, ACR?

6 MS. MARTIN: Here.

7 MS. TULL: Mike Peters, SNM?

8 MR. PETERS: Here.

9 MS. TULL: Milton Guiberteau with the ABR?

10 MR. GUIBERTEAU: I'm here.

11 MS. TULL: Richard Martin with ASTRO?

12 MR. MARTIN: Yes, present.

13 MS. TULL: Richard Ratliff from Texas?

14 MR. RATLIFF: Yes, I'm here.

15 MS. TULL: Robert Dansereau with the State
16 of New York?

17 MR. DANSEREAU: (No verbal response.)

18 MS. TULL: Robert Rogers, U.S. Air Force?

19 MR. ROGERS: (No verbal response.)

20 MS. TULL: Sally Cheever with Physics
21 Consultants, Incorporated?

22 MS. CHEEVER: Here, yes.

23 MS. TULL: Sandy Wolff with Sentara?

24 MS. WOLFF: Yes, I'm here.

25 MS. TULL: Sara Milo with AACE?

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1 MS. MILO: Here.

2 MS. TULL: Sean Seeley with the State of
3 Maine?

4 MR. SEELEY: Here.

5 MS. TULL: Stephen Thomas with USMC?

6 MR. THOMAS: Here, ABR.

7 MS. TULL: ABR, okay. Thank you. Steven
8 King with PSU?

9 MR. KING: (No verbal response.)

10 MS. TULL: Steven Sutief for Veteran
11 Affairs?

12 MR. SUTIEF: (No verbal response.)

13 MS. TULL: And William Metzger with
14 NeoVista?

15 MR. THOMPSON: Actually, Jared Thompson is
16 here.

17 MS. TULL: Okay, Jared, thank you. Is
18 there anyone else that I missed?

19 MR. THOMADSEN: Bruce Thomadsen.

20 MS. TULL: Oh, with ACGME.

21 MR. VanDECKER: And this is Bill
22 VanDecker. I just joined.

23 MS. TULL: Okay.

24 MS. WASTLER: All right. Dr. Malmud, have
25 you joined us?

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1 (No verbal response.)

2 MS. WASTLER: All right, with that I guess
3 Dr. Vetter, the Vice Chair, will conduct today's
4 meeting until such time as Dr. Malmud joins us.

5 Following a discussion of the agenda item,
6 the Chair is his option, may entertain comments or
7 questions from members of the public who are
8 participating today.

9 (Telephone Conference Audio Failed).

10 UNIDENTIFIED SPEAKER: I don't know about
11 everyone else. I am having a lot of static and I
12 cannot hear anything.

13 MS. WASTLER: We all are at the moment.
14 I don't know what happened. I would like to ask
15 everyone to put their phones on mute. That might
16 help. Okay. Thank you.

17 (Telephone Conference Audio Failed.)

18 MS. TULL: Sandy?

19 MS. WASTLER: Yes?

20 MS. TULL: Okay, I just got a phone call
21 about the -- momentarily.

22 MS. WASTLER: Right at the moment we're
23 having technical difficulties. But, okay. They seem
24 to have subsided. I'm not sure where they were coming
25 from.

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1 But, to finish my statement, I would just
2 ask that anybody participating today to remember that
3 the meeting is being transcribed and ask that prior to
4 speaking that you introduce yourself.

5 Can everybody hear me? Are we still
6 having problems.

7 DR. MALMUD: This is Leon Malmud. I can
8 hear you but --

9 (Telephone Conference Audio Failed.)

10 MS. WASTLER: I'm not sure. I think the
11 only thing -- unless it resolves itself quickly, I
12 think we're going to have to --

13 (Telephone Conference Audio Failed.)

14 MS. WASTLER: I apologize. But, could I
15 ask everyone to please hang up and redial in to the
16 bridge?

17 (Whereupon, the above-entitled matter went
18 off the record at 1:16 p.m. and went back on the
19 record at 1:17 p.m.)

20 MS. WASTLER: Ashley, can you hear me?
21 First of all, could I ask everyone to please put your
22 phone on mute and see if that resolves the issue?
23 Okay. Is that better?

24 DR. VETTER: That last mute on made a huge
25 difference.

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1 MS. WASTLER: Yes, it did. It's not
2 perfect. But it did make a difference. Is someone
3 connected with a cell phone.

4 DR. MALMUD: No, this is Malmud. I'm not.
5 I'm on a regular phone.

6 MS. WASTLER: Okay. Because sometimes
7 cell phones will cause that kind of interference. But
8 at the moment it seems to have calmed down.

9 DR. VETTER: You still sound like you're
10 in a tunnel.

11 MS. WASTLER: It's coming back up again.

12 DR. MALMUD: Should we contact the
13 Operator and ask for some technical assistance?

14 MS. WASTLER: Yes, that's what I was going
15 to do. Ashley, are you there?

16 (No verbal response.)

17 MS. WASTLER: All right. We're going to
18 call and see if we can get some technical assistance.
19 Because it appears to be a -- I'm assuming a generic
20 issue because it's not resolving itself. Did we want
21 to go ahead and try to start?

22 UNIDENTIFIED SPEAKER: No.

23 MS. WASTLER: The phone seems to be
24 temperamental.

25 DR. NAG: I think the problem is there's

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1 probably a cell phone that's on and it's going to some
2 monolog company.

3 MS. WASTLER: That's what we were
4 wondering as well. Because, often cell phones will
5 cause that kind of interference.

6 DR. VETTER: Or speaker phone.

7 MS. WASTLER: Well, we're on a speaker
8 phone here. But, when we muted it it didn't seem to
9 make a difference. So, I don't think it's -- at least
10 not this speaker phone.

11 DR. NAG: The other thing I think is that,
12 although we are muting, probably somebody has to step
13 out of the room, and that's the one that is unmuted
14 and they are not hearing what we are saying and
15 they're not in the room.

16 UNIDENTIFIED SPEAKER: Also, not all
17 phones have mute buttons. So you also have to
18 recognize that.

19 MS. TULL: I believe you can press star
20 six and it will mute your line.

21 UNIDENTIFIED SPEAKER: Not on my phone,
22 Ashley.

23 MS. WASTLER: Okay. We're trying to call
24 -- I'll just everyone to hold on for a few minutes.
25 We're trying to call and see if we can get some

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1 technical assistance on this because it's --

2 (Telephone Conference Failed.)

3 MS. WASTLER: Do you agree, Dr. Malmud?

4 DR. MALMUD: I can barely hear you.

5 MS. WASTLER: I can barely hear you. All
6 right. Hang on. We're trying to get some technical
7 assistance.

8 DR. NAG: This is Dr. Nag. Is it possible
9 to use the old teleconference line from yesterday?
10 That went well. If we don't have -- I mean how man
11 lines would that one accommodate?

12 MS. TULL: That line only accommodated 30
13 people, and it has been canceled.

14 DR. SULEIMAN: This is Orhan Suleiman. I
15 just signed on. And I tried the other number and they
16 said it was canceled. But I am on now. Can you hear
17 me?

18 MS. OLIVER: It does sound a little better
19 than what it was when I first --

20 MS. WASTLER: We did receive a phone call.
21 And, unfortunately the conference folks couldn't
22 provide any assistance. All they did was said to re-
23 dial and that's not helping, because we've tried that.

24 MS. CHEEVER: This is Sally Cheever. Is
25 anybody calling over voice-over internet protocol?

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1 That might affect --

2 (Telephone Conference Failed.)

3 DR. MALMUD: This is Malmud. Hello?

4 UNIDENTIFIED SPEAKER: Hello.

5 DR. MAMLUD: Can I suggest anyone who is
6 on anything other than a land phone hang up?

7 UNIDENTIFIED SPEAKER: And I would also
8 suggest that if you have a mobile phone that you call
9 on the land line and move your mobile phone away from
10 telephone call that we're on because sometimes mobile
11 phones interfere with the signal.

12 DR. MALMUD: Well, first I would suggest
13 that everyone who is on a phone which is not land line
14 hang up and then redial one at a time to see if the
15 line gets better. Is everyone currently on a land
16 line?

17 UNIDENTIFIED SPEAKER: Yes.

18 DR. NAG: Yes, we are on a land line.

19 UNIDENTIFIED SPEAKER: Yes, I still have
20 static.

21 UNIDENTIFIED SPEAKER: Yes, too.

22 DR. NAG: We have static -- is getting
23 worse.

24 DR. MALMUD: So, even though we're all on
25 land lines we have all this static.

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1 MS. WASTLER: You know, the last two or
2 three people that signed on right before we started
3 getting the static seemed to indicate that it's a
4 particular phone that the person was using. I guess
5 we could all try signing off and call back in again
6 and see if that resolves the problem.

7 UNIDENTIFIED SPEAKER: Okay.

8 UNIDENTIFIED SPEAKER: Okay.

9 DR. NAG: Can we sign off and call back in
10 about two or three minutes?

11 MS. WASTLER: Yes, let's wait a few more
12 minutes and then call back, please.

13 (Whereupon, the above-entitled matter went
14 off the record at 1:23 p.m. and went back on the
15 record at 1:29 p.m.)

16 MS. WASTLER: All right. Dr. Malmud,
17 maybe it would be best at least to run through the
18 ACMUI roll one more time to make sure everyone is back
19 on.

20 DR. MALMUD: Thank you, would you do that?

21 MS. WASTLER: Sure. Dr. Thomadsen?

22 DR. THOMADSEN: Yes.

23 MS. WASTLER: Dr. Fisher?

24 DR. FISHER: Speaking.

25 MS. WASTLER: Dr. Eggli?

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1 DR. EGGLI: Here.

2 MS. WASTLER: Dr. Welsh?

3 DR. WELSH: Still here.

4 MS. WASTLER: Dr. Williamson?

5 DR. WILLIAMSON: Here.

6 MS. WASTLER: Dr. Malmud?

7 DR. MALMUD: Here.

8 MS. WASTLER: Dr. Suleiman?

9 DR. SULEIMAN: Here.

10 MS. WASTLER: Dr. Vetter?

11 DR. VETTER: Here.

12 MS. WASTLER: Dr. Nag?

13 DR. NAG: Still here.

14 MS. WASTLER: Dr. VanDecker?

15 DR. VanDECKER: Yes, ma'am.

16 MS. WASTLER: Mr. Lieto?

17 MR. LIETO: Hello.

18 MS. WASTLER: And Ms. Schwarz? Sally, are
19 you there please?

20 MS. SCHWARZ: Yes.

21 MS. WASTLER: Well, that took a while. I
22 apologize again. And, Dr. Malmud, yesterday I said I
23 would kind of set the stage for this discussion. As
24 I mentioned in my opening remarks, we had a four hour
25 discussion to start the process of discussing

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1 implementation issues with Part 35 in the June
2 meeting. Court Reporter, are you there?

3 COURT REPORTER: Yes, I'm here.

4 MS. WASTLER: Okay. Just an afterthought,
5 thank you. But, during that meeting in June we
6 identified ten issues. And, at the time we discussed
7 four of those and ACGME League provided motions on
8 each of those.

9 At today's discussion we're going to pick
10 up our discussion of the issues starting with, which
11 is Item E, I believe on the Agenda, Unintended
12 Consequences of Prescriptive Requirements of
13 Certification Boards Resulting in NRC Setting
14 Curriculum.

15 And what the purpose is, I believe, at
16 this point, since we've identified the issues, is for
17 a discussion of recommended fixes and potentially
18 motions by ACGME League in regards to each of the
19 remaining issues.

20 So, Dr. Malmud, with that I will turn the
21 meeting over to you, sir.

22 DR. MALMUD: Thank you. We've covered the
23 first four topics and are now on the fifth, which is
24 the unintended consequence of prescriptive
25 requirements on certification boards.

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1 And, as you recall, what that issue boils
2 down to is that, in order to be an authorized user for
3 those who are sitting for the boards, if they have not
4 yet passed the boards, then they would necessarily
5 have to have completed the alternative pathway.

6 Since a percentage of those who take the
7 boards do not pass them each year, somewhere between
8 10 and 20 percent, inclusive of those who are re-
9 taking the boards, that means that they must have
10 fulfilled the alternative pathway.

11 Therefore, the unintended consequence is
12 that the boards must teach too the alternative pathway
13 or those residents who have not passed the boards yet
14 for one reason or another will not be qualified. Does
15 that summarize it well?

16 DR. NAG: Yes, except that I'll add that
17 the -- we, at least the American Board of Radiology
18 for Radiation Oncologists, there is no way you sit
19 with the board unless they have practiced for a few
20 months.

21 So, irregardless for every new graduate,
22 they have to go to the alternative pathway at least
23 for a few months, if not for a year or longer.

24 DR. MALMUD: Thank you, Dr. Nag. And that
25 was the -- so the issue of concern is that, although

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1 it was not intended to do so, that the NRC has set the
2 curriculum for the training programs.

3 There is not objection to the NRC --
4 excuse me. As Chairman I believe that I understood
5 the Committee to feel that there was no objection to
6 the NRC indicating topics that should be covered.

7 What was objectionable was the number of
8 hours that should be dedicated to various subjects and
9 that these hours really should be the purview of the
10 boards themselves or the training programs, and that
11 the number of hours that were prescribed in some
12 instances would have made it impossible to teach by
13 experience the clinical skills necessary to practice
14 a specialty because the didactic hours were
15 disproportionate to the number of hours that should be
16 require. Is that a fair statement as well ladies and
17 gentlemen?

18 DR. EGGLI: This is Eggli. I think that
19 represents it Leon.

20 DR. MALMUD: Thank you.

21 DR. WILLIAMSON: So, here we are with this
22 other unintended consequence as well. This is Jeff
23 Williamson from the physics perspective. And I
24 believe that Dr. Thomas from the ABR is here and will
25 correct me if I misrepresent anything.

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1 But the unintended consequences were that
2 if, because of some small requirement, for example,
3 the ABR on one occasion accepting a physicist
4 candidate as eligible to sit for the Board that did
5 not have an American undergraduate or graduate degree,
6 a huge group of diplomates of the American Board of
7 Radiology and Therapeutic Radiological Physics, as I
8 understand, is not eligible to become an authorized
9 medical physicist now under the board certification
10 pathway.

11 There may be other examples of where in
12 the language relatively minor requirements have had
13 the unintended affected of basically disenfranchising
14 large groups.

15 DR. MALMUD: Thank you, Dr. Williamson.
16 Now, we really would like to discuss the issue a
17 little further with a recommendation for how the
18 problem can be overcome.

19 Does anyone wish to make a suggestion as
20 to how the problem of these prescriptive requirements
21 can be overcome?

22 DR. WELSH: Dr. Malmud, this is Dr. Welsh.

23 DR. MALMUD: Dr. Welsh, thank you.

24 DR. WELSH: For somebody who has not met
25 the current strict requirements as set forth by NRC,

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1 and who has not yet passed their board, they would
2 nevertheless be thought eligible because they have
3 completed a residence training, perhaps a few years
4 back when the guidelines were not so strict. Is this
5 not correct?

6 DR. MALMUD: You are correct. Although
7 some boards may have a time limit on how long a person
8 can remain board eligible without taking additional
9 training. Am I correct in that statement?

10 (No verbal response.)

11 DR. MALMUD: Is there someone representing
12 the ABR here? Sorry, I couldn't hear you.

13 DR. ROYAL: The NRC training rule, so
14 there is a time limit.

15 DR. NAG: Could you speak up, please?
16 Somehow either you are on a speaker phone or
17 something. We can't hear you.

18 DR. ROYAL: I'm sorry. This is Henry
19 Royal from the American Board of Nuclear Medicines.
20 So, the American Board of Nuclear Medicines does have
21 a seven year requirement primarily because of the
22 Nuclear Regulatory T&E requirements.

23 So, some of them -- but it's seven years,
24 they can no longer take the exam.

25 DR. WELSH: Okay. This is Dr. Welsh.

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1 There is a time limitation. However, for seven years
2 that individual would be board eligible.

3 UNIDENTIFIED SPEAKER: Boards don't
4 actually recognize the term board eligible. You're
5 either board certified or you're not board certified.
6 There's not --

7 DR. ROYAL: Well, either a residency
8 program would be allowed to sit for the boards in
9 series of terms available. An individual who fits
10 that definition perhaps we could say has met the
11 appropriate training and education requirement as an
12 alternative to the current stricter requirement put
13 forth by the NRC.

14 However, anybody who is trained as of
15 2007, the alternative pathway as written must be met.
16 And that way it would satisfy the requirements that
17 are being put forth and still allow those who have had
18 training and experience a few years back.

19 DR. MALMUD: This is Malmud again. Might
20 that be phrased in the following fashion? Namely that
21 anyone who is eligible to take the board examination
22 we won't call them board eligible, but eligible to
23 take the board examination, would the Government not
24 have to satisfy the alternate pathway, but could be
25 eligible as an authorized user through the Board

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1 certification pathway. Is that what you're
2 suggesting?

3 DR. ROYAL: That is the spirit of it, yes.

4 DR. NAG: My suggestion would be to say
5 something like, who has met all the requirements of
6 the American Board of Radiology in X, Y, Z. So, they
7 have met the requirement.

8 We don't call them board eligible. And
9 board eligible is not there because the ABR doesn't
10 recognize eligibility. But they have met the
11 requirements of.

12 MR. LIETO: Dr. Malmud?

13 DR. MALMUD: Yes.

14 MR. LIETO: This is Ralph Lieto. I'm
15 still a little confused as to what point Dr. Welsh is
16 trying to make. I mean, is he suggesting a third
17 pathway?

18 DR. MALMUD: Perhaps Dr. Welsh could
19 answer your question better than I. But, my
20 understanding is that he was responding to my request
21 to make a suggestion for how we could resolve this
22 issue of the unintended consequence of the NRC setting
23 the Board standards via the alternate pathway.

24 And I believe that his suggestion was one
25 which indicate that if you have fulfilled the

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1 requirements of board certification, even though not
2 having sat through the exam, that that would be
3 adequate to be an authorized user. Did I interpret
4 you correctly?

5 DR. WELSH: This is Dr. Welsh. Yes, that
6 is basically what I'm saying.

7 DR. MALMUD: And that was Dr. Welsh's
8 intent. Mr. Lieto, did I answer your question?

9 MR. LIETO: Yes. So, basically he's
10 suggesting an alternative phraseology or criteria for
11 that alternate pathway.

12 DR. MALMUD: Yes. I think what we're
13 trying to achieve is to craft a solution to the
14 problem without altering regulations in any
15 significant fashion.

16 DR. WILLIAMSON: I do believe that this
17 fix would require altering requirements.

18 DR. MALMUD: It may. I don't disagree
19 with you, Jeff.

20 DR. WILLIAMSON: I don't think that's his
21 intent. Again, correct me if I'm mis-reading you, Dr.
22 Welsh. But I believe what you're suggesting is you're
23 trying to offer some regulatory relief to this group
24 of diplomates who basically took their exam under a
25 set of eligibility requirements that for various

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1 reasons the NRC has chosen to reject.

2 And so, this is an effort to -- the intent
3 is to offer them a more straightforward way to achieve
4 authorized user status that doesn't require going
5 through the alternative pathway.

6 DR. WELSH: Correct. This is Dr. Welsh.
7 That is correct. The spirit of this is that, for
8 example, somebody who completed their residency
9 education training in 2003 or 2004 but for whatever
10 reasons, sickness, unfortunate circumstance, didn't
11 pass the test the first time or two, would like to
12 become an authorized user now.

13 But the training and education
14 requirements have changed. That person is going to
15 have a difficult time becoming an authorized user.
16 Yet, they are eligible to sit for the Board
17 examination by virtue of having completed a residency
18 training program.

19 DR. WILLIAMSON: So I think -- this is
20 Jeff Williamson again -- a key to making this work
21 would be to define, you know, precisely in rule
22 language what criteria they would have to meet.

23 So I guess that what you're saying is that
24 any board for AU or AMP that has been accepted or
25 recognized by the NRC as of some date forward, any

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1 individual who is deemed to be currently eligible to
2 sit for that exam would be able to become an
3 authorized user by virtue of having their credentials
4 been found acceptable by the Board to sit for the
5 exam.

6 DR. WELSH: This is Dr. Welsh. Basically
7 that is what I am proposing. And we have already
8 heard from our representative from Nuclear Medicine
9 that that time limit is seven years.

10 And I would suggest that that is a
11 reasonable time limit. If that's the board time limit
12 that would be the time limit that NRC should adopt.

13 DR. HOWE: Could I make a suggestion, a
14 friendly amendment to your proposal? In addition to
15 those who have not -- who are currently eligible to
16 take the exam but have not yet passed the exam we had
17 this group, individuals that passed the exam at dates
18 prior to the date of recognition of the NRC.

19 Because there are, I imagine, a large
20 group of radiation oncologists -- there certainly are
21 a large group of physicists who applied for the exam
22 in earlier years, such as myself, took the exam and
23 passed it.

24 But, you know, my certificate from the
25 American Board of Radiology has been rejected by the

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1 NRC as a basis for becoming an authorized medical
2 physicist. So I think it would be nice if we could
3 address that group of people in your motion as well.
4

5 DR. HOWE: Dr. Malmud, this is Dr. Howe of
6 the NRC.

7 DR. MALMUD: Yes.

8 DR. HOWE: I think it's important to
9 realize what you guys are talking about. In the past
10 NRC -- and this is prior to 2002 -- NRC has never
11 recognized a person that is board eligible.

12 They either had to be board certified or
13 come the alternative pathway. So what it sounds like
14 you're proposing now would be, as someone else
15 indicated, a brand-new pathway in which you don't have
16 to pass the Board examination.

17 DR. MALMUD: You have to have passed the
18 board examination after the date of recognition by the
19 NRC, among other things.

20 DR. HOWE: The proposal I would here you
21 discuss is that all you have to do is be board
22 eligible, which is something NRC has never recognized.
23 And I'm not sure how NRC's training and experience
24 changes in 2002 have really affected board
25 certification if you were -- in light of the fact that

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1 Dr. Nag was saying.

2 Some of his board certified residences
3 that are going to be board certified have to wait a
4 year before they can take the board and pass it. So
5 that situation seems to have been present prior to
6 2002.

7 DR. VETTER: This is Dick Vetter. I'm
8 having a bit of a problem understanding Dr. Welsh's
9 recommendation in light of the fact that there may be
10 someone who is board eligible today who had not taken
11 the exam, who under his suggestion could be classified
12 as an authorized user.

13 Whereas, someone who was certified last
14 year but the NRC for some reason has not recognized
15 candidates -- or the Board for that particular year --
16 someone who has passed the exam would not qualify to
17 be an authorized user.

18 So, do you see the point I'm making?
19 People who have passed the exam could not be
20 authorized users without using the alternate pathway.
21 Under Dr. Welsh's suggestion some who have not passed
22 the exam would be eligible to be classified as
23 authorized user.

24 DR. WELSH: This is Dr. Welsh. Can I just
25 ask, is there a situation where somebody could have

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1 passed the exam yet not meet the proposed definition
2 of authorized user status by being board eligible?

3 DR. VETTER: Yes, there are many. Because
4 the NRC has failed to recognize people who have passed
5 the Board in previous years. It varies from one
6 board to another. But, for example --

7 DR. WELSH: Well, let me interject here.
8 How could you take the exam if you're not eligible to
9 take the board? You must have been eligible to take
10 the exam in order to have one time sat for it and
11 passed it.

12 DR. VETTER: Sure. But, for example,
13 there were many people ten years ago who were Board
14 eligible, they took the exam, they passed it.

15 Would you call them board eligible today?
16 I'm just trying to -- I don't understand how you would
17 sort that out. But they passed it and the NRC will
18 not recognize their board certification.

19 DR. MALMUD: This is Malmud. Why will the
20 NRC not recognize their board certification?

21 DR. VETTER: You would have to ask them
22 that.

23 DR. THOMADSEN: This is Steve Thomadsen.
24 Let me speak up from the ABR Radiologic side, and
25 that's what I represent. We have a case where our

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1 certificates and radiologic physics recognized by the
2 NRC starting June, 2007. So that just started.

3 And there are certain conditions on those
4 candidates who take the exam and pass. They have to
5 have satisfied certain qualifications in order to get
6 the label on their certificate, which we have, which
7 says AMP or RSO eligible.

8 And there would be a whole quandary of
9 people who are qualified in terms of being medical
10 physicist to sit for the Board but don't meet certain
11 NRC requirements.

12 And one of those being they would have to
13 have been, that is the individual candidate would have
14 to have been supervised in a clinical capacity in
15 medical physics by an ABR certified diplomate, and not
16 by some of the other certified medical physicists. So
17 that's one example.

18 DR. NAG: Hi, this is Dr. Nag. Dr.
19 Vetter, are you referring to the cases where someone
20 may have been board certified more than seven years
21 ago but has not been in practice for the last seven
22 years?

23 Because, if they have been in practice,
24 even though they have been certified more than seven
25 or more than 10 years ago, they are still

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1 automatically qualified.

2 Only if they haven't been in practice for
3 the last seven years that there's a problem. Is this
4 what you're referring to?

5 DR. VETTER: No.

6 DR. NAG: In that case, can you tell me
7 under what instances have the NRC not recognized
8 someone who was board certified ten or more years ago?
9 Or have there been such instances? I don't know in
10 the radiation oncology world, but in other worlds have
11 you had this problem?

12 DR. VETTER: I'm simply pointing out that
13 boards previous to a certain year, a fairly recent
14 certain year, are not recognized by the NRC.

15 And anyone who passed the boards previous
16 to that, it doesn't have to be ten years ago, it can
17 only be a year or two ago, depending upon the board,
18 those people passed the board exam.

19 And they are board certified, yet they are
20 not recognized. They would not qualify as an
21 authorized user because the NRC simply doesn't
22 recognize the board for those years.

23 DR. NAG: And now, let me ask any of the
24 NRC officials that the radiation oncology -- are there
25 any years where candidates that graduate in a certain

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1 year from ABR and radiation oncology would not be
2 recognized, whether it's five years, ten years or two
3 years ago?

4 (No verbal response.)

5 DR. NAG: I don't hear any response.

6 (Laughter.)

7 MS. FLANNERY: This is Cindy Flannery.

8 Can you hear me?

9 DR. NAG: Yes.

10 MS. FLANNERY: Okay. I guess I'm a little
11 confused by your question. I mean, for the radiation
12 oncology there's a recognition date of, I believe it's
13 June 2007.

14 I'd have to look at the website. But, you
15 know, anybody who got board certified before that
16 year, you know, could not come in under the board
17 certification pathway.

18 DR. NAG: Okay. Then I think I am
19 confused. And that means I don't have a license. I
20 graduated before 2007. And I have been practicing
21 radiation oncology for the last -- I'm not going to
22 say how many years, but for a long time.

23 And therefore I am not recognized. If I
24 want apply for a new license I won't be able to.
25 That's confusing.

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1 MS. FLANNERY: Dr. Nag, if you are
2 currently listed on a license as an authorized user,
3 then that information can be used to support your
4 being an authorized user on a new license.

5 If you're working for a broad scope
6 license and the broad scope radiation safety committee
7 has recognized you as an authorized user, you can use
8 that information also to be eligible to be an
9 authorized user on a new license and you do not have
10 to go back to your board certification.

11 DR. NAG: And what if I have not -- let's
12 say one year I want to go out of the country and visit
13 and go around the world. And I come back after one
14 year and I haven't done anything for the last one
15 year, but, you know, I hope I haven't forgotten
16 everything I have learned and I want to start working
17 again.

18 And obviously my board was 25 years ago.
19 I would not then be currently on a license but I was
20 on a license one or two years ago. What happens in
21 those cases?

22 DR. HOWE: Dr. Nag, if you were listed on
23 a license in either 2002 as an authorized user for the
24 same uses that you're asking for, or in 2005, then you
25 are grandfathered under the grandfathering section.

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1 DR. NAG: Okay. All right.

2 DR. WILLIAMSON: This is Jeff Williamson.
3 Let me ask you about my own personal situation, which
4 I'm very curious about. So, I became certified by the
5 ABR in 1982 in therapeutic radiological physics.

6 I have practiced continuously since that
7 time high dose rate brachytherapy. But now, suppose
8 next year I wish to become an authorized medical
9 physicist for gamma stereotactic radio-surgery, which
10 I have never actually practiced directly in my career.

11 Would I be able to use my ABR diplomate
12 status to become an authorized medical physicist for
13 gamma stereotactic?

14 DR. HOWE: Dr. Williamson, I missed a part
15 of that. Are you recognized now as an authorized
16 medical physicist for HDR?

17 DR. WILLIAMSON: I am.

18 DR. HOWE: You are?

19 DR. WILLIAMSON: But I am not for gamma
20 stereotactic.

21 DR. HOWE: Then, because you are
22 recognized as an authorized medical physicist for HDR,
23 then what you would need to be an authorized medical
24 physicist for gamma stereotactic is to demonstrate
25 that you have had additional training and experience

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1 for the new type of use, which would be the gamma
2 stereotactic.

3 You would be considered an existing
4 authorized medical physicist.

5 DR. NAG: And you can have that from the
6 vendor, that additional training?

7 DR. HOWE: The additional training can be
8 from a vendor, or from another authorized medical
9 physicist. And possibly -- I'm not looking at the
10 regulations right now -- but it could be an authorized
11 user. Certainly an authorized medical physicist for
12 that modality.

13 MS. FAIROBENT: This is Lynne Fairobent,
14 Dr. Malmud, from AAPM. May I be recognized?

15 DR. MALMUD: Yes, Lynne, please.

16 MS. FAIROBENT: I would like to have that
17 last interpretation in writing, because that is
18 contrary to what our medical physics members have been
19 given before.

20 DR. WILLIAMSON: Yes, this is Jeff
21 Williamson, I agree. This was certainly not my
22 understanding. I thought I would have to go
23 completely through the 313A alternative pathway
24 process in order to become a gamma stereotactic.

25 DR. NAG: This is Dr. Nag. I think it

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1 will help the entire community if this -- a letter to
2 that effect be either put in guidance. Because, if it
3 is not, the different states may interpret the rules
4 differently and thereby the law may be applied very
5 differently in different states.

6 So I think that will be a big help. And
7 I think NRC officials have done us a favor by taking
8 the stand that you have told us.

9 DR. MALMUD: Who made the statement --

10 DR. NAG: Dr. Nag.

11 DR. MALMUD: This is Malmud. Who made the
12 statement that we would like to have that in writing?

13 UNIDENTIFIED SPEAKER: Lynne Fairobent.

14 DR. NAG: I think it was Lynne Fairobent,
15 right.

16 MS. FAIROBENT: No, I asked the question.
17 He's asking who from NRC made the comment?

18 UNIDENTIFIED SPEAKER: Yes, who from NRC,
19 that is correct.

20 DR. HOWE: I made the comment. I'm Dr.
21 Howe.

22 UNIDENTIFIED SPEAKER: Okay. I would like
23 to have an OGC opinion on that fact.

24 (Laughter.)

25 DR. WILLIAMSON: I especially would like

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1 that as my interest and my ability to practice -- at
2 risk here.

3 DR. MALMUD: Excuse me, it is necessary
4 for us to identify ourselves when we speak.

5 DR. WILLIAMSON: Yes, I should say that I
6 am not currently an Applicant for such a position. So
7 I don't want to disqualify myself from the discussion.
8 I merely present this is as a case for discussion.

9 DR. VETTER: Dr. Malmud, this is Dick
10 Vetter.

11 DR. MALMUD: Yes, Dr. Vetter?

12 DR. VETTER: For me, personally, I think
13 it would be helpful with regard to this subject of
14 unintended consequences of prescriptive requirements
15 on certification boards to hear from a few boards who
16 are represented here on the conference call.

17 DR. MALMUD: Thank you for that
18 suggestion, Dr. Vetter. May we hear from ABR?

19 MR. GUIBERTEAU: Yes, this is Milton
20 Guiberteau. I can speak to the diagnostic aspects of
21 this. I know we've been concentrating on the
22 therapeutic aspects of this.

23 But there is a group of physicians,
24 particularly even some recently trained physicians who
25 received their board certification in 2004 and 2005

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1 who are not eligible through the Board pathway to be
2 authorized users.

3 And we are in the process of attempting to
4 rectify that by providing an additional examination.
5 And we already have that written examination for those
6 who take the oral boards and do not pass the NRC
7 portion of the board to become AU eligible on our
8 certificates to sort of a make up examination.

9 But, you know, we have what we think are
10 anywhere between four and 500 people who have written
11 us or informed us that they are ineligible and have to
12 go through the alternate pathway.

13 Depending on whether they are practicing
14 in an agreement state or NRC, the requirements are
15 often different. And we need, you know, our solution
16 has been to try to give them an examination by which
17 to demonstrate this.

18 On the other hand, as has been said, these
19 are people who have in fact completed the training
20 programs containing, which at the time was the
21 requirement of the NRC, which of course -- in terms of
22 training -- which has now changed and left them
23 disenfranchised.

24 MR. LIETO: Dr. Malmud?

25 DR. MALMUD: Yes.

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1 MR. LIETO: I would like to ask Dr.
2 Guiberteau a quick question. Is the major limiting
3 factor, the problem here the time, the year of
4 establishment of board certification recognition?

5 MR. GUIBERTEAU: Yes, it is.

6 DR. NAG: This is Dr. Nag.

7 MR. LIETO: May I please finish?

8 DR. NAG: Oh, sorry.

9 MR. LIETO: This is Lieto again. It seems
10 to me that this process of board recognition, which I
11 think gets more meaty to the basic issue here, may be
12 the problem.

13 And I thought it was a recognition of
14 process, not content of how the boards do the
15 certification, rather the process. And I think that
16 what's occurring here is that -- and again, looking at
17 the NRC's website, the criteria by which they're
18 evaluating these boards are not on the website.

19 So it's not real clear to me as an ACMUI
20 member why it's a 2004 is bad and 2007 is good. If at
21 the time these people completed their training they
22 had met the criteria that was in effect at the time.

23 And I think this may be more the generic
24 problem related to this agenda item.

25 MS. MARTIN: Dr. Malmud, this is Melissa

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1 Martin, if I could be recognized.

2 DR. MALMUD: Yes, you're recognized.

3 MS. MARTIN: I will come back to Jeff
4 Williamson. I can use my circumstances and I will
5 just use myself as an example. But, I am a perfect
6 candidate of someone that would be deemed as not
7 qualified when this takes affect in the agreement
8 states.

9 I passed ABRs in 1979. I've been
10 practicing ever since, a large time of which was in
11 therapy doing a large extensive practice in
12 brachytherapy. But I currently am not on as an
13 authorized medical physicist because I haven't been
14 practicing probably in the last five years.

15 Five years from now, if I decide I want to
16 be an authorized medical physicist I would not be
17 qualified under the current regulations. And that's
18 what the group of physicists are facing.

19 DR. NAG: Yes, this is Dr. Nag. Maybe I
20 would like to suggest that from the board
21 representative if you can give in writing what that
22 problem is and for what years, and have it to the NRC
23 written copy through the ACMUI like Dr. Malmud, I
24 think it would be better.

25 We'll be able to better decide that and

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1 come to an resolution if we have it in writing. Is
2 that possible?

3 MR. THOMAS: This is Steve Thomas. May I
4 be recognized?

5 DR. MALMUD: Yes, please identify your
6 organization.

7 MR. THOMAS: With the ABR, but on the
8 radiologic physics side of the ABR.

9 DR. MALMUD: Thank you.

10 MR. THOMAS: I would mention, and I think
11 Jerry White who is also, if he's still on this phone
12 call, at the AAPM, has a petition before the NRC which
13 is looking for grandfathering of those diplomates.
14 And I think the date there, however, is October 25th,
15 2005.

16 And that is a situation that is definitely
17 in writing and on the table for the NRC to look at.
18 And that, again, addresses the medical physicists who
19 received certification prior to that date.

20 And, if Jerry is on he might want to speak
21 to that.

22 DR. NAG: This is Dr. Nag. What I was
23 suggesting was, in addition to sending it to the NRC,
24 perhaps having a cc to the ACMUI chair who would keep
25 us in the loop so that we can see what is happening.

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1 MR. WHITE: Dr. Malmud, this is Gerald
2 White from the AAPM. May I be recognized?

3 DR. MALMUD: Yes.

4 MR. WHITE: I'd like to describe several
5 classes of individuals who are impacted in the way
6 that you asked about. One is, unlike Dr. Williamson,
7 who is an AMP, there are a great many physicists who
8 have not been recently been AMPs, have not been on a
9 license or have not been on a license as RSOs who
10 would not be eligible for the pathway that even Dr.
11 Howe described.

12 And, as Steve Thomas reminds us, the
13 details of that are well described in the AAPM
14 petition for rule making and subsequent letters both
15 to the NRC and to the ACMUI on the subject.

16 So that's a large group of people we
17 estimated from the order of thousands of medical
18 physicists potentially. On the physician side there
19 are a number of other physicians who are impacted
20 unable to use their board certifications from years
21 prior to '07.

22 Among them are physicians who practice
23 under a broad scope license. Dr. How makes the
24 statement that if one can use the documentation from
25 the Radiation Safety Committee of the broad scope

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1 license to as useful in getting a new license, in
2 practice that can be very, very difficult.

3 There is a wide variety of record keeping
4 among broad scope licensees, some of which are easily
5 accepted by agreement states and some of which require
6 great difficulty and multiple interactions between the
7 new licensee, the broad scope licensee and the
8 licensing authorities that can drag on over a period
9 of months, during which time the physicians can't
10 practice.

11 It's a serious problem. It's one of
12 practicality. But there's no benefit to using that
13 alternate pathway process or previous licensee process
14 if the physician is board certified with one of these
15 certificates that the NRC has failed to recognize.

16 And the last group are physicians who have
17 practiced either as residents or fellows in
18 institutions who do not put fellows on their broad
19 scope license.

20 I think Dr. Vetter's institution is one of
21 those. And those physicians, even though they are
22 well qualified, have been practicing nuclear medicine
23 for years, cannot use their license status from the
24 educational institution.

25 We had an instance like there where a

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1 fellowship trained nuclear medicine physician came to
2 our facility. We couldn't use his previous experience
3 at the Mayo Clinic because he wasn't on a license
4 there, fellowship trained.

5 And so, all our studies had to be read for
6 months by a general radiologist rather than the
7 fellowship trained Mayo Clinic radiologist. It makes
8 no sense for patient care.

9 And what we're looking for is something
10 sensible and practical, I think. We need to keep that
11 in mind.

12 DR. MALMUD: Thank you.

13 DR. WELSH: May I add something.

14 DR. MALMUD: Yes, who is speaking, please?

15 DR. WELSH: This is Dr. Welsh.

16 DR. MALMUD: Dr. Welsh, thank you.

17 DR. WELSH: It appears that my initial
18 suggestion or comment has lead to a great deal of
19 discussion here. And I understand more clearly now
20 that NRC recognition is more limited than many of us
21 initially realized.

22 So, I would like to amend my original
23 suggestion to perhaps three broad categories that we
24 could discuss further, perhaps we could have three
25 categories of individuals who could be recognized by

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1 NRC to become authorized users.

2 One would be those who are board certified
3 and have been in continuous medical practice,
4 regardless of when their board certification was.
5 Number two, those who are "board eligible"
6 understanding that there is no formal term, but
7 somebody who had completed a board recognized training
8 program within the past seven years.

9 And number three, the alternate pathway
10 for anybody not meeting the two criteria above.

11 DR. MALMUD: Thank you. Is that a motion?

12 DR. WELSH: I would like to have a little
13 discussion about that first to see if there are any
14 categories that we might have missed or if there is
15 something egregiously wrong with this general concept.

16 DR. MALMUD: Well, you can make it as a
17 motion and have it seconded and then have the
18 discussion.

19 DR. WILLIAMSON: I second it.

20 DR. MALMUD: All right, Dr. Williamson
21 seconds the motion. Now the motion is open for
22 discussion.

23 DR. WILLIAMSON: This is Jeff Williamson.
24 I think one way to view this is a generalization in
25 two important respects from AAPM petition. The AAPM

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1 petition narrowly addresses only authorized medical
2 physics credentials and basically states that I think
3 regardless of the date of obtaining certification from
4 the American Board of Radiology -- I'm not quite sure
5 what they say about ABMP -- such individuals should be
6 grandfathered and be essentially eligible for AMP
7 status through the board certification process,
8 regardless of the fact that their exam occurred prior
9 to 2007.

10 So I think Dr. Welsh is suggesting that
11 this be extended to all boards that have been given
12 time limited recognition by the NRC and moreover the
13 second feature is he's adding a group of individuals
14 who have not yet passed the exam but who have
15 successfully applied to take the exam and, you know,
16 would be permitted by the organization, say the ABR or
17 other certification organization, to sit for said
18 exam.

19 This is my understanding. I hope this is
20 correct. It's kind of a question for Dr. Welsh.

21 DR. MALMUD: This is Malmud. Dr. Welsh,
22 do you care to respond to Dr. Williamson's comment or
23 question?

24 DR. WELSH: This is Dr. Welsh. I believe
25 that Dr. Williamson has the spirit of what I'm trying

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1 to say.

2 DR. MALMUD: That being the case, Dr.
3 Welsh, do you wish to alter your motion?

4 DR. WELSH: This is Dr. Welsh, I'm not
5 sure if Dr. Williamson has added anything different
6 from what I had just stated. Jeff, is there anything
7 that you would like to change? I'm not sure I
8 understood that anything was --

9 DR. WILLIAMSON: No, I'm just wondering if
10 one couldn't say, you know, try to put the motion into
11 succinct language that the regulations be amended
12 along the lines of the AAPM petition so as to extend
13 the privileges of seeking authorized personage via the
14 board certification pathway to all individuals
15 certified by boards that have been given time limited
16 approval by the NRC.

17 DR. WELSH: I would agree with that.

18 DR. MALMUD: So, Doctors Welsh and
19 Williamson are in agreement. And, Dr. Williamson, you
20 had seconded the motion and I'm certain that therefore
21 you second the rewording of the motion. Is there
22 further discussion of this motion?

23 DR. NAG: This is Dr. Nag. I would just
24 like to have comment that the second part instead of
25 saying board eligible, which they're not going to

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1 accept, I would say that a person who has completed
2 the training and education requirements set forth by
3 a board, you know, use that language rather than board
4 eligible language.

5 DR. WELSH: Okay. I guess what we should
6 say is the proposal should be amended to include those
7 who have passed this board examination prior to the
8 NRC recognition date and who are considered eligible
9 to sit for the exam.

10 DR. NAG: That is eligible --

11 DR. THOMADSEN: This is Thomadsen. The
12 way that you just worded that --

13 DR. MALMUD: I'm sorry, who is speaking
14 now?

15 DR. THOMADSEN: This is Thomadsen. Thank
16 you, Dr. Thomadsen.

17 DR. MALMUD: Thank you, Dr. Thomadsen.

18 DR. THOMADSEN: The way you've worded it
19 now with that and it sounds like the people must both
20 have taken the exam and be eligible to sit for the
21 exam. And I don't think that's the intention.

22 DR. WELSH: Yes, I think you are right.
23 I think this or would be the intent of conjunction.

24 DR. ROYAL: This is Dr. Royal from the
25 American Board of Nuclear Medicine. I think this

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1 motion should be parched in some way. And the reason
2 is the American Board of Nuclear Medicine certainly
3 would be in favor of all of its certificates being
4 viewed equally by the NRC.

5 Right now we have to make different
6 classes of certificates, not only based on year, but
7 also based on where they received their training. Our
8 Canadian certified individuals get a different
9 certificate than our U.S. certified individuals.

10 The American Board of Nuclear Medicine
11 would be in favor of one class of certificates and not
12 having multiple classes either by year or by where
13 they had their training.

14 On the other hand, we would not be in
15 favor of people who fail our exam having some
16 advantage to getting authorized user status over
17 someone who was not board certified.

18 DR. MALMUD: Thank you, Dr. Royal.

19 DR. VETTER: This is Dick Vetter.

20 DR. MALMUD: Dr. Vetter?

21 DR. VETTER: I'm getting the sense that,
22 relative to the question of unintended consequences,
23 we can divide the group of individuals, in fact, into
24 two groups.

25 One is those in the future, current and

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1 future. And the other is the group in the past. And
2 I think the group in the past we could resolve those
3 issues by simply supporting the AAPM petition but
4 broadening that, as Jeff Williamson suggested, to
5 include all currently recognized boards.

6 MS. FAIROBENT: Dr. Malmud, this is Lynne
7 Fairobent, AAPM. May I be recognized?

8 DR. MALMUD: Please.

9 MS. FAIROBENT: Dr. Vetter, I applaud the
10 ACMUI's leaning towards support of the AAPM petition.
11 When we drafted that petition we were careful to use
12 the terminology of the board that were recognized
13 within the regulation at the time that the new regs
14 went into effect or the day prior to the new regs
15 going into effect.

16 I would agree that in your language today
17 that you would probably want to use terminology that
18 would include the boards that were originally
19 recognized in 10CFR old subpart J in addition to any
20 new boards that have been granted recognized status
21 since the promulgation and effective date of the new
22 part 35.

23 The reason for this is I don't believe
24 that all of the subpart J boards have been granted
25 recognized status today. And there are at least one

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1 new board that was not a subpart J board that has been
2 granted recognized status.

3 And I think that you might want to be all
4 inclusive.

5 DR. VETTER: This is Dick Vetter. I
6 certainly do support those comments.

7 DR. MALMUD: Thank you both Ms. Fairobent
8 and Dr. Vetter. Further discussion of the motion?

9 (No verbal response.)

10 DR. MALMUD: If there is none, shall we
11 call the vote on the motion?

12 DR. VETTER: Dr. Malmud, this is Dick
13 Vetter, I'm not sure after all of the discussion that
14 I understand the original motion.

15 DR. WILLIAMSON: Or the amended motion.

16 DR. VETTER: Or the amended motion,
17 exactly. Exactly how it should read. If someone,
18 maybe Dr. Welsh, could repeat what our intent is here.

19 DR. MALMUD: Either Dr. Welsh or Dr.
20 Williamson, it's your motion.

21 DR. WELSH: This is Dr. Welsh. The point
22 here was to open a broader group of individuals to
23 become authorized by the NRC. In order to do that I
24 propose three means of achieving this.

25 One is board certification and in

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1 continuous medical practice since that board
2 certification, regardless of date of certification.
3 The second one was I called it the board eligibility,
4 but we don't want to use that term.

5 So, an individual who has completed a
6 board recognized training program within the past
7 seven years. And the third category is the alternate
8 pathway for individuals who have not been able to meet
9 either of the two.

10 DR. MALMUD: This is Malmud, Dr. Vetter,
11 does that answer your concern?

12 DR. VETTER: Well, it answers my question.
13 And I'm not sure I can personally support the motion
14 with -- I'm still confused about item number two.
15 Certainly item number one, I think, is consistent.

16 You know, board certification and in
17 continuous practice supports -- it's consistent with
18 the AAPM petition. The third, the alternate pathway,
19 is already there.

20 I don't know why we have to have that in
21 there. The second one, again, is recognition of
22 people who meet the board requirements without having
23 taken the exam.

24 But we don't know what those board
25 requirements are. I'm just not sure what we're voting

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1 for there.

2 DR. WILLIAMSON: This is Jeff Williamson.
3 I think that there's different levels of, you know,
4 controversy and specificity associated with the two
5 cohorts of board or potentially boardable individuals
6 that we're talking about.

7 So I would suggest we split the motion
8 into two motions and take as the first motion
9 basically a recommendation that the NRC amend its
10 regulation so as to grant the benefits of the Board
11 eligibility pathway to all diplomates of boards that
12 were recognized in the old subpart J up through, you
13 know, any given date, let's say June 2007.

14 Or we could make it a variable date for
15 the different boards. And that would, I think,
16 capture all of the individuals who met in good faith
17 the criteria as they were during that era and would,
18 you know, provide the pool of authorized personages
19 that we need to make the future system work.

20 So I would suggest we vote on this and
21 then come back and try to recraft a more specific and
22 focused amendment to deal the notch group of
23 individuals.

24 MS. TULL: Dr. Malmud, this is Ashley
25 Tull.

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1 DR. MALMUD: Yes, Ashley?

2 MS. TULL: I wanted to make a note.

3 During the last meeting, the T&E discussion, there was
4 a formal recommendation. It's motion number 3 in the
5 media summary.

6 And it states, NRC staff should revise the
7 regulation so that previously board certified
8 individuals who are certified prior to the effective
9 date of recognition are grandfathered.

10 Does that go to the point of what Dr.
11 Williamson is talking about?

12 DR. MALMUD: This is Malmud. Jeff, does
13 that address your concern?

14 DR. WILLIAMSON: The only difference in
15 language is whether we go with the subpart J or boards
16 that are currently recognized by the NRC, their
17 previous diplomates.

18 There is a small difference. I personally
19 am, I believe, happy with the language that Ashley
20 wrote. But I'm wondering if Mr. White or the ABR or
21 other board representatives could point out if there
22 is an important constituency that's been left out by
23 the motion and if we should amend it.

24 DR. MALMUD: Thank you, Dr. Williamson.
25 If you will all go to page five of ten of the material

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1 that was distributed prior to this meeting, you will
2 see at the top of page five motion to which Ashley was
3 referring.

4 It's motion number three at the top of
5 that page. Does anyone have a suggestion for how that
6 motion could be improved considering the wording
7 that's in there now, which was agreed upon at the last
8 meeting?

9 DR. WELSH: This is Dr. Welsh if I might
10 add.

11 DR. MALMUD: Yes, Dr. Welsh.

12 DR. WELSH: I don't think this is the
13 point that is contentious right now. I think that all
14 of us are in agreement that motion number three is
15 valid. And what I stated today is that board
16 certification, board certified and in continuous
17 medical practice, regardless of date of certification
18 is not a contentious point.

19 I think that Dr. Williamson and Dr. Vetter
20 were more concerned about this other matter about,
21 quote, board eligible individuals.

22 DR. WILLIAMSON: This is Jeff Williamson.
23 To make my concern clear, I wanted to be sure that
24 this group has been adequately treated by motion three
25 as it is written.

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1 And I think my suggestion was then we go
2 on to consider the other group which we are loosely
3 calling the board eligible individuals.

4 DR. WELSH: This is Dr. Welsh. I like the
5 way motion three is written there.

6 DR. MALMUD: Dr. Welsh, you indicated that
7 you liked the way motion three is written. Did I hear
8 you correctly?

9 DR. WELSH: That is correct.

10 MS. TULL: This is Ashley Tull, my only
11 point in reading that was so that we didn't make two
12 separate motions. If we want to move forward with the
13 board eligible group, that's fine. But I didn't think
14 that we needed to make another formal motion for all
15 board certified individuals.

16 DR. WELSH: I think your contribution is
17 greatly appreciated. I think this does save a lot of
18 time. The only question is whether there are
19 individuals left out of motion three.

20 So I would, you know, make this question
21 to the representatives of the different boards. Are
22 there constituencies left out from motion three?

23 DR. MALMUD: Dr. Williamson's question is
24 addressed to representatives of the boards. And we
25 start with the ABR representative.

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1 MR. THOMAS: There are two of us here.
2 This is Steve Thomas representing the physics side of
3 ABR. It appeared to me that motion three did not
4 leave out individuals that we would be concerned with.

5 DR. MALMUD: You're satisfied?

6 MR. THOMAS: Yes.

7 MR. GUIBERTEAU: This is Mickey
8 Guiberteau.

9 DR. MALMUD: Yes, Mickey?

10 MR. GUIBERTEAU: I'm representing the
11 diagnostic side of the ABR examination process. And
12 I believe, as I read this, that it would solve the
13 problem of the groups that have been disenfranchised
14 because of the effective date of recognition of the
15 ABR process.

16 DR. MALMUD: Thank you, Dr. Guiberteau.

17 DR. WILLIAMS: I would -- this is Jeff
18 Williams --

19 DR. MALMUD: We would next move from the
20 American Board of Radiology, the American Board of
21 Nuclear Medicine, Dr. Royal.

22 DR. ROYAL: The only thing that's not
23 clear to me is whether or not this addresses it, as
24 I mentioned, there are two ways in which the NRC has
25 made certificates different.

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1 One is based on time. But if your
2 certificate is issued after a certain date it's
3 useful. If it's not, if it's before a certain date,
4 it's not useful.

5 But the other way they've done is by, at
6 least for the American Board of Nuclear Medicine, is
7 where you've gotten your training. If you trained in
8 Canada your certificate has no meaning to the NRC.

9 If you trained in the United States your
10 certificate can be used to go through the board
11 certification pathway. So, maybe the next thing we're
12 going to talk about is Canada.

13 So maybe we can address that Canadian
14 issue then. But, basically, I think the basic
15 principle is that we'd like the NRC to recognize all
16 board certificates as being equal.

17 DR. MALMUD: Dr. Royal?

18 DR. ROYAL: Yes.

19 DR. MALMUD: I heard all but the last part
20 of your sentence. You'd like the --

21 DR. ROYAL: NRC to recognize all board
22 certificates as being equal.

23 DR. MALMUD: Thank you. Now, as this
24 motion refers to the grandfathering, could we deal
25 with this motion and then have another motion

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1 regarding the Canadian members.

2 DR. ROYAL: I think that might be the best
3 way to go.

4 DR. MALMUD: Thank you. Then we move on
5 to the American Board of Radiation Oncology. Any
6 comments.

7 UNIDENTIFIED SPEAKER: American Board of
8 Radiation Oncology?

9 DR. MALMUD: The Radiation Oncologists.
10 I just created a new board.

11 UNIDENTIFIED SPEAKER: I don't think it's
12 in subpart J either, Leon.

13 DR. MALMUD: Don't fear. No one will
14 recognize it. The radiation oncologists, any
15 comments?

16 DR. NAG: This is Dr. Nag. We haven't
17 really had any major problem under this regard except
18 for the cases where someone may have passed the board
19 a long time ago and then did not have the paperwork
20 and then went on to practice somewhere else --
21 problems. Any major problems.

22 DR. WELSH: This is Dr. Welsh. I would
23 just add that the phraseology as proposed solved this
24 problem.

25 DR. MALMUD: So, Dr. Welsh, you are in

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1 support of motion three?

2 DR. WELSH: I am.

3 DR. MALMUD: Thank you. So, may we
4 reaffirm motion three with this meeting today?

5 UNIDENTIFIED SPEAKER: May I ask, raise
6 one further inquiry. And I would like to direct this
7 question to either Mr. White or Ms. Fairbent. And
8 that is, this motion as written, would it address the
9 ABMP diplomates in radiation oncology physics?

10 MR. WHITE: This is Gerry White. And we
11 have also mentioned, I think, we have Jean Saint
12 Germain on the line from ABMP. I don't believe ABMP
13 is currently a designated board.

14 So, I don't think -- but perhaps if you
15 could read motion three one more time.

16 DR. WELSH: I will be happy to do that.
17 NRC staff should revise the regulation so that
18 previously board certified individuals who were
19 certified prior to the effective date of recognition
20 are grandfathered.

21 UNIDENTIFIED SPEAKER: I believe that
22 implies that the boards that you describe in this
23 motion have been recognize at some date by the Nuclear
24 Regulatory Commission.

25 And I don't believe the American Board of

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1 Medical Physics has been. One would have to discuss
2 the effect of the letters of equivalents from the
3 American Board of Radiology for those ABMP diplomates
4 who obtained them.

5 And that's something where perhaps Jean
6 Saint Germain, if he's on the call, or Steve Thomas
7 would comment. It doesn't appear to me to apply to
8 ABMP people directly.

9 MR. THOMAS: This is Steve Thomas, ABR
10 Radiologic Physics. With regard to -- and I think
11 Cindy Flannery can make a statement here. But, the
12 ABMP, to my knowledge, has not been recognized. So
13 they would not be in that group.

14 And, with regards to their letters of
15 certification equivalents, and for those, just
16 briefly, for those of you who are not familiar with
17 this, most of you would not be, it was an agreement
18 that was worked out between the ABR and the ABMP, the
19 American Board of Medical Physics with regard to
20 recognition of certification with an inter-board.

21 And that letter of certification
22 equivalents is not recognized by the NRC.

23 DR. NAG: This is Dr. Nag. Has the ABMP
24 applied for recognition to the NRC? And, if so, was
25 it turned down or is it just that it hasn't had the

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1 time yet.

2 MS. FLANNERY: Hi, this is Cindy Flannery.
3 Can you all hear me?

4 DR. NAG: Yes.

5 MS. FLANNERY: Okay. The American Board
6 of Medical Physics is not currently recognized. Just
7 to give everybody a status, the ABMP has applied for
8 recognition.

9 NRC went back, requested some additional
10 information and NRC staff is still waiting for the
11 ABMP to supply that information before staff can
12 continue, you know, the recognition of the ABMP.

13 MS. SAINT GERMAIN: Just to be clear, this
14 is Jean Saint Germain, Dr. Malmud.

15 DR. MALMUD: Yes.

16 MS. SAINT GERMAIN: Hi, I am here
17 representing the ABMP. Dr. Howe and I have had a
18 number of email correspondence on various issues back
19 and forth.

20 There was a hold up at one point because
21 she became involved in the expansion of the NRC's role
22 to include the norm materials. But we are still under
23 discussion.

24 DR. MALMUD: So, those discussions are
25 still ongoing and therefore not relevant to motion

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1 number three, which refers to boards that have been
2 recognized.

3 MS. SAINT GERMAIN: That is correct.

4 DR. MALMUD: Okay.

5 DR. WILLIAMSON: I would make a suggestion
6 then. Maybe we should adopt Lynne Fairbent's suggest
7 and put who were certified prior to the date so that
8 previously board certified individuals who were
9 certified prior to the effective date of recognition
10 or who were certified by boards that were previously
11 recognized by the NRC are grandfathered.

12 So I'd recommend adding that phrase as an
13 amendment to motion three.

14 DR. MALMUD: That's a recommendation of
15 Dr. Williamson. Is there a second to that
16 recommendation?

17 DR. NAG: Yes, Dr. Nag.

18 DR. MALMUD: Dr. Nag seconds it. I have
19 no objection. This is Malmud, Chairman. As a member
20 of the Committee I don't object to it. But I don't
21 know that it's necessary because it seems to me that
22 it would only apply to boards that have been
23 recognized, otherwise one could invent a board today
24 and come in under the rope.

25 DR. WILLIAMSON: Well, if the history is

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1 that the ABMP no longer offers radiation oncology
2 physics certification, but there are a significant
3 group of people, physicists, practicing physicists who
4 hold ABMP certificates.

5 And, if the ABMP negotiation fails for
6 some reason on some technicality that's unrelated to
7 health and safety, then, you know, we'll be left with
8 this group that's left out.

9 So I think it would be helpful and it
10 certainly would harm anything if the motion three were
11 broadened to include them.

12 MS. FAIROBENT: Dr. Malmud, this is Lynne
13 Fairobent with AAPM. May I be recognized?

14 DR. MALMUD: Yes, Lynne.

15 MS. FAIROBENT: There's also another
16 category of individuals that, as motion three was
17 passed at the June meeting, would not cover. And
18 those are also individuals who are certified, for
19 example, by the American Board of Medical Physics and
20 Medical Health Physics that serve as RSOs because ABMP
21 at this time has not been recognized for that
22 certification either.

23 In addition, I'm not sure that, in looking
24 at the current list of recognized boards, I don't
25 believe that every board that has been named in

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1 subpart J of the regulation has been granted
2 recognized status currently.

3 And that was why when we wrote the
4 petition we used the phraseology those boards that
5 were listed in subpart J of the original Part 35.

6 DR. MALMUD: Thank you, Lynne.

7 MS. SAINT GERMAIN: Dr. Malmud?

8 DR. MALMUD: Yes?

9 MS. SAINT GERMAIN: This is Jean Saint
10 Germain again. May I speak?

11 DR. MALMUD: Yes.

12 MS. SAINT GERMAIN: Lynne is correct.
13 Prior to the October 25th deadline the ABMP and all of
14 its subgroups were recognized. And, subsequent to
15 that, we've been applying and working with the NRC
16 towards achieving that recognition again.

17 But there are a substantial number of
18 people who have chosen not to obtain for whatever
19 reason the ABR certificate of equivalence. And they
20 are practicing.

21 To lead them out of this would be a
22 tremendous hardship to them.

23 DR. MALMUD: Thank you for that
24 information. I just don't know how we would address
25 that. Is there a suggestion from --

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1 DR. WILLIAMSON: I made a specific
2 suggestion to include an additional phrase into motion
3 three that would take care of it.

4 DR. MALMUD: Does anyone care to present
5 that specific motion?

6 DR. WILLIAMSON: Yes, following the word
7 or the phrase to the effective date of recognition, I
8 would add the following text. For those who are
9 certified by previously recognized boards, are
10 grandfathered.

11 MR. LIETO: This is Ralph Lieto. I second
12 that. A question is that we're basically amending
13 motion three that is in our June minutes?

14 DR. WILLIAMSON: That is my motion.

15 DR. MALMUD: So, your motion -- if I may
16 read it into the minutes -- is as follows. That
17 motion number three should be amended as follows. NRC
18 staff should revise the regulations so that previously
19 board certified individuals, who were certified prior
20 to the effective date of recognition.

21 DR. WILLIAMSON: Or individuals who were
22 certified by previously recognized boards.

23 DR. MALMUD: Or individuals who were
24 certified by previously recognized boards, are
25 grandfathered.

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1 DR. WILLIAMSON: Correct.

2 MS. SCHWARZ: Dr. Malmud, this is Sally
3 Schwarz. Is there any necessity to include the
4 statement about subpart J just for clarification
5 because those boards were listed in subpart J.

6 DR. MALMUD: You mean -- this is Malmud
7 again. Do you mean Sally that there should be
8 previously recognized boards under subpart J?

9 DR. WILLIAMSON: Of the original part 35,
10 yes. I would accept that as a reasonable
11 clarification.

12 DR. MALMUD: So that it would have, after
13 the words by previously recognized boards, under
14 subpart J of Part 35.

15 MS. SCHWARZ: Yes, listed in subpart J.

16 DR. MALMUD: Listed in subpart J.

17 MS. SCHWARZ: Of part 35.

18 DR. MALMUD: Of part 35. Okay. I assume
19 that's been moved. Is there a second to that?

20 MR. LIETO: Ralph Lieto.

21 DR. MALMUD: Ralph, did you second it?

22 MR. LIETO: Yes, sir.

23 DR. MALMUD: Thank you. Is there any
24 further discussion of motion three?

25 DR. VETTER: Just a question. This is

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1 Dick Vetter. Was the American Board of Medical
2 Physics included in subpart J?

3 MS. SAINT GERMAIN: Yes, it was.

4 DR. VETTER: Thank you.

5 DR. MALMUD: Who said it was?

6 MS. SAINT GERMAIN: Jean Saint Germain.

7 DR. MALMUD: Thank you.

8 MS. SAINT GERMAIN: I was representing the
9 ABMP. And, yes it was previously included in subpart
10 J.

11 DR. MALMUD: Thank you. I wanted to get
12 your name into the record.

13 MS. FAIROBENT: Dr. Malmud, Lynne
14 Fairobent, AAPM.

15 DR. MALMUD: Yes, Lynne?

16 MS. FAIROBENT: My only caution on the way
17 this was worded, currently there is no such thing as
18 subpart J of the current part 35. So you might want
19 to say subpart J of Part 35 as effective prior to
20 October 24th, 2002.

21 Because, after that date -- well,
22 technically for two years after that subpart J did
23 exist. But there is no subpart J in the current Part
24 35.

25 DR. NAG: I think it was revised in about

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1 2004 or 2005 -- Dr. Nag.

2 DR. MALMUD: How about just putting the
3 word previously. In subpart J of previous part 35?

4 MS. FAIROBENT: That would do it. I just
5 did not want you to be caught on a technicality that
6 there was no subpart J in the current Rule.

7 DR. MALMUD: Thank you. Then, if I may,
8 I will try to read this through once again so that
9 it's in the minutes coherently. NRC staff should
10 revise the regulations so that previously board
11 certified individuals, who were certified prior to the
12 effect date of recognition, or individuals who were
13 certified by previously recognized boards listed in
14 subpart J of the previous part 35, are grandfathered.

15 Thank you. Parenthetically I would remind
16 you that if you put us on hold that music that plays
17 in the background of your institution will come
18 through.

19 So, please don't put us on hold. Put us
20 on mute if you must. So that's been moved and
21 seconded. Any further discussion of this motion three
22 amended.

23 DR. ZELAC: Dr. Malmud?

24 DR. MALMUD: Yes.

25 DR. ZELAC: This is Dr. Zelac at NRC.

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1 DR. MALMUD: Yes, Dr. Zelac.

2 DR. ZELAC: I'd like to ask a question.

3 DR. MALMUD: Please do.

4 DR. ZELAC: If you don't mind. Under this
5 motion, if it were approved and if it were enacted,
6 would Dr. Williamson automatically be eligible to
7 assume medical physics responsibilities for a gamma
8 knife?

9 UNIDENTIFIED SPEAKER: No.

10 UNIDENTIFIED SPEAKER: No.

11 DR. ZELAC: What would he need to do?

12 DR. MALMUD: Dr. Williamson?

13 DR. WILLIAMSON: I think what I would have
14 to do is -- no, I think I would be eligible. I don't
15 think that I would have to have a preceptor statement.

16 DR. ZELAC: And no requirement for added
17 training either.

18 MS. FAIROBENT: Dr. Williamson, Lynne
19 Fairobent with AAPM.

20 DR. WILLIAMSON: Yes.

21 MS. FAIROBENT: I believe if we look at
22 this situation you would be able to submit your
23 certification under the board pathway but in addition
24 you would have to comply with, I believe, 35.51(e),
25 which is the vendor specific training for a new

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1 modality that you had not previously practiced before.

2 And you would also have to have a
3 preceptor statement because a preceptor statement is
4 irregardless of board or alternate pathway as the reg
5 is currently written.

6 DR. WILLIAMSON: Well, that's what I
7 assumed or intended when I initially suggested we
8 reform Dr. Welsh's proposal or motion into two
9 motions.

10 But the word grandfather I don't think --
11 you know, it comes from 35.57. And I actually think
12 Dr. Zelac might be right, that if you are
13 grandfathered you automatically, just by virtue of
14 presenting whatever credential you have that justifies
15 the designation grandfather, might make you eligible.

16 So, perhaps we ought to tinker with the
17 recommendation some more. That's what I'm wondering.
18 So we could say instead of grandfathered is allowed to
19 enjoyed the benefits of board certification pathway as
20 currently in the training and experience regulation.

21 DR. MALMUD: Dr. Williamson, this Dr.
22 Malmud. Would you state that again?

23 DR. WILLIAMSON: Okay. Let me try again
24 to revise this. So, this would be motion number
25 three. So everything that we've read up to the word,

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1 the last comma, and instead of are grandfathered,
2 should revise the regulation so that previously board
3 certified individuals who are certified prior to the
4 effective date of recognition, or who were certified
5 by boards previously recognized in subpart J of
6 previous editions of part 35, are eligible to become
7 authorized individuals through the board certification
8 pathway of the appropriate training and experience
9 requirements.

10 DR. NAG: This is Dr. Nag. I have a
11 feeling that we do not need to make it complicated.
12 The previous one about being grandfathered would be
13 okay because, even if you were grandfathered, when you
14 went to apply for a new modality you would still
15 require that either training or participation.

16 For example, I'm grandfathered. But, if
17 I have never touched a gamma knife I would still have
18 to show that I have some training in gamma knife
19 before I would be allowed to use the gamma knife.

20 So I don't think you need to worry about
21 making the language that complicated.

22 DR. MALMUD: This is Dr. Malmud. I have
23 a naive question for you. If this were a freestanding
24 gamma knife not associated with a hospital, who would
25 verify that the authorized user was in fact competent

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1 to deal with the gamma knife if that authorized user
2 had no previous experience with a gamma knife?

3 DR. NAG: Well, again, when they are
4 applying for the license it would ask for A, board
5 certification, yes and then B, do you have experience
6 with that modality.

7 And then the answer would have been no,
8 then they wouldn't get the license. The fact that you
9 have -- whether you have training with that modality
10 was still there a few years ago.

11 DR. MALMUD: This is Malmud again. Dr.
12 Zelac, does that address the issue that you raised by
13 asking your question?

14 DR. ZELAC: Yes. I simply wanted to be
15 sure that that line of thought was in everyone's mind
16 before you voted. Thank you.

17 DR. MALMUD: Thank you, Dr. Zelac.

18 DR. WILLIAMSON: It sounds like with that
19 I could withdraw my more complex language and we could
20 stay with the motion as you originally read it, Dr.
21 Malmud.

22 DR. MALMUD: Which ends with the two words
23 are grandfathered.

24 DR. WILLIAMSON: Correct.

25 DR. MALMUD: Thank you. So the motion

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1 stands as motion number three amended with the
2 additional phrase but ending with the words are
3 grandfathered.

4 Shall I read that through again? Is it
5 necessary?

6 UNIDENTIFIED SPEAKER: No.

7 DR. NAG: No, I don't think it's necessary
8 because you've read through it before.

9 DR. MALMUD: Thank you.

10 DR. NAG: And we haven't changed it.

11 DR. MALMUD: All in favor of the motion?

12 (Chorus of Ayes.)

13 DR. MALMUD: Any opposition?

14 (No verbal response.)

15 DR. MALMUD: Any abstentions?

16 (No verbal response.)

17 DR. MALMUD: The motion is moved
18 unanimately. Now, having covered that, which was, if
19 we go back to page four, the item number five, now
20 move to item number six.

21 And that has to do with the individuals
22 who were trained in Canada. Does anyone wish to
23 present that issue for us?

24 DR. ROYAL: This is Dr. Royal in the
25 American Board of Nuclear Medicine. So, the issue is

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1 that our board certificate has been divided now into
2 two pieces.

3 There are some board certificates which
4 are accepted by the NRC and there are some board
5 certificates which are not. The primary reason for
6 them not accepting the certificate are people who are
7 trained in nuclear medicine in Canada.

8 And the NRC's rationale for not accepting
9 their certificate is that their training was not under
10 the supervision of a NRC authorized user.

11 And so, therefore, they cannot go through
12 the board certification pathway even the American
13 Board of Nuclear Medicine has certified them.

14 They must go through the alternate
15 pathway.

16 DR. MALMUD: Thank you, Dr. Royal. Any
17 discussion of Dr. Royal's dilemma.

18 DR. WELSH: This is Dr. Welsh, if I could
19 ask a question.

20 DR. MALMUD: Please, Dr. Welsh.

21 DR. WELSH: What is the Canadian
22 equivalent of an authorized user? What is that
23 individual called?

24 DR. ROYAL: I don't know.

25 DR. WELSH: This is Dr. Welsh again. I

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1 might propose that we find out who the trainer is,
2 what their terminology is, and perhaps make an
3 amendment to say an American -- a United States
4 authorized user (or the Canadian equivalent), whatever
5 that equivalent might be.

6 If everyone is in agreement that the
7 Canadian training is truly equivalent.

8 DR. MALMUD: This is Malmud again. I
9 think we should hear from NRC staff about this. I
10 think there is some concern within the NRC about
11 recognizing the training of any nation other than our
12 own. Did I understand you correctly last time?

13 (No verbal response.)

14 DR. MALMUD: NRC staff, anyone wish to
15 answer my question.

16 MS. WASTLER: Could you repeat the
17 question, Dr. Malmud? Sorry.

18 DR. MALMUD: I had subjective impression
19 last time that the NRC was not inclined to accept
20 training from any nation other than our own, even
21 though it's one as close to us as Canada.

22 MS. FLANNERY: Dr. Malmud, I think one of
23 the considerations was the person receiving the
24 training would be getting training from someone who
25 was under NRC regulations or agreement state

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1 regulations, which are supposed to be compatible with
2 NRC regulations.

3 And we don't have control over or
4 knowledge of how compatible other nations are with our
5 requirements, our radiation safety. And, once again,
6 you have to keep in mind that in 2002 we shifted the
7 emphasis from patient treatment, which was practice
8 and medicine, to radiation safety.

9 So our requirements now are much more
10 focused on radiation safety and not on practice and
11 medicine issues.

12 DR. NAG: This is Dr. Nag. Do we have any
13 idea of what the regulation or qualification safety is
14 in Canada? Do they have something equivalent to the
15 NRC?

16 And has anyone looked at the two and seen
17 what the equivalents are?

18 DR. ROYAL: This is Dr. Royal. I would
19 just comment two things. From the board's
20 perspective, the board regards them as being quite
21 equivalent.

22 And the other thing I would point is that,
23 prior to 2005, so probably since 1972, maybe, which is
24 when the American Board of Nuclear Medicine was
25 founded, people who were trained in Canada were

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1 accepted by the NRC as being equivalently trained to
2 someone in the United States.

3 This exclusion of Canadians is a new
4 exclusion that the NRC has invoked. I'm just not
5 aware of what problem they're trying to solve.

6 DR. MALMUD: This is Malmud. Is there
7 anyone from the NRC who can comment on whether this
8 was by intent or whether this is just an unintended
9 consequence?

10 MS. FLANNERY: I think, I'm not sure
11 whether it's an unintended consequence. But I think
12 the idea was in 2002 we were shifting to radiation
13 safety.

14 And, prior to that there really wasn't a
15 system for accepting boards. I think it pretty much
16 went through a vote to the ACMUI as to whether you
17 thought the physicians, or the physicists or the
18 radiation safety officers had a similar level of
19 professionalism, but not necessarily focusing on
20 radiation safety.

21 MR. LIETO: Dr. Malmud, this is Ralph
22 Lieto.

23 DR. MALMUD: Ralph.

24 MR. LIETO: I guess this kind of gets back
25 to the point I was trying to get at earlier in that it

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1 seems that the board recognition process has no
2 medical involvement in it.

3 Then by NRC staff it doesn't come through
4 any review process or approval by ACMUI, or even an
5 independent medical working group. So, you know, I
6 guess I'm a little bit apprehensive by saying that
7 everything before 2004, 2002 or whatever, did not
8 involve radiation safety.

9 And then all of a sudden now with this new
10 requirements without any medical involvement the
11 ACMUI, stakeholder involvement, the NRC staff is
12 determining that the radiation safety aspects of this
13 preclude boards that may be perfectly acceptable.

14 Now, I could see if a point was being made
15 that it was unintentional and that the expectation was
16 that the Canadian boards would apply and didn't.

17 You know, that's a different story. But
18 that's not what I'm hearing.

19 MS. WASTLER: Well, first of all, I would
20 just -- this is Sandra Wastler, Dr. Lieto, or Mr.
21 Lieto. Excuse me, I keep trying to make you a doctor,
22 don't I?

23 MR. LIETO: Yes, you do.

24 MS. WASTLER: One of these days it will
25 stick maybe. But, at any rate, I wanted to point out

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1 that we just recently received a application for
2 recognition by the -- what was it Ron, the Canadian --

3 DR. ZELAC: Canadian College of Medical
4 Physicists.

5 MS. WASTLER: Right. So they do and they
6 can come in for recognition.

7 MR. LIETO: This is Ralph Lieto. I did
8 not mean to intend that they couldn't. I'm just
9 saying it may have been an unintended consequence that
10 they either were not aware of the change in NRC rules
11 or for whatever reason decided not to make an
12 application.

13 But I think that to say that the emphasis
14 of the boards before had none on radiation safety
15 until after this new rule came into play, I think is
16 not accurate.

17 MS. FAIROBENT: Dr. Malmud, Lynne
18 Fairobent with AAPM.

19 DR. MALMUD: Yes, Lynne?

20 MS. FAIROBENT: I would like to just
21 elaborate a little more on what Mr. Lieto was just
22 saying. If one goes back to the NRC medical use of
23 byproduct material policy statement revision, which
24 was published in August 3rd, 2000, in fact, in that
25 policy statement it refers back to the 1979 NRC policy

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1 statement which in that statement also says that it's
2 NRC'S policy to look at the medical uses of isotopes
3 from a radiation safety standpoint and not from a
4 practice of medicine.

5 So, as far back as 1979 that was NRC'S
6 policy. And certainly the boards listed in subpart J
7 prior to the new regulation, certainly I would assume,
8 were reviewed against the original policy statement of
9 the commission.

10 DR. MALMUD: Thank you. May I ask how
11 that relates to the issue of the Canadian problem.

12 MS. FAIROBENT: I'm just taking off from
13 where Ralph was going with Donna-Beth's statement that
14 it was with the new regulation that NRC shifted from
15 reviewing things from a medical use standpoint to rad
16 safety standpoint.

17 DR. MALMUD: I see, thank you.

18 DR. EGGLI: Dr. Malmud, Doug Eggli.

19 DR. MALMUD: Dr. Eggli, I will recognize
20 you and I will ask Dr. Vetter assume the chairmanship
21 for a few minutes while I treat a patient, excuse me.

22 DR. VETTER: Okay, Dr. Eggli?

23 DR. EGGLI: I think that this whole issue
24 of the Canadians goes back to the requirement that the
25 preceptor has to be signed by an authorized user and

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1 NRC's desire to have a direct line of responsibility
2 to that preceptor.

3 And that preceptor has a direct obligation
4 to NRC through their recognition as an authorized
5 user. I don't know if it has anything at all to do
6 with the quality of the training programs.

7 At least that was the issue that NRC
8 raised originally in our discussions.

9 DR. VETTER: Ms. Waslter or Dr. Howe, is
10 that a correct interpretation?

11 MS. WASTLER: No, it's not related to the
12 preceptor statement, because the preceptor statement
13 can come after a person has received their training
14 because we redefined what a preceptor was, I believe
15 in 2005 and said that it was a person that could
16 verify the training experience and did not have to be
17 directly involved or directly give the training
18 experience.

19 But the issue on the supervised authorized
20 user comes in the supervised work experience part of
21 the regulation, which was the ACMUI had quite a bit of
22 input in in determining what the criteria were for
23 board certification -- for NRC's recognition of board
24 certification.

25 So, the ACMUI had quite a bit of input

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1 into those criteria.

2 DR. EGGLI: This is Eggli again, is it not
3 correct that the preceptor has to be an authorized
4 user?

5 MS. WASTLER: The preceptor does have to
6 be an authorized user. But a Canadian trained
7 physician can get a preceptor from the U.S. The
8 problem the Canadian trained physicians have if they
9 are totally trained in Canada is that the requirement
10 to recognize the Board also includes the fact that
11 they have supervised work experience under the
12 supervision of an authorized user.

13 DR. EGGLI: But I understand. Also, how
14 is the Canadian diplomat going to get a preceptor
15 statement since that preceptor has to be an NRC
16 authorized user?

17 Because it's unlikely that any of the
18 Canadian trainees will have available a U.S.
19 authorized user to write them a preceptor st.

20 MS. WASTLER: But they can come in to the
21 U.S. and then get a preceptor statement from a U.S.
22 authorized user at a later date.

23 DR. NAG: This is Dr. Nag, first of all,
24 they will have come in, basically go over the training
25 again, otherwise no one would be willing to sign off

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1 on the preceptor.

2 I was not going to sign off unless I've
3 seen that person work with me for some time. How will
4 that person get to work with me unless they have a
5 license.

6 So I think we are going to put that person
7 into a Catch 22 situation.

8 MS. WASTLER: We do have provisions in
9 which people -- and we use it all the time when
10 someone wants to be an authorized user and they're not
11 eligible to be an authorized user, or medical
12 physicist, or any other category.

13 And they can work under the supervision of
14 someone until they get that, complete that experience
15 that they need, and then re-apply. So I think that's
16 what I was talking about, is they can come into the
17 U.S., work under the supervision of an authorized user
18 and they can get their preceptor statement.

19 DR. ROYAL: This is Dr. Royal, American
20 Board of Nuclear Medicine. How long do they have to
21 work under these -- preceptor?

22 MS. WASTLER: I can't answer that right
23 now. We have to look on a case-by-case basis.

24 DR. VETTER: This is Dick Vetter. Early
25 in this discussion Dr. Welsh had a suggest that

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1 perhaps after the words authorized user we insert or
2 we could consider inserting or Canadian equivalent or
3 some such words. Would anyone support that concept?

4 DR. ROYAL: This is Dr. Royal, I would
5 support that concept.

6 DR. WILLIAMSON: This is Jeff Williamson.
7 I have a question. In the era of subpart J, when it
8 was the letter or law of the land, were Canadian
9 trained physicists who had satisfactorily negotiated
10 the certification process allowed to become authorized
11 users in the United States?

12 This is a question for the NRC staff, I
13 guess, and for anybody knowledgeable of the specifics
14 of these boards.

15 DR. ZELAC: This is Dr. Zelac. I think
16 you'll have to restate that. I think you got
17 physicists and authorized users interchanged there.

18 DR. WILLIAMSON: Okay, sorry. I'll
19 restate it. With regard to the class of authorized
20 users that we are discussing, prior to 2004 or
21 whenever the subpart J ceased to operative, were
22 Canadian trained nuclear medicine physicians who had
23 satisfactorily completed the board certification
24 process in the United States, were they allowed to
25 become authorized users?

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1 DR. ROYAL: Yes, they were. This is Dr.
2 Royal.

3 MS. WASTLER: There was no distinction as
4 to someone that was board certified received their
5 training.

6 DR. WILLIAMSON: Okay. So this group of
7 individuals prior to the date recognition, this is
8 already taken care of by our amended motion three.

9 So I just wanted to clarify. We are
10 basically discussing a group of individuals whose
11 training occurs in Canada and comes and takes the exam
12 post-2007 or whenever the examination process was
13 recognized. Is that correct?

14 DR. VETTER: Jeff, this is Dick Vetter, I
15 think that takes care of previously certified
16 individuals. It doesn't take care of anyone today.
17 Dr. Royal, is that correct?

18 DR. ROYAL: That is correct.

19 DR. WILLIAMSON: Okay, I just wanted to
20 understand. I certainly have no trouble supporting
21 the language suggested.

22 DR. WILLIAMSON: Is Dr. Welsh still on the
23 line?

24 DR. WELSH: Still here, yes.

25 DR. WILLIAMSON: So, can we take your

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1 suggestion as a motion, that we would insert or
2 Canadian equivalent after authorized user?

3 DR. WELSH: I would put it forth as a
4 motion.

5 DR. NAG: I second, Dr. Nag.

6 DR. VETTER: Any further discussion?

7 (No verbal response.)

8 DR. VETTER: So basically, our
9 recommendation to the Agency is to recommend Canadian
10 training when they have passed the American Board of
11 Nuclear Medicine certification exam. Any further
12 discussion?

13 (No verbal response.)

14 DR. VETTER: All in favor of the motion,
15 please say aye.

16 (Chorus of ayes.)

17 DR. VETTER: Opposed say nay.

18 (No verbal response.)

19 DR. VETTER: Abstentions?

20 (No verbal response.)

21 DR. VETTER: It passes unanimously. Thank
22 you very much. Is Dr. Malmud back? If not, we will
23 go on to the next issue, which was compatibility C,
24 Agreement State Request for Compatibility C, so that
25 states have the flexibility to impose more stringent

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1 regulations, etcetera. What was the issue there?

2 DR. EGGLI: Dr. Vetter, Doug Eggli.

3 DR. VETTER: Yes?

4 DR. EGGLI: I think the issue was that the
5 professional community wants standards to be the same
6 from state to state so that trainees, once they
7 graduate, can move to jobs in pretty nearly any state
8 in the nation, and that if they have a compatibility
9 C and the states can have a different level of
10 training and experience requirement, it's difficult
11 for physicians to move from state to state.

12 And it is a virtual impossibility for
13 training directors to train residents to meet all of
14 the T&E requirements that may vary state to state.

15 However, on the state side the states
16 would like to protect their interest in level of
17 training. And there's sort of a natural conflict
18 that, as a program director for radiology residents,
19 there's no way that I can train my residents so that
20 they can be licensed in any state, which they may
21 choose to practice if the states can have whatever
22 requirements for training and education they choose.

23 DR. VETTER: Thank you, Dr. Eggli.

24 MR. LIETO: Dr. Vetter, this is Ralph
25 Lieto.

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1 DR. VETTER: Yes, Ralph?

2 MR. LIETO: I believe this is issue was
3 brought up by the state of Texas. And I'm going to
4 have to ask for some help because I thought there was
5 an issue that might have had some validity for their
6 case.

7 But I, for the life of me, can't remember
8 it.

9 UNIDENTIFIED SPEAKER: This is Richard,
10 may I be recognized?

11 DR. VETTER: Yes, please.

12 UNIDENTIFIED SPEAKER: I'm with the
13 Department of Health Services. We have a governor
14 appointed radiation advisory board, 18 members.

15 And on that board there's a subcommittee
16 medical board. And they have voted to not accept our
17 regulation that would be compatible with NRC'S because
18 our current regulations are more stringent.

19 They require that all training be at ACGME
20 approved facilities. And so they have written to
21 Chairman Kline to see if we would have some
22 flexibility.

23 And the issue came up primarily on the
24 treatment of hyperthyroidism with iodine. They
25 thought that any therapy application needed to have

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1 people who had the real strict safety training.

2 And they really felt that these other
3 courses over the weekends really don't have any group
4 like ACGME does that really test the training and make
5 sure that it really is providing the adequate
6 protection or the adequate training, excuse me.

7 DR. VETTER: Okay, thank you. That's
8 helpful.

9 DR. ZELAC: Dr. Vetter?

10 DR. VETTER: Yes.

11 DR. ZELAC: This is Dr. Zelac.

12 DR. VETTER: Hello, Dr. Zelac.

13 DR. ZELAC: I'd like to point out that
14 this question of compatibility for training and
15 experience requirements between NRC and the agreement
16 states goes back to the time when the part 35 was
17 undergoing its complete revision, which was finally
18 accomplished in 2002.

19 And I'm looking at specifically our staff
20 requirements memorandum from the Commission when it
21 had reviewed a draft final rule, specifically staff
22 was told that the compatibility level assigned to the
23 training and experience requirements for all
24 categories of physician authorized users and other
25 individuals be raised from C to B to ensure -- and

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1 this is the important part -- to ensure that training
2 and experience requirements for the medical use of
3 byproduct material are consistent between NRC and the
4 agreement states.

5 And then it went on to explain why that
6 was appropriate. But the point is that this relates
7 to correct a direct commission requirements dating
8 back to before the full revision of part 35.

9 DR. VETTER: So, Dr. Zelac, is it correct
10 to assume that in fact we are operating under
11 compatibility B?

12 DR. ZELAC: It's correct to say that
13 compatibility B is a requirement which was maintained
14 when the training and experience of requirements were
15 revised in 2005.

16 But recognize that any time there is a
17 change in the requirements the agreement states have
18 a period time during which they can make the
19 appropriate changes to achieve the required
20 compatibility.

21 And that is typically a period of three
22 years. So, the agreement states, based on the latest
23 revision of significance to part 35, which was in
24 April of 2005, have until April of 2008 to achieve
25 that level of compatibility.

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1 Some states have moved in that direction
2 already. And all of them are expected to move in that
3 direction by the 2008 April requirement.

4 DR. NAG: This is Dr. Nag. Is it true
5 that the states have to have compatibility but they
6 have the jurisdiction and the freedom to be more
7 strict, but not less strict? Is that true or not?

8 DR. WELSH: That is not true.
9 Compatibility means that they cannot be any more
10 strict and they cannot be any less strict than the
11 requirements of the NRC.

12 MS. FLANNERY: What Ron is talking about
13 is compatibility level B. There are other levels of
14 compatibility in which the states can be more strict.
15 But this particular compatibility level they cannot be
16 more strict.

17 DR. NAG: Okay. So what would
18 compatibility level B mean? I'm sorry, I don't know
19 A, B and C. I forgot my A, B and C's.

20 MS. FLANNERY: It means it has trans-
21 boundary considerations. And Ron is looking to see if
22 he's got it.

23 COURT REPORTER: This is the Court
24 Reporter. Could you guys introduce yourselves,
25 please?

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1 DR. NAG: This is Dr. Nag. We've been
2 talking with Dr. Zelac.

3 DR. HOWE: And Dr. Howe.

4 DR. NAG: And Dr. Howe.

5 MS. WASTLER: One more second. We're
6 trying to find the wording here.

7 DR. HOWE: And that's Sandy Wastler.

8 MS. WASTLER: Yes.

9 DR. VETTER: This is Dick Vetter.

10 MS. WASTLER: We're still looking it up.
11 This is Sandra Wastler. We'll get back to you. We
12 want to give you the exact definition.

13 DR. VETTER: Okay. This is Dick Vetter,
14 so currently we are operating under compatibility B
15 and that does ensure that authorized individuals may
16 cross borders and practice throughout the U.S.

17 DR. HOWE: That's not quite correct. The
18 Agreement states have until 2008 to implement it. So,
19 there are some agreement states that have implemented
20 it.

21 Our function under compatibility B and
22 there are other states that haven't gotten to that
23 point yet, but should be at that point in April of
24 2008.

25 DR. VETTER: Okay, thank you for that

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1 clarification. So, does anyone on the ACMUI recommend
2 that we make a motion to provide any specific guidance
3 in this regard?

4 DR. NAG: This is Dr. Nag? I would make
5 the move that the states move to do compatibility B by
6 the expected date of April 2008.

7 DR. VETTER: They have to do that anyway.

8 DR. NAG: Right, but I think they were
9 trying to see if they could make an exception. And I
10 would say that the ACMUI opinion is that, or I'll make
11 the motion that our opinion is that they should not be
12 allowed to make an exception.

13 DR. WILLIAMSON: I would second Dr. Nag's
14 motion.

15 DR. VETTER: Who is this?

16 DR. WILLIAMSON: You know, the record of
17 the ACMUI opinion on this matter is needed.

18 DR. VETTER: That was Dr. Williamson?

19 DR. WILLIAMSON: That is correct, sorry.

20 DR. EGGLI: This is Doug Eggli. Could we
21 modify the verbiage of that motion to say that the
22 ACMUI recommends that NRC maintains compatibility
23 level B for the training and experience requirements?

24 DR. NAG: Yes, this is Dr. Nag, I agree
25 with the modifications by Dr. Eggli.

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1 UNIDENTIFIED SPEAKER: As do I.

2 DR. VETTER: Okay. So the motion is to
3 support the maintenance and compatibility B to ensure
4 that authorized individuals may cross state borders
5 and practice throughout the U.S.

6 UNIDENTIFIED SPEAKER: Yes.

7 DR. VETTER: Yes.

8 DR. ZELAC: If it's of interest I can give
9 you this wording from the most recent Federal Register
10 Notice, that being the one for the March 30, 2005
11 revisions of the training and experience.

12 "A compatibility category B designation
13 means the requirement has significant direct trans-
14 boundary implications. Compatibility category B
15 designated states agreement state requirements should
16 be potentially identical to those of NRC."

17 DR. VETTER: Okay, very good. That's very
18 helpful, Dr. Zelac. Thank you very much. Any other
19 discussion on the motion?

20 (No verbal response.)

21 DR. VETTER: If not, all those in favor of
22 the motion please say aye.

23 (Chorus of ayes.)

24 DR. VETTER: All those opposed say nay.

25 (No verbal response.)

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1 DR. VETTER: Abstentions?

2 (No verbal response.)

3 DR. VETTER: The motion carries
4 unanimately. Okay. Thank you very much. The next
5 item, we still have a few minutes here. The next item
6 has to do with the impact of when a preceptor is not
7 available to sign an attestation, for example --

8 DR. NAG: Wasn't there one for
9 grandfathering diplomate, or is that all over with the
10 previous one?

11 DR. VETTER: Grandfathering diplomates?

12 MS. TULL: This is Ashley Tull. The
13 grandfathering diplomates was number two on the
14 agenda. And it was actually covered at the last ACMUI
15 meeting.

16 DR. NAG: Okay, fine.

17 DR. MALMUD: Thank you, Dr. Vetter.

18 DR. VETTER: Dr. Malmud, we have just
19 conducted a couple of motions, which you will be
20 brought up to speed on later. We have just opened up
21 the next agenda item eight, impact of a preceptor who
22 was not able to sign an attestation. So I'll turn the
23 floor back to you.

24 DR. MALMUD: Thank you. Anyone wish to
25 address this issue?

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1 DR. HOWE: Dr. Malmud, this is Dr. Howe at
2 the NRC.

3 DR. MALMUD: Yes, Dr. Howe?

4 DR. HOWE: If I could add just a little
5 bit of clarification on this, in 2005 we modified the
6 preceptor, the definition of a preceptor so it is
7 someone that can verify and does not have to be the
8 one providing the training and experience.

9 So, if you received training at some time
10 in the past and your preceptor has died, you cannot
11 find them, then you can always get a new preceptor.

12 We also did not require you to have just
13 one preceptor. You can have multiple preceptor
14 statements. So, if you have an individual that can
15 sign a preceptor statement for your classroom
16 laboratory training experience but not your work
17 experience, then we would accept that part with the
18 idea that we'd have another preceptor statement that
19 could support the supervised work experience.

20 Or we might have several preceptor
21 statements supporting the supervised work experience.
22 Each one of them can verify a different part of the
23 pie. So, you are not restricted to have only the
24 preceptor or the person that taught you.

25 We are very flexible on who can provide

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1 that, provided they meet the criteria of being a
2 preceptor, which is normally an authorized user, an
3 authorized medical physicist, or an RSO.

4 DR. NAG: This is Dr. Nag. If a preceptor
5 is not available, whatever, or has moved on, then the
6 responsible person who would be either the training
7 director or someone says that we have documentation
8 that this person was accepted by Doctor so and so who
9 is currently not available.

10 DR. HOWE: I think you could use that
11 statement for someone else to make the preceptor
12 statement because the preceptor statement needs to say
13 the person has satisfactorily completed the training
14 and experience.

15 That's one part of it. But you may also
16 need a preceptor that will sign that they can function
17 independently as an authorized user for the uses that
18 are being requested.

19 So I don't think the documentation alone
20 will satisfy the second part of the preceptor.

21 DR. VETTER: Dr. Malmud, this is Dick
22 Vetter.

23 DR. MALMUD: Yes, Dr. Vetter?

24 DR. VETTER: In support of what Dr. Howe
25 just said, the definition under current part 35, the

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1 definition of preceptor is, quote, means an individual
2 who provides, directs or verifies training and
3 experience required for an individual to become an
4 authorized user, etcetera.

5 DR. MALMUD: Yes, Dr. Vetter. And that
6 says it's not all of the above, but it's one or the
7 other. Am I correct?

8 DR. VETTER: That is correct.

9 DR. MALMUD: And therefore, Dr. Howe as
10 usual is correct.

11 DR. VETTER: Well, I don't know if as
12 usual is correct, but --

13 (Laughter.)

14 DR. MALMUD: You know, there is another
15 way if someone has died -- we discovered it after my
16 mother died. About a year after she died we received
17 a note from a magazine subscription that she had
18 recently renewed and therefore the bill was due.

19 And we wrote back and said that we hadn't
20 had any contact for over a year because she passed
21 away, but since they did have contact with her we
22 would appreciate the forwarding address so we could
23 contact her as well.

24 (Laughter.)

25 DR. MALMUD: At any rate, your point is

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1 well made, Dr. Howe, and verified or corroborated by
2 Dr. Vetter. So, does that satisfy everyone's concern?

3 DR. EGGLI: Dr. Malmud, this is Doug
4 Eggli.

5 DR. MALMUD: Yes, Dr. Eggli.

6 DR. EGGLI: I think the issue evolves
7 around finding another preceptor willing to sign off
8 on past experience that they did not personally
9 supervise. I think in the current atmosphere there's
10 a heightened sense of liability for that signature on
11 the preceptor form.

12 And again, it's going to be very difficult
13 to find someone to vouch for prior training if they
14 were not personally responsible for it at that time.

15 DR. MALMUD: Dr. Eggli, this is Malmud
16 again, I agree with you. But I don't think that the
17 wording says that you have to vouch for what was
18 received before if the person who is vouching for you
19 now verifies that you have the requisite skills to do
20 the job currently. Did I understand your point, Dr.
21 Howe, correctly?

22 DR. HOWE: The preceptor can verify by any
23 number of means. So, if it is the classroom
24 laboratory training, they can verify by reviewing
25 documentation. The --

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1 DR. MALMUD: Thank you, Doctor. Does that
2 satisfy your concern, Dr. Eggli?

3 DR. EGGLI: No. Again, the issue is, if
4 I did not supervise the training, I'm not going to
5 sign a preceptor statement. And I think there are
6 whole bunches of preceptors out there who are in
7 pretty much the same position.

8 They are not going to vouch for training
9 provided by somebody else in the past. And therefore,
10 the only way somebody can get preceptor now is to
11 repeat that.

12 If I'm going to preceptor them, they're
13 going to repeat that training under my supervision.
14 I understand that the regulation doesn't say that.
15 But that's the reality on the street.

16 DR. NAG: This is Dr. Nag. I agree with
17 Dr. Eggli that this will create a problem. And a
18 supplemental question, are we preceptoring that we
19 have, you know, shown these procedures?

20 Or are we also preceptoring to the
21 competency issue? Has the competency issue been
22 totally solved?

23 DR. HOWE: No.

24 DR. NAG: Because there was a question
25 that a preceptor has to sign that this person is now

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1 competent, which we do not want to -- obviously we
2 cannot really satisfy.

3 DR. MALMUD: Dr. Nag, you raise an issue
4 that was covered in the first four items. The issue
5 of competency was, we believe, addressed by being
6 defined as clinical competency.

7 And therefore, the competency that we are
8 attesting to has to do with their radiation safety
9 skills, not their clinical competency. But, getting
10 back to the question at hand, which is the impact of
11 a preceptor who is not able to sign an attestation.

12 Currently, of course, we do recommend --
13 and even when I trained some 30 some years ago, it was
14 advised that we keep our preceptor training statement
15 in a safe place because we might need it some day.

16 And we recommend that to our current
17 trainees. But, obviously the impossible can't be
18 achieved in terms of getting an attestation statement
19 from someone who is gone.

20 And the reading of the regulation by Dr.
21 Howe suggests that if you could find someone who can
22 attest to your current skills that that's sufficient.
23 Dr. Eggli feels he's not willing to attest to anyone's
24 current skills unless they trained with him.

25 That is an admirable but I think a

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1 stricter set of practices than most physicians would
2 adhere to.

3 DR. THOMADSEN: Compatibility B.

4 DR. NAG: This is Dr. Nag --

5 DR. MALMUD: I'm sorry, who said
6 compatibility B?

7 DR. THOMADSEN: That was me, Bruce.

8 DR. MALMUD: Oh, Bruce, thank you.

9 DR. NAG: Okay. This is Dr. Nag. That is
10 why my suggestion was that if there is a statement
11 that is from a preceptor on the file, whoever is the
12 training director or the chairman of the department
13 who is saying so and so has trained this individual
14 and has given positive marks and has previously
15 attested to his competency.

16 However, this individual is no longer
17 serving with us or has expired or whatever. I mean,
18 if the NRC would accept that, that would solve the
19 problem.

20 DR. THOMADSEN: Let me read you motion two
21 that we agreed upon in June. NRC staff should remove
22 the attestation requirement for board certified
23 individuals and rewrite the attestation requirements
24 for seeking authorization under the alternative
25 pathway.

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1 The rewritten attestation should not
2 include the word competency, but should instead read
3 has met the minimum training and experience
4 requirements.

5 DR. MALMUD: This is Dr. Malmud, Dr.
6 Williamson. You are of course correct. But you may
7 also recall that at the recent meeting we were told
8 that the commissioners wanted the word competency in
9 there.

10 And therefore, while they accepted our
11 recommendation, they did not adhere to it by choice.
12 So the word competency remained. We then asked if we
13 could have a definition of competency.

14 And the definition was not clinical
15 competency. Do I remember correctly, Dr. Howe? Dr.
16 Zelac?

17 DR. ZELAC: Yes, you do, Dr. Malmud. As
18 a matter of fact, in the interest of time, I won't
19 read the whole thing. But part of a staff
20 requirements memorandum that came out before the
21 training and experience verbiage and regulation that
22 we now have was formulated, it said specifically that
23 the staff should clarify that the preceptor language
24 does not require an attestation of general clinical
25 competency.

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1 But it does require sufficient attestation
2 to demonstrate that the candidate has the knowledge to
3 fulfill the duties of the position for which the
4 certification is sought.

5 DR. MALMUD: Thank you, Dr. ZElac.

6 MS. TULL: Dr. Malmud, this is Ashley.

7 DR. MALMUD: Yes, Ashley.

8 MS. TULL: Considering we have about three
9 minutes left, and I'm not sure if we're going to get
10 a formal motion and vote on the issue we're talking
11 about right now, do we want to push these three agenda
12 items to the next meeting, which will be in October to
13 put them on the agenda so that we can cover everything
14 that we need to cover?

15 Because I don't think we're going to get
16 to the rest of it here.

17 UNIDENTIFIED SPEAKER: I heard someone
18 say something.

19 MR. LIETO: This is Ralph Lieto. I
20 guess I don't know where to start. There's a
21 couple of different items here. First the agenda
22 item and then Ashley's point.

23 I guess if we're going to push this
24 stuff back I would really like to hear from the
25 boards and the people, the stakeholders out there

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1 on this whole teleconference and the fact that
2 we've taken three meetings to address this T&E
3 issue or plan to take three meetings.

4 I'd like to get a sense of what their
5 feeling is and do they feel that the issues have
6 been addressed and are they getting answers to
7 the questions that they came with.

8 DR. MALMUD: I'm not sure that I
9 understand the point that you're making, Ralph.

10 MR. LIETO: Well, it just seems like
11 this is going on forever. And the whole original
12 premise of this was to have stakeholders or
13 roundtable discussion to address their issues and
14 get them addressed.

15 And I guess I would like to know do
16 they feel that, you know, has this been positive
17 to that effort? Or ambivalent? Or do they think
18 it's a total disaster?

19 DR. MALMUD: Well, we can do that when
20 we finish with the agenda. We've gone through,
21 actually, seven of the ten items. We're on the
22 eighth item now.

23 And the question that's raised now at
24 3:30, which was supposed to be the end of this
25 conference call is shall we finish item eight or

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1 shall we put it off with the other two items.

2 The suggestion that you're making we
3 can entertain as well. In fact, we can do that
4 as one of the items at our next regular meeting.

5 MS. WASTLER: Dr. Malmud, may I point
6 out -- this is Sandra Wastler. I mean, the whole
7 objective was that we wanted to hear, the NRC
8 wanted to hear what the implementation issues
9 were, what the stakeholders felt were the
10 implementation issues, to have everyone have an
11 opportunity to, you know, raise their concern,
12 and then for, you know, the board and the
13 stakeholders to discuss possible solutions and
14 make recommendations or the ACMUI to make
15 recommendations back to us on ways of dealing
16 with those implementation issues.

17 You know, so from our perspective at
18 least, I think we're moving along and addressing
19 that. And I would like to see us get to the end
20 of the issues that were defined in the meeting.

21 I realize it's taking a long time, but
22 I think there's a lot of concerns that people
23 have. And it's not something that -- you know,
24 when we went into this we clearly, once we
25 started the discussion we recognized that we were

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1 not going to do this in a short time period.

2 But we really want to hear what these
3 issues are. So, from that perspective, I think
4 from our perspective I think it's very good. But
5 I'll turn it back to you.

6 DR. MALMUD: This is Malmud again.
7 Mr. Lieto's point in taking a long time is a
8 valid one. But we're the ones who are taking a
9 long time.

10 And we're doing exactly what we had
11 planned to do, which was to air this as much as
12 possible. When we're done we can air it once
13 again and ask people what they thought of the
14 process.

15 But the process still has to be
16 completed to achieve your goal, Ralph, and our
17 goal.

18 MR. LIETO: Okay, just back to this
19 preceptor issue. I would strongly disagree with
20 the fact that we should not pursue the issue that
21 the attestation, in other words, motion two, I
22 think that was in the minutes from the previous
23 meeting, should be pursued. I think the fact
24 they're saying that competency is not competent
25 does not mean competency, is not really something

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1 that you can go out into the stakeholders and say
2 this is what the NRC means.

3 They could very easily change that
4 wording. I think the fact that the commissioners
5 want to keep that term, I think, does not
6 reflect, I think, their understanding of what it
7 means in the medical community.

8 If it does also-- I should say if it
9 also is going to mean that the competency is
10 supposed to reflect meets minimum training and
11 experience requirements as we said, then why
12 can't they put that in the forms?

13 I mean, why do they have to use the
14 word competency in the forms that are filled out
15 and are signed by the preceptor? The forms are
16 not anything that has gone through any regulatory
17 approval process, other than O&B type
18 clarification.

19 So why can't we just, when the people
20 fill out the forms, why can't they fill out and
21 sign that it states that I'm attesting to meeting
22 minimum training and experience requirements, the
23 word competence out.

24 DR. THOMADSEN: This is Thomadsen, can
25 I speak.

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1 MS. WASTLER: Mr. Malmud?

2 DR. MALMUD: Yes.

3 MS. WASTLER: This is Sandra Wastler.
4 I seriously do not know how much longer we're
5 going to have the bridge. I don't know whether
6 we have five minutes, ten minutes before it cuts
7 off.

8 So I just wanted to point that out.
9 We need to, you know, while Mr. Lieto's point is
10 very valid and well taken, and worthy of
11 discussion, I'm afraid I don't want us to get cut
12 off without having a path forward, at least for
13 the next three items.

14 DR. MALMUD: Fine. Let's see if we
15 can resolve this. Shall we have another
16 conference call to continue this discussion?

17 MS. SCHWARZ: This is Sally Schwarz.
18 I think that would certainly be a worthwhile
19 effort. It's easier to have another conference
20 call than it would be for all of us stakeholders
21 to come to the next ACMUI meeting.

22 DR. MALMUD: All right. Is there a
23 motion to have another conference call?

24 DR. WILLIAMSON: I so move, Jeff
25 Williamson.

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1 DR. MALMUD: Williamson moves it. Is
2 there a second?

3 UNIDENTIFIED SPEAKER: I second it.

4 DR. MALMUD: Any discussion?

5 (No verbal response.)

6 DR. MALMUD: All in favor?

7 (Chorus of ayes.)

8 DR. MALMUD: Any opposed?

9 (No verbal response.)

10 DR. MALMUD: Good. Then we will
11 continue this with another conference call.
12 We'll leave it to NRC staff to set up another
13 time for it.

14 MS. WASTLER: That would be fine. We
15 would be happy to do that.

16 DR. MALMUD: Thank you. But I didn't
17 want to leave Mr. Lieto's comments without
18 response. And that is that we are an advisory
19 committee.

20 We have advised the commissioners of
21 our unanimous sense with the use of the word
22 competency. And we were told that their response
23 was they wanted to use the word competency.

24 Now, therefore, they have the final
25 word. We gave our advice, they listened to it

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1 and they didn't accept it. They did bend,
2 apparently, though, or they did agree that the
3 word competency doesn't mean what we think that
4 it means.

5 It's not a dictionary term. It has a
6 specific meaning. So they gave us that fact,
7 it's clinical competency. I'm not happy with it,
8 you're not happy with it.

9 But, you know, there is a point where
10 you make your point and then someone at a higher
11 point --

12 MR. LIETO: This is Ralph Lieto. I
13 think if we would have had some time to discuss
14 it, I think if you look at the regulations it's
15 not consistent in using that terminology, even in
16 the rules.

17 DR. THOMADSEN: Ralph, this is
18 Thomadsen. And I would just say that what Dr.
19 Zelac read made no sense to me. And I would not
20 know what I would be -- I have no idea what I'm
21 meaning now when I sign them.

22 Because their definition of competency
23 doesn't sound like anything that makes sense.
24 So, I mean, it needs to be clarified. And they
25 need to know that their decision left a lot of

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1 ambiguity that is not resolved.

2 DR. MALMUD: You are certainly
3 speaking for the majority of the Committee. We
4 all feel the same way. And we can discuss this
5 as we continue the meeting at the next session.

6 But we should recognize, though, that
7 we did make very clear our objection, our
8 unanimous objection to the word competency. They
9 made it very clear in return that they intended
10 to continue to use that word, but that it now had
11 a special meeting.

12 MS. SCHWARZ: Dr. Malmud?

13 DR. MALMUD: Yes.

14 MS. SCHWARZ: This is Sally Schwarz.

15 DR. MALMUD: Yes.

16 MS. SCHWARZ: I wanted to ask, I
17 believe that you and Dr. Vetter are going to be
18 speaking to the commissioners. And I think that
19 this certainly is a topic that should be
20 presented directly to them by you and Dr. Vetter.

21 DR. MALMUD: Excuse me for
22 interrupting you. Absolutely, absolutely. We
23 agree.

24 MS. SCHWARZ: I think that should be
25 something --

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1 DR. WILLIAMSON: And you're suggesting
2 by your comment, Leon, because we've argued for -
3 - I've been on this committee for a dozen years
4 now.

5 And we keep making the same points
6 over and over and over. And maybe sometimes they
7 don't listen to us three or four times. But
8 sometimes they do.

9 And I think we just have to keep
10 standing up for what is right.

11 MS. SCHWARZ: I agree with you, Jeff.
12 This is Sally Schwarz.

13 DR. WILLIAMSON: You can't, you know,
14 be too apologetic with them.

15 DR. MALMUD: We're not apologetic.
16 We've made it very clear we object to it.

17 DR. WILLIAMSON: I think we should
18 continue objecting to it.

19 DR. MALMUD: We will continue to
20 object to it. In the meantime we have to live
21 with whatever is going to govern us in the
22 interim. I don't know, maybe because I've been
23 in the military, I have a different view of this.

24 But, when the commanding officer says,
25 yes I heard you, and this is what we're doing,

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1 that's what we're doing. Now, we can still
2 respectfully object.

3 And I respectfully object,
4 particularly being a physician who practices in
5 Philadelphia with some of the most notorious
6 negligence law systems in the United States.

7 But, there I am, I am willing to --
8 and Dr. Vetter and I, I'm sure, will together
9 present our objection to the word competency once
10 again. We're not going to be silenced on it.

11 But we still have to work out some
12 system in the interim.

13 UNIDENTIFIED SPEAKER: And, Dr.
14 Malmud, considering the fact that we have two
15 commissioners that have changed since this has
16 been at least initially addressed, it might be a
17 better presentation met better from you and Dr.
18 Vetter this next time around.

19 DR. MALMUD: We will do our best, each
20 in our own way.

21 DR. WELSH: Dr. Malmud, this is Jim
22 Welsh, may I --

23 DR. MALMUD: Yes, Dr. Welsh.

24 DR. WELSH: I know this may open up a
25 whole new Pandora's box. But, if the word

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1 competence is insisted upon down the road, do you
2 think that having an examination to become
3 certified as an RSO would be solution that would
4 be acceptable?

5 Because that would demonstrate
6 competence taken off the shoulders of anybody who
7 is signing it.

8 DR. MALMUD: Well, I don't think that
9 there's enough time for us to discuss the
10 implications of that right now. We can bring it
11 up at the next meeting.

12 It's adding on another layer of the
13 examination process.

14 UNIDENTIFIED SPEAKER: Dr. Malmud --

15 DR. WELSH: To clarify competence.

16 DR. MALMUD: I beg your pardon?

17 DR. WELSH: That would be the only way
18 that I would feel comfortable that the person has
19 competence, because they have proved it
20 objectively.

21 DR. THOMADSEN: There are two exams
22 that they could use. This is Thomadsen. And
23 there already are. There's the American Board of
24 Medical Physics Radiation -- Medical Radiation
25 Safety Certification and there's the American

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1 Board of Health Physics Certification.

2 DR. NAG: Yes, this is Dr. Nag. We
3 have gone over this many times. The fact that an
4 exam is there does not reflect competency, the
5 fact that a body of knowledge has been examined,
6 that does not mean competency.

7 And we have been going over this for
8 the last many, many years between the Board and
9 the NRC. So I don't think exam will do anything.

10

11 DR. MALMUD: I think that we as
12 directors of training programs can attest to the
13 fact that the individual has been exposed to and
14 proven that he or she has a certain set of
15 knowledge that we hope to impart to them.

16 With respect to their competency to
17 practice, yes we could attest to that on the day
18 that we see them, but not on the next day,
19 unfortunately.

20 So, at any rate, I wanted to just let
21 Mr. Lieto know that I wasn't disrespectful of his
22 recommendation. Quite the contrary, we've made
23 the point repetitively and will continue to make
24 the point.

25 However, we have to recognize that we

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1 are not the final voice, but will continue to
2 make our point.

3 UNIDENTIFIED SPEAKER: This is
4 politics. This isn't the military.

5 DR. MALMUD: Well, it's not science
6 either, unfortunately.

7 UNIDENTIFIED SPEAKER: That's for
8 sure.

9 DR. MALMUD: We won't get into --
10 we'll try and stay away from two discussions, one
11 is political and the other is religion. I try
12 and stay on science.

13 But, at any rate, gentlemen and
14 ladies, ladies and gentlemen, it is fifteen
15 minutes passed the end of this meeting. We have
16 resolved that we will continue the meeting and
17 the NRC people will try and find the time that's
18 convenient for us.

19 I suspect it will have to be after
20 Labor Day when most of us are back from our
21 summer vacation. And we will move on with items
22 eight, nine and ten, and revisit the issue of
23 competence once again. Dr. Vetter, are you still
24 with us?

25 DR. VETTER: Yes, sir.

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1 DR. MALMUD: So you and I have a task
2 before us, which is to again reiterate our
3 concern about the word competency and try to
4 explain to the members of the Commission why we
5 feel that it's not a good word.

6 DR. VETTER: Understood.

7 DR. ZELAC: Dr. Malmud?

8 DR. MALMUD: Yes sir, who was that?

9 DR. ZELAC: This is Dr. Zelac.

10 DR. MALMUD: Yes, Dr. Zelac?

11 DR. ZELAC: It's kind of anti-
12 climatic, but, for the record I'd like to make
13 two very, very quick statements.

14 DR. MALMUD: Please do.

15 DR. ZELAC: These relate to issues
16 that were brought up earlier in the various
17 discussions. The first had to do with degree
18 requirements being from American universities.
19 That is not a requirement.

20 There's nothing specifically stating
21 that the degrees earned and required in some of
22 the regulations have to be from an American
23 university.

24 DR. MALMUD: Thank you.

25 DR. ZELAC: Secondly, there was

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1 mention made of the criteria for recognition of
2 the board certification processes. Dr. Howe
3 mentioned that in fact they are available and
4 that the advisory committee had had opportunity
5 to review them during their formative stages.

6 The Commission was very clear that
7 they wanted something that was transparent and on
8 the record so that there would be no
9 misunderstandings about what the criteria were.

10 And indeed this criteria were
11 developed and are available on the NRC website.

12 DR. MALMUD: Thank you, Dr. Zelac. Is
13 there a motion for adjournment of this meeting.

14 DR. NAG: Yes, Dr. Nag.

15 DR. MALMUD: Dr. Nag makes a the
16 motion. Who seconds the motion?

17 DR. SULEIMAN: Orhan seconds it.

18 DR. MALMUD: Dr. Suleiman seconds it.
19 All in favor?

20 (Chorus of ayes.)

21 DR. MALMUD: Thank you. I wish to
22 thank all of the participants, those who spoke
23 and those who simply put their ears to this so
24 that there could be full participation.

25 We're very appreciative of your time

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1 and respectful of it. And we hope to meet again
2 after Labor Day. Thank you all.

3 (Whereupon, at 3:45 p.m. the above-
4 entitled matter was concluded.)

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