

From: Ronald Zelac
To: Malmud M.D., Leon S.
Date: 4/11/05 4:19PM
Subject: Re: FW: New NRC T&E Regulations

Per your request. My interpretation of the revised rule vs. Dr. Siegel's comments are as follows, in bold type. Numbering corresponds.

If others receiving this reply have different interpretations, I'm sure that both you and I will be so advised.

>>> "Malmud M.D., Leon S." <Leon.MalmudM.D@tuhs.temple.edu> 04/11/05 01:21PM
>>>

Ron, Just received this note from Barry. Is this your interpretation of the Committee's work? It isn't how I interpreted the regs. Your comments please.
Thanks

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-----Original Message-----

From: SiegelB@mir.wustl.edu [<mailto:SiegelB@mir.wustl.edu>]
Sent: Monday, April 11, 2005 11:26 AM
To: Malmud M.D., Leon S.
Subject: New NRC T&E Regulations

Leon: I should have sent this to you too. I gather from Sally that there is a Commission briefing soon. Please tell them for me that what they have just let the staff get away with (goaded on by agreement state staff) is too stupid for words.

BAS
siegelb@mir.wustl.edu

----- Forwarded by Barry Siegel/MIR/Medicine/Washington University on
04/11/2005 10:23 AM -----

Barry Siegel

04/09/2005 08:25 PM

**To: Henry Royal/MIR/Medicine/Washington University, Tom
Miller/MIR/Medicine/Washington University, Philip Alderson, Manuel Brown,
Milton Guiberteau, Sally Schwarz/MIR/Medicine/Washington University
cc:
Subject: New NRC T&E Regulations**

**Marilyn is out of town, so I took the 3/30 Federal Register notice with me
when I went to dinner in the neighborhood and read this while I tried to
keep my dinner down. Oh my God!**

[Krauss, Steven J.]

If I am reading these correctly, the following points emerge.

- 1. Everyone needs a preceptor statement.
QED: The boards are irrelevant.**

**Dr. Siegel is correct re: the need for a preceptor statement. The current rule has the same
requirement, except in Subpart J (which expires October 25, 2005). Concerning his second
statement, the applicant for authorized status via the alternate pathway will have to supply
considerably more documentation of training and experience than will the applicant via the
board certification pathway.**

- 2. The preceptor statement (NRC Form 313a) still requires that the
individual commit perjury for the first part and that the preceptor commit
perjury for the second part (the "attestation").**

**No comment without more explanation of why Dr. Siegel believes this to be the case. The
current rule has the same requirement. The revision did not specify changes to the content
of the preceptor statement.**

3. The classroom and laboratory hours for all unsealed uses of byproduct material (oral I-131 and parenteral) requiring a written directive (35.390) just got bumped up to 200 hours effective 4/29/05.

Does that mean that trainees finishing this year, who only had 80 hours under the prior rule, can't be qualified?

Are the RRC for NM and the ABNM prepared to increase from 80 to 200 hours?

Does this mean that radiation oncologists will increasingly take over therapy (since they need 200 total hours for everything else)?

Can someone please tell what you add to an 80 hour curriculum to bump it up to 200 hours to cover the increased knowledge required to do these therapies.

The current rule does not have a requirement for classroom and laboratory training hours for the alternate pathway to authorization [35.390(b)], just a total hours of training and experience requirement. Dr Siegel is correct in saying that as of April 29, 2005, the requirement via the alternate pathway for classroom and laboratory training is 200 hours in NRC domain. Applicants for authorized user status for 35.300 use via Subpart J, certification, do not have to meet this requirement. No comment on the rest of Dr. Siegel's questions in this item, except to note that 200 hours of classroom and laboratory training does not apply to achieving authorized status via the board certification pathway for 35.390 (unsealed byproduct material for which a written directive is required), 490 (brachytherapy), or 690 (use of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units).

4. Of course, you only need 80 hours to do I-131 therapy of hyperthyroidism and thyroid cancer (+ three cases of each).

Dr. Siegel is correct.

One final comment. The rule says that the number of classroom and laboratory hours isn't specified for the board pathways. Does anyone think that the ABNM could get its process accepted for 35.390 if it said that it only gave 80 hours?

The criteria in the rule for board certification process recognition include a requirement for specific training and experience topics and a requirement for total hours, but not a requirement for classroom and laboratory training hours. The certification programs of boards seeking recognition will be assessed against the criteria in the rule.

BAS

siegelb@mir.wustl.edu

CC: Cynthia Flannery; Lydia Chang; Roger Broseus; Thomas Essig

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Subject: Re: FW: New NRC T&E Regulations

Creation Date: 4/11/05 4:19PM

From: Ronald Zelac

Created By: REZ@nrc.gov

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