



ACMUI Discussion of Part 35 Training and Experience Requirements

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Background

- **ACMUI reviewed the training and experience requirements for Authorized Users (AUs), Authorized Nuclear Pharmacists (ANPs), Radiation Safety Officers (RSOs), and Authorized Medical Physicists (AMPs)**

Goals

- **Make the requirement commensurate with the risk**
- **Risk-informed/performance based vs. prescriptive**

Initial Evaluation

- **ACMUI: T & E subcommittee formed**
- **Initial discussions:**
 - **describe elements of training**
 - **Training provider**
 - **Attest to training adequacy**

Initial Recommendations

- **ACMUI: certifying boards should remain actively involved**
- **An alternate pathway developed**

Training Programs

- **ACMUI recommended that training programs would be responsible for developing a curriculum that would satisfy the broad educational and experience objectives required by the regulation**

Training Programs

- **ACMUI did not recommend a specific time allocation for individual curriculum components, rather specified the content to be mastered (performance based regulation)**

Attestations

- **Certifying boards: attest, not certify**
- **Certification of competence: legal ramifications**

Attestation Recommendation

- **Attestation be performed by the training director, who is responsible for similar attestations of training experience to the certifying boards**

Attestation

- **The NRC subsequently determined that the public interest would be best served by requiring an Authorized Individual to supply the attestation of training and experience.**

Part 35 Rule Making

- **Recommendations were offered for training requirements for all categories of Authorized Individuals**
- **The ACMUI recommendations were largely adopted by the Commission**
- **Proposed rule based on ACMUI recommendations**

OAS Concerns

- **Organization of Agreement States: concern over AU training and experience**
- **Concern hinged on specificity of didactic education requirements, not on 700 hrs**

ACMUI Discussion

- **Total hours reduced from 1000 to 700 is appropriate**
- **Distribution of training hours represented an area of concern for ACMUI**

Reasons for ACMUI Concern

- **Most clinical Nuclear Medicine in the US (subpart 200 and 300 uses) is performed by physicians trained and certified by the American Board of Radiology (approximately 70% of clinical volume)**

Reasons for ACMUI Concern

- **Because of competing demands for training time from new modalities, Diagnostic Radiology training programs will tailor training time in Nuclear Medicine to NRC requirements (700 hours)**

Reasons for ACMUI Concern

- **American Board of Radiology has indicated that it intends to require all Diagnostic Radiology residents be trained in subpart 300 uses**
 - **This means that subpart 390 T&E requirements have to be the basis for Radiology training**

Reasons for ACMUI Concern

- **ACMUI: 200 hours of didactic training was excessive**
- **Recommended 80 hours for subpart 300 uses.**
- **Recommendation was based on ACMUI members' experience**

Reasons for ACMUI Concern

- **Since total experience will likely be limited to 700 hours, practical and clinical experience time would be disproportionately reduced to accommodate a 200 hour didactic training requirement**

Didactic Training

- **Components of didactic (classroom and laboratory) training are not well defined**
- **Large didactic requirement leads to uncertainty (i.e., what qualifies as didactic training?)**

Definition of Didactic

- **Dorland's Medical Dictionary definition of didactic: “conveying instruction by lectures and books rather than by practice”**
- **Training directors need to be certain that the programs they design meet the intent of the regulation**

Further Discussion with NRC Staff

- **Because the T&E requirement for subpart 200 and 300 uses are to be prescriptive (quantitative), provide enough detail so that training directors can be certain of compliance**