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Mr. Robert J. Lewis  
Dr. Donna-Beth Howe  
U.S. Nuclear Regulatory Commission  
11545 Rockville Pike  
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RE: Notification of Change in ABR Examination and Certification Processes for  
Diagnostic Radiology

### I. Request for NRC Approval of Revised ABR Examination Process in Diagnostic Radiology

**Background:** The American Board of Radiology (ABR) is currently listed on the NRC website as a recognized specialty board for 10 CFR 35, sections 290 [Training for imaging and localization studies], 392 [Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)], and 394 [Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)] for its Diagnostic Radiology Certificate with "AU Eligible" affixed. This process includes attestation and documentation of the NRC-required training and work experience during residency, and comprehensive testing on the NRC-specified curriculum by written and oral examinations. In its examination processes, ABR has been one of approximately half of the Member Boards of the American Board of Medical Specialties (ABMS) to require candidates for certification to pass an oral examination. However, to bring its examinations in line with the growing standard of computer-based testing, ABR has undertaken certain changes in the examination process.

In planning the conversion of the current ABR process in Diagnostic Radiology to the new format, ABR has been careful to completely preserve the existing training and work experience attestation and documentation as well as the comprehensive content of its examinations, such that testing in the areas mandated by the appropriate sections of 10CFR35 is not only preserved, but enhanced.

#### New ABR Examination Process in Diagnostic Radiology:

1. **Documentation of NRC-Specified Training and Work Experience.** This part of the process already recognized by the NRC will remain intact, without change. ABR will continue to require Program Director attestation of completion of training as given in 10CFR35 sections 290, 392 and 394 and appropriate Authorized User attention to completion of the required work experience in these sections of the rule. Submission of patient therapy logs related to I-131 therapy and attested to by appropriate Authorized Users will continue to be required. This includes 700 hours of training and 80 hours of classroom and laboratory training relevant to radioisotopic imaging as well as to I-131 sodium therapy for which a written directive is required in amounts less than 33 mCi and equal to or greater than 33 mCi,

Gary J. Becker, M.D., Executive Director

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2. *Examination.* The existing ABR written and oral examinations will be converted to two computer-based examinations: the comprehensive Core Examination and the focused clinical Certifying Examination. Both the Core and Certifying examinations will be administered in a secure, controlled environment, and will have been psychometrically validated. In the new examination paradigm, the NRC-related content contained in ABR's current ("written") qualifying and oral certifying examinations will instead be included within a single computer-based examination administered at the time of the Core Examination. This will allow for more specific recognition of mastery of the required radiation safety curriculum as defined by the NRC in the relevant sections of 10CFR35.
- A. **The CORE EXAMINATION.** This is a comprehensive 18-category, 10-hour examination administered after 36 of the required 48 months of training in diagnostic radiology. It will test knowledge and comprehension of all aspects of diagnostic radiology, including topics relevant to radioisotopic safety. Embedded in this examination will be a 50-60 scorable unit RADIOISOTPE SAFETY EXAMINATION (R.I.S.E.) which will include testing in radioisotopic safety (safe handling and administration of unsealed sources to patients), radiation biology, radiopharmacy, nuclear and radiation physics as currently included on the ABR written examination. In addition, there will be case-based radioisotopic safety scenarios which are currently included on the ABR Oral examination. This examination is validated to confirm a sound knowledge based in radioisotopic safety and in the appropriate curricula specified by the NRC. It is intended to verify competence of the candidate in 10 CFR 35 sections 290 [Training for imaging and localization studies], 392 [Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)], and 394 [Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)]. The R.I.S.E. will have its own separate passing standard determined psychometrically. Candidates who are not successful in passing the embedded R.I.S.E. will have additional opportunities to demonstrate mastery of the required curriculum by passing a stand-alone version prior to completing their training. In order to get credit for passing the R.I.S.E., candidates must also be successful in passing the entire CORE examination within this time frame. In summary, the new computer-based examination will contain all of the content currently administered in the ABR written and oral examinations in Diagnostic Radiology.
- B. **The CERTIFYING EXAMINATION.** The candidate is eligible to take the ABR certifying examination after passing the Core Examination and successfully completing training. This is a clinically-oriented, case-based examination consisting of 5 image-rich modules administered 15 months *after* the candidate has successfully completed the 48-month Diagnostic Radiology Residency. This examination is intended to establish competence of the candidate in selected clinical skills. This examination will not contain dedicated NRC-related content.

This Certifying Examination completes the ABR examination process in Diagnostic Radiology. At this point, a successful candidate will be issued a certificate. The certificate will specify "AU Eligible" above the ABR seal, as is currently done, providing a diplomate's ABR file shows documentation and attestation of the required NRC-mandated training, laboratory and classroom instruction and work experience and a passing score on the R.I.S.E. portion of the CORE examination.

3. *Commencement of the New Examination Process.* This new examination process will begin with the class of residents who entered training in 2010. The first Core Examination (including the R.I.S.E. – covering the NRC-mandated content) will be administered September 30 to October 3, 2013. The first Certifying Examination will be administered in October of 2015. The first AU-Eligible Certificates using this process will be issued in October 2015. There will be no substantive physical changes in the appearance of the certificates from those currently issued.

Because the proposed ABR examination process changes are simply those of (1) timing and (2) physical form of the examination *without* any changes in candidate requirements, NRC Part 35 recognitions, or ABR's training completion/work experience documentation responsibilities, and since ABR certificates will remain unchanged, aside from date of issuance, ABR requests that the listing on the NRC website's Specialty Board Recognition page for ABR's Diagnostic Radiology Certificate with "Au-Eligible" affixed, be either unchanged from its current status, or changed in such a manner to recognize certificate holders as currently stated, such that these certificate holders are not inadvertently disenfranchised.

## **II. Request for NRC Recognition of Change in ABR Timing and Issuance of AU-Eligible Diagnostic Radiology "Certificate"**

As described above, the new ABR examination process is consistent with the examination processes of most other ABMS boards. ABR's two-part examination is temporally sequenced such that at the completion of residency training, all of the NRC required elements of the examination process will have been offered, completed, and documented for a diagnostic radiologist to obtain the AU-Eligible designation on his/her ABR Diagnostic Radiology Certificate. However, because the actual certificate is not issued until successful completion of the non-NRC-relevant, clinical ABR Certifying Examination, taken 15 months after completion of residency, there is a 15-month gap during which fully-trained diagnostic radiologists who have met all of requirements for AU eligibility will not yet have an ABR Certificate to use for obtaining AU status. As previously concluded by an ACMUI subcommittee report, this new time gap between the completion of training and certification has the potential to limit access of patients to critical radioisotopic imaging procedures and therapies. ACMUI endorsed the report at its May 2009 meeting. However, NRC did not issue a response at that time because the ABR had not yet changed its examination process. As ABR is now seeking to change its examination process as described above, it is requesting an appropriate NRC specialty-board-recognition mechanism to confer AU-eligible status to these practicing physicians by special AU-eligible documentation through a listing of AU-Eligible ABR candidates on our official website at the time of successful completion of NRC-specified training/ work experience and the related ABR examination process. The listing would include the name of the physician, birth month and year, diagnostic radiology training program, and training completion date, and would be accessible to NRC and NRC Agreement State regulatory authorities. Listing of successful AU-E candidates would coincide with the successful completion of residency training and would be available on the website for 30 months. This website documentation would be superseded by issuance of an ABR AU-eligible certificate to those diagnostic radiologists successfully completing the ABR certification process by passing the non-NRC relevant, clinical ABR Certification Examination.

The ABR hopes that the information provided in this letter assures the NRC that the anticipated and requested changes in the ABR examination and board certification processes will be

compliant with the intent and specifications of the NRC specialty board recognition pathway. If more information is needed, please do not hesitate to contact me. We thank you for your assistance in this manner and look forward to your response.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary J. Becker, M.D.", with a stylized, sweeping flourish at the end.

Gary J. Becker, M.D.  
Executive Director