

The American Board of Radiology

Diagnostic Radiology

Radiation Oncology

Radiologic Physics

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To the Commissioners:

The American Board of Radiology (ABR) writes to express its concerns with the NRC's proposed rule making for Part 35 CFR and to make recommendations for improvement in the aspects of the proposal related to education and testing.

The ABR believes that knowledge of the principles of safety and physics related to the medical utilization of unsealed and sealed radionuclide sources is extremely important. For over 30 years the ABR has successfully administered a written examination that contains material on these subjects as part of its certification process for qualified radiologists and radiation oncologists. The safety record of these diplomates in using radionuclide sources in practice is superb. The ABR believes that such training and testing should continue to be performed only by medical organizations that have documented qualifications to do so, i.e., those approved by the American Board of Medical Specialties (ABMS) and with Accreditation Council on Graduate Medical Education (ACGME) - approved residency programs. The ABR opposes medical training, testing or examination control by any agency inexperienced in these matters, including government agencies such as the NRC.

With respect to testing of qualified candidates, the ABR proposes that each ABMS board with training related to the use of sealed or unsealed radionuclide sources (e.g., ABR, the American Board of Nuclear Medicine - ABNM, the American Board of Internal Medicine - ABIM, American Board of Pathology) continue to create its own examination and continue to administer the examination to its own candidates without NRC oversight. Regarding the quality and components of the examination in radionuclide safety, the ACMUI should be available in an "advice only" capacity should the boards seek such advice about their examination. Such examinations that currently are accepted for licensure should continue to be accepted without further requirements.

To provide a source of testing for physicians not under the purview of one of these boards, the relevant exam questions from each of the boards could be pooled and a representative sample selected by a consortium of the involved boards or by ACMUI. This representative examination then could be delivered to a reputable third party testing agency such as Kaplan, Princeton Testing Service (both organizations administer SATs and other written examinations nationwide) ACT or NBME for administration to all other physicians who meet appropriate qualifications (see below). Thus, a representative examination would be available in any region of the nation and presumably on short notice. The details of the third party test administrator's relation to the boards could be developed through an RFP issued by a consortium of the boards. The ABR is strongly opposed to such testing being done by (less qualified) private testing agencies. If such agencies are allowed to test, the ABR believes that there will be an inevitable decline of quality in safety and the door will be open for numerous unqualified practitioners to gain licenses to use radionuclides.

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Regarding the qualifications necessary for individuals other than diplomates of the ABR, ABNM, ABIM or AB Path to sit for the examination, the ABR believes that safe utilization of sealed and unsealed radionuclide sources can be learned only when safety training is integrated with broad-based clinical understanding of the effective utilization of the procedures. Only in this way can physicians utilizing radionuclide sources possibly comply with ALARA principles in their practices. If broad-based clinically relevant training is not required, over-use and mis-use of radionuclides will inevitably occur. The ABR currently requires six months of training in Nuclear Radiology to qualify radiologists in the diagnostic uses of unsealed sources. This is in compliance with the current NRC regulations and those of the Residency Review Committee for Radiology of the ACGME. A recent vote of Council of the American College of Radiology recommended a 4-month requirement for such clinical training. If the NRC and other relevant constituencies agree, the ABR would support this somewhat shortened requirement, into which could be integrated the 120 hours of specific safety training that the NRC proposes to require by law. The ABR would still, however, require a full 12 months of training for those radiologists wishing to require more sophisticated levels of understanding of radionuclide uses in diagnostic imaging, i.e., those who wish to qualify for a Certificate of Special Qualification in Nuclear Radiology.

To avoid restraints on the availability of radionuclide training, this four-month experience would have to be available to physicians who are not qualified to be diplomates of the boards. The ABR recommends that you consider a model similar to the model proposed for the testing phase. A consortium of relevant boards could design a clinical curriculum to integrate safety, handling and other requirements with clinical appropriateness training. The curriculum might contain an identical core of experience (e.g., 6-8 weeks) followed by training directed specifically at the area or areas of intended utilization of radionuclide sources. The ABR believes that this training should be administered only within programs or program consortia that are ABMS-approved. These programs exist in every state of the nation, so access should not be a problem.

The ABR believes that the safety record for utilization of radionuclides in medicine has been excellent. This outstanding record has been obtained by limiting licenses to those individuals who have been trained and tested within relatively narrowly defined boundaries. The ABR believes that this outstanding safety record can be maintained only if training and testing continues to be done by reputable, accountable medical organizations that teach safety within the context of clinical applications. We have proposed a way that such programs could be developed and could be made available to all physicians who are willing to make the investment in time and energy to acquire the necessary skills. These are not the approaches that have been proposed by the NRC in its new Part 35 proposal. To proceed with the currently proposed rule making would be a major step backward in education and, ultimately, in safety for patients, healthcare workers and the public. The ABR requests that the comment period for the Part 35 rule-making proposal be extended significantly with specific directions to the ABR to develop the consortia-based testing and training programs proposed in this letter. We look forward to your comments.

Sincerely,



William J. Casarella, MD
President, American Board of Radiology