COMMISSION BRIEFING SLIDES/EXHIBITS

MEETING WITH ACMUI

FEBRUARY 19, 2002

Presentation of Manuel D. Cerqueira, MD Chairman, ACMUI on 10 CFR Part 35

NRC Revisions: Balanced and Fair

NRC's Approach

- Risk-Informed, Performancebased
- Significant stakeholder Input
- ACMUI involvement

An Open Process

- Seven Public Workshops
- 20 Professional Society Meetings
- Six ACMUI Discussions: full panel (2), subcommittee (4)
- Two Agreement State Workshops

State Role

- Organization of Agreement States (OAS)
- Radiation Officers
- Part 35 Working Group

Public Input

- 225 written comments
- All documents on NRC Web site
- Working group meetings open

The Result

- Reduced regulatory burden
- Eliminated unnecessary rules
- Decreased prescriptiveness

Implementation of 10 CFR Part 35 In Agreement States

Ruth E. McBurney
Texas Department of Health
on Behalf of
ACMUI

Rulemaking Process

- Involvement of Agreement State staff in Working Group and Steering Committee
- Fair process that allowed for input from all stakeholders

Implementation Issues

- Three years to implement
- Some rules needed now
 - LDR, HDR
 - New technologies
- Scheduling of rule changes will vary

T and E Requirements for MD Authorized Users

- Recommend NRC cooperation with states to get immediate uniformity in requirements
- Approve Boards to facilitate uniformity

Workforce Issues

- Maturing workforce similar to NRC
- Lack of trained personnel for licensing and inspection
- Attraction of new staff is difficult

Nuclear Pharmacy Issues

Sally Schwarz, R.Ph., M.S.
Washington University St. Louis
on Behalf of
ACMUI

Radiation Safety Issues

- Pharmacists handling reactor produced and PET radionuclides
- ALARA issues for handling reactor produced and PET radionuclides
- Pharmacist shortage

Pharmacist Training/Shortage Issue

- Pharmacy program now requires
 6 year (previously 5 years)
- Overall need for pharmacists has increased, one area is PET
- To maintain ALARA at a lower level will require more pharmacists

Addressing the Shortage

Pharmacy Profession
 Curriculum including sufficient elective courses during 6 year program

Addressing the Shortage

Certificate Programs (after 6 y)

- Purdue
- University of New Mexico
- University of Arkansas

Addressing the Shortage

- Technician Training-
 - Specialization needed for nuclear

Board Certification and Training & Experience Requirements

Jeffrey F. Williamson, Ph.D. Washington University on behalf of ACMUI

Major Concern

- Definition Conflict between
 - 10 CFR 35.51 Authorized
 Medical Physicist (AMP)
 - Community's definition
 (ABR/ABMP certification in Radiation Oncology Physics)

Board Certification

- Board certification: requires training and experience as specified in 10 CFR 35.51 (b)
- ABR/ABMP: Do not require experience with specific byproduct technologies HDR, teletherapy, stereotactic

Unintended Consequences

- Marginalize board certification
 - Regulatory significance undermined

Unintended Consequences

Public health undermined

- Formal training programs rare
- Few opportunities for Co-60 device training
- Exacerbate AMP shortages

Remedies

- Short-term: unconditional grandfathering of current teletherapy physicists and acceptance of certification
- Long-term: rule-making initiative to replace "and" with "or"

Backup slide: New 10 CFR 35: Physicist's view

- AMP definition recognizes role of physicist in assuring treatment quality/safety
- "wrong site" criterion repaired by "medical event" concept

Backup slide: New 10 CFR 35: Physicist's view

- QA rules closer to practice standards
- Easier to add new uses & modalities

Backup slideQualified Medical Physicist

 Consensus definition: QMP = <u>board certification</u> + continuing education

Backup slide Qualified Medical Physicist

- M.S./Ph.D. + 2-6 years T&E under certified mentors + letters of reference
- AAPM, ACR and ACMP view

Backup: 35.51 AMP definition

a) Certified by recognized Board whose certification includes b)

Backup: 35.51 AMP definition

- a) OR has MS degree + 1 yr Rad Onc training + 1 yr experience under AMP including
 - HDR, teletherapy +
 Stereotactic duties
 - Preceptor's statement

Backup Slide Short-Term Remedies

- Supplementary training example
 - Undergo vendor training for Gamma Knife
 - Observe Gamma Knife cases at institution with functioning program

Backup slide: 35.600 AU T&E criteria

- certified by recognized Board which includes
- "...500 h practical experience.."
 - Reviewing calibrations, plans, specific to devices

Backup slide: 35.600 AU T&E criteria

- Preceptor's statement for each modality
- Appears to conflict with ABR eligibility requirements

Board Certification for Radiation Safety Officers

Richard J. Vetter, Ph.D.

Mayo Clinic

on behalf of

ACMUI

Current 10 CFR 35.900

RSO must be:

- (a) certified by a board from list OR
- (b) training requirements

 AND

 one year experience under supervision of RSO

New 10 CFR 35.50

RSO must be

- (a) certified by a specialty board that <u>includes (b) & (c)</u>
 OR
- (B) training requirements AND
- (C) preceptorship

Unintended Consequences

- Increased burden on NRC staff
- Marginalize board certification
- Undermine effective industry standard

Remedies

- Short term: Accept health physics certification by ABHP, ABMP, ABR, and ABSNM
- Long term: Rulemaking to remove 35.50(b) as a board requirement

BACKUP SLIDE: The Problem (Examples)

 ABHP: doesn't focus exclusively on medical, thus no medical preceptorship required

BACKUP SLIDE: The Problem (Examples)

 ABMP requires graduate degree without hours enumerated or written certification by preceptor RSO

BACKUP SLIDE: Unintended Consequences

- Reduced pool of qualified RSOs?
- Reduce quality of practice?
- Undermine public health?

BACKUP SLIDE: Board Certification

- Qualifications (examples):
 - -ABHP: B.S. & 5 yrs experience similar to 35.50(b) + references
 - -ABMP: M.S. & 6 yrs experience similar to 35.50(b) + references

BACKUP SLIDE:Board Certification

 Assess adequacy of judgment and knowledge to independently practice medical health physics