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August 29, 1979

Mr. Joseph Hendrie, Chairman
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Dear Mr. Hendrie:

DOCKET NUMBER
PROPOSED RULE *PR - Misc Notice Reg. Guide*

As the director of a large university nuclear medicine program, I am most concerned, particularly as a result of meeting with NRC representatives at the recent Society of Nuclear Medicine meeting in Atlanta. My concern is for the decision on the part of the Nuclear Regulatory Commission to recognize separate training experience criteria for diagnostic studies limited to nuclear cardiology.

It has always been a policy of the Nuclear Regulatory Commission to not recognize separate speciality competence of physicians. Rather, the Nuclear Regulatory Commission advisedly has always only stipulated as an initial requirement that a physician be licensed to practice medicine. Sorting out cardiologists is an interference with the practice of medicine in that the Nuclear Regulatory Commission now begins to recognize specific competence areas of physicians. This would be a sad mistake on the part of the Nuclear Regulatory Commission, and would open the way for all sorts of physicians with "specific areas of competence" to petition for separate training and experience criteria. Gastroenterologists, nephrologists, endocrinologists, et cetera, would prevail upon the NRC and make the situation impossible. I have no opposition to any physicians with speciality training obtaining licenses, or rather these days, working under a license, if they have had the proper background training. There seems to be absolutely no reason whatsoever for the specification of separate training and experience criteria for cardiologists, and the same criteria for all physicians wishing to use radionuclides should hold as it has in the past. Furthermore, in my opinion, the NRC very soon will have to answer for the continued lax requirements, namely, of only three months in a training program to utilize radionuclides safely and efficaciously. The clinical use of radionuclides has markedly increased in the last ten years with little response to this from the NRC in terms of additional requirements. The safe and efficacious use of radionuclides is considerably more complex than in prior years, and despite pressure from interest groups, I believe the NRC is going to have to increase their requirements for base training. In my opinion, a minimum of six months of training should be required, and probably one year would be ideal. As the director of a training program, it is not impossible to adequately train young physicians to be able to adequately use radionuclides in their practice in such a short period of three months.

Sincerely,

Henry N. Wellman, M.D.
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