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(68FR 68549)

February 24, 2004 (2:30PM)

OFFICE OF THE SECRETARY
RULEMAKINGS AND
ADJUDICATIONS STAFF

February 24, 2004

Secretary
Attn: Rulemakings and Adjudications Staff
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001

Re: Request for Comment on Proposed Revision of 10 CFR Part 35, "Medical Use of Byproduct Material" - Recognition of Specialty Boards (STP-03-088)

Dear Secretary:

The Illinois Emergency Management Agency, Division of Nuclear Safety (Division) hereby submits its comments on the proposed revision of 10 CFR 35. The letter requests comment on the proposed regulations for recognition of medical boards used for authorizing physicians on specific medical licenses.

The Division is generally in favor of the proposed regulations and is supportive of the requirements to make all authorized users obtain preceptor statements as a certification of prior training regardless of the source of that training (i.e., board certification or alternate pathways). However, we have the following comments on how that should be accomplished:

1. NRC has chosen to break out preceptor statements from the requirements for approval of boards and make it a responsibility for each licensee user obtain these independently. Illinois is against this practice as it integrates less uniformity and reliability into the training process. The States and NRC already have significant problems obtaining valid preceptor statements from potential authorized users. A large number of physicians are currently denied authorizations because of inadequate preceptor statements. This will only increase if these statements are not reviewed and issued by a valid source such as approved certification boards. It would appear that the Boards would want to lend further credibility to their certification programs by issuing these documents. If a program is already in place for the boards to be involved in this process, Illinois would like to obtain additional information about this program. If there is no such program, it is our experience that you will compound the previous problems associated with approving authorized users as well as increase the shortage of approved authorized users;

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- 2. In the proposed language for the new regulation, you use different language to obtain the same purpose in certain sections. For example in 35.290(a), you state the user, "Meets the requirements in paragraph (c)(2){preceptor} and is certified." While in 35.390(a) you state, "Is certified by a medical specialty board..." and "(c) Has obtained written certification (from a preceptor)." While this accomplishes the same purpose, at first glance it appears that some boards do not require preceptor statements while others do. We suggest that you make this language more uniform for each medical discipline;
- 3. On page 17, you indicate that NRC does not intend to inspect specialty boards to ensure that they meet the latest certification requirements. This is acceptable provided that NRC reviews copies of the training programs used by the boards and has some kind of regulatory basis to implement enforcement of these commitments, if necessary. Otherwise, the validity of the entire program is in question;
- 4. In regard to the implementation of these rules by States, Illinois intends to implement these requirements by the original deadline of October 24, 2005, but believes that States should be given the option of the full 3-year implementation period once these regulations are approved; and
- 5. In regard to the use of the word "certification" in the preceptor statements, Illinois believes that the preceptor is not certifying "individuals" as stated by ACMUI. Instead the preceptor is certifying that training received by that individual meets the regulatory requirements. Again, this is an obvious attempt to relieve organizations providing training of any responsibility whatsoever. If these organizations have no confidence in their programs, why should NRC or the States have confidence in them? This appears to be the message that is being conveyed.

The Division supports NRC on its decision to hold medical boards and preceptors to a more structured standard. The Division has always believed that board certification, alternate pathways for training and modality training should include a certification of the candidate's knowledge and experience at a higher level.

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Thank you for the opportunity to comment. Please contact me at (217) 785-9930 if you have any questions.

Sincerely,

Joseph G. Klinger, Head
Radioactive Materials

JGK:CGV

cc: James Lynch, NRC Region III