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Training Requirements for Experienced Radiation Safety Officers and Authorized Medical Physicists

Comment On: NRC-2008-0175-0017

Medical Use of Byproduct Material - Medical Event Definitions, Training and Experience, and Clarifying Amendments

Document: NRC-2008-0175-DRAFT-0036

Comment on FR Doc # 2014-16753

Submitter Information

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General Comment

It is my strong belief that the proposed changes to USNRC Part 35 as indicated in Docket ID NRC-2008-0175, will serve to weaken the position held by the Radiation Safety Officer. I have 31 years of experience working in medical facilities as both a RSO and as Diagnostic Imaging Physicist.

I have direct experience with physician AU acting as Radiation Safety Officers and in most cases these individuals were made the RSO as an additional duty. They were neither familiar with the regulations nor the recordkeeping requirements of a radiation safety program and further when and if they made a mistake as an AU it was often overlooked or corrected by simply re-writing a perscription for a particular treatment.

It is clear to me that the AAPM and ABR are trying to obtain a monopoly on the credentialling of ALL physicists practicing in medicine. They have convinced many states to encorporate language into their regulations that only individuals that are board certified by the ABR or ABMP are qualified to perform Diagnostic Medical Physics and now they are trying to say their board should also qualify their members and diplomates to serve as Radiation Safety Officers.

It is my strongest opinion that this is wrong for a number of reasons:

- 1) My scientists/administators can perform the duties of RSO with the right training and experience
- 2) Certification by the American Acedemy of Health Physics provides the required training and experience to become a qualifed Radiation Safety Officer, a Diagnostic Imaging Physicist, or a Nuclear Medicine Physicist. The ABR certification is NOT the only board qualified to train personnel to perform in these areas though they have effectively made this so in Florida, Texas, Hawaii and New York.
- 3) The ABR has a very strong presence in Washington in terms of lobyiests and are doing great harm to the medical field. By requiring a Diagnostic Medical Physicist to be ABR certified, the individual must have a

CAMPEP certified Master's degree, attend 2 years of residency training in a CAMPEP certified program, pay very expensive dues to the ABR, participate in ABR approved CEUs and maintain their certification by participation in the maintenance of certification projects (MOC). Not only is this time consuming for the individual in a small facility but often overkill!

4) What's more concerning is both the cost to medical facilities to hire these highly trained individuals but to continue to train and educate them. This effectively drives up the cost of providing medical care which is already exorbitant.

As noted earlier, I've performed the duties as a Radiation Safety Officer, Diagnostic Imaging Physicist and Nuclear Medicine Physicist for 31 years now. I've practiced in Georgia, San Francisco, Europe, Massachusetts, and New Hampshire and been commended for my work everywhere I've been employed. I've been named on Broad Scope Type A licenses and limited Scope licenses issued by the NRC. I've provided valuable training to physicians, technologists, service engineers and other administrative staff. I've also been specifically approved by the FDA to perform evaluations of mammography systems including film/screen, CR, digital and tomosynthesis systems.

However, when I moved to Texas, I was denied a license to practice Diagnostic or Nuclear Medicine Physics. I appealed the decision and attended the board meeting the following year but because the ABR/AAPM language was already incorporated into their legislation that required a "specialty exam in the area of practice", and even though each and every board member recognized that my training and experience was clearly sufficient to be licensed in the state, I was again denied.

This effectively ended my career as I knew it. Many of my peers are in the same situation. Many areas of the country do not have sufficient numbers of ABR board certified physicists to perform the surveys and training necessary to produce quality images with minimal exposures. Many ABR board certified physicists do contract work so don't want to tell a facility that their imaging equipment needs to be replaced since in doing so the administration may well replace the physicist rather than the equipment.

Overall, these global changes pushed for by the AAPM/ABR is detrimental. If CRCPD is influenced to include the changes to the regulations in all states, Medical Health Physics will cease to exist. Remember Dr. Hendee wasn't board certified when he did his first survey or Dr. Grey, or Dr. Knoll, or Dr. Cymbler or many of the other greats. How then you might ask did they learn?? Experience, appropriate background and reading...