

From: Cynthia Flannery
To: rhattey@theabr.org
Date: 9/9/05 2:34PM
Subject: Response to request for NRC recognition of ABR

Dear Dr. Hattery:

I am writing in response to your August 10, 2005 letters in which you were seeking recognition of the American Board of Radiology's (ABR) Diagnostic Radiology, Radiation Oncology and Radiologic Physics certification processes by the U.S. Nuclear Regulatory Commission (NRC). There are several statements in the letters which preclude recognition of ABR certification processes without further input from the ABR. The issues that require attention are listed and explained below.

Diagnostic Radiology:

1. ABR needs to confirm that candidates seeking certification for diagnostic radiology must meet the specific training and experience requirements listed in 10 CFR 35.290(a)(1) and 35.392(c)(1) and (c)(2).
2. ABR needs to confirm that candidates seeking certification for diagnostic radiology must obtain their work experience under the supervision of an authorized user who meets the requirements in 10 CFR 35.290(c)(1)(ii) and 35.392(c)(2).
3. In accordance with 10 CFR 35.290(a)(2), ABR needs to confirm that the certification examination in diagnostic radiology also assesses knowledge and competence in "radionuclide handling and quality control."

Radiation Oncology:

1. ABR may consider excluding 10 CFR 35.394 from the list of requested specialties. Diplomates may be eligible for oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 Gigabecquerels (GBq), equivalent to 33 millicuries (mCi) under 10 CFR 35.394 (when additional training requirements are met) if the Certification Board is recognized under 10 CFR 35.390.

For example, if a physician, who holds certification from an NRC recognized board, is identified on a license as an Authorized User for 10 CFR 35.390 materials (unsealed byproduct material for which a written directive is required), that physician may be eligible to be authorized for 10 CFR 35.394 materials by meeting the additional training requirements in 10 CFR 35.394(c)(1) and (c)(2). Therefore, it is not necessary for medical specialty boards to apply for NRC recognition of its certification process for 10 CFR 35.394 materials if that specialty board is applying for the certification process under 10 CFR 35.390.

2. ABR may consider excluding 10 CFR 35.396 from the list of requested specialties since authorization by specialty board certification is not addressed in this section of the regulations. Diplomates may be eligible for parenteral administrations of unsealed byproduct material requiring a written directive under 10 CFR 35.396 (when additional training requirements are met) if the Certification Board is recognized under 10 CFR 35.490 or 10 CFR 35.690.

For example, if a physician, who holds certification from an NRC recognized board, is identified on a license as an Authorized User for 10 CFR 35.490 (manual brachytherapy) or 10 CFR 35.690 (remote afterloader units, teletherapy and gamma stereotactic radiosurgery units) materials, that physician may be eligible to be authorized for 10 CFR 35.396 materials by meeting the additional training requirements in 10 CFR 35.396(d). Therefore, it is not necessary for medical specialty boards to apply for NRC recognition of its certification process for 10 CFR 35.396 materials if that specialty board is applying for the certification process under 10 CFR 35.490 or 10 CFR 35.690.

3. ABR needs to confirm that candidates seeking certification for radiation oncology must meet the specific training and experience requirements described in 10 CFR 35.390(b)(1)(I) through 10 CFR 35.390(b)(1)(ii)(E) for use of unsealed byproduct material for which a written directive is required.
4. ABR needs to confirm that candidates seeking certification for radiation oncology must obtain their work experience under the supervision of an authorized user who meets the requirements in 10 CFR 35.390(b)(1)(ii).
5. In accordance with 10 CFR 35.390(a)(2), ABR needs to confirm that the certification examination in radiation oncology also assesses knowledge and competence in clinical use of unsealed byproduct material "for which a written directive is required."

Radiologic Physics:

1. Please specify the graduate degrees, other than medical physics, that ABR accepts for candidates to be eligible for admission to the ABR certification process (see 10 CFR 35.50(a)(2)(I) and 10 CFR 35.51(a)(1)).
2. In accordance with 10 CFR 35.50(a)(2)(I) and 10 CFR 35.51(a)(1), ABR needs to confirm whether it requires candidates to have degrees from an accredited college or university.
3. ABR needs to define, for all three sub-specialties of radiologic physics, the required amount of time candidates seeking certification must spend for the 3 years of experience in the discipline for which certification is required (e.g., full-time) (see 10 CFR 35.50(a)(2)(ii) and 10 CFR 35.51(a)(2)).
4. ABR needs to confirm, for the Medical Nuclear Physics and Diagnostic Radiologic Physics sub-specialties, that candidates seeking certification must obtain their practical training and/or supervised experience in medical physics under the supervision/direction of an individual who meets the requirements in 10 CFR 35.50(a)(2)(ii)(A) or 35.50(a)(2)(ii)(B).
5. ABR needs to confirm, for the Therapeutic Radiologic-Physics sub-specialty, that candidates seeking certification must obtain their practical training and/or supervised experience in medical physics under the supervision/direction of an individual who meets the requirements in 10 CFR 35.51(a)(2)(I) or 35.51(a)(2)(ii).
6. In accordance with 35.50(a)(2)(iii), ABR needs to confirm that the certification examination in all three sub-specialties of radiologic physics also assesses knowledge and competence in "clinical diagnostic radiological or nuclear medicine physics."
7. In accordance with 35.51(a)(3), ABR needs to confirm that the certification examination in Diagnostic Radiologic Physics and Therapeutic Radiologic-Physics also assesses knowledge and competence in "clinical radiation therapy, quality assurance, and treatment planning for external beam therapy, brachytherapy, and stereotactic radiosurgery."

Review of ABR's application for recognition will continue upon receipt of ABR's official reply to the issues needing attention that are listed and explained above.

Communications from the ABR associated with applying for recognition of one or more of its certification processes should continue to be addressed to:

U.S. Nuclear Regulatory Commission
ATTN: Mr. Thomas H. Essig, Chief, Materials Safety
and Inspection Branch (MS T8F3)
11545 Rockville Pike
Rockville, MD 20852

For further information or for questions, please contact me at (301) 415-0223, cmf@nrc.gov.

Respectfully,
Cindy Flannery

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