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OFFICE OF SECRETARY
RULEMAKINGS AND
ADJUDICATIONS STAFF

The following are comments from Robert Dansereau, New York State Department of Health

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1. There is too great of a reliance on the preceptor's attestation/certification for physicians who use the alternate pathway to obtain the required training to provide reasonable assurance that the individual will have obtained adequate radiation safety training. Several safeguards must be in place before an individual's (preceptor) statement can be accepted as providing reasonable assurance. The criteria used by preceptors must be specifically and clearly defined, and the qualifications for the preceptor should be defined as well. Without such criteria the license reviewer is forced to accept a statement with question. Preceptors are likely to have their own perception of the appropriate criteria and demonstrable skills. It is very likely that authorized users will give undue weight to the clinical aspects of training rather than to radiation safety. Consequently, in many situations it is likely that a clinically competent AU, who has a poor radiation safety compliance history (him/herself), will provide a strong statement for an individual for whom radiation safety training was minimal or substandard.
2. Agreement States should have three full years to develop a compatible rule. Rulemaking is a very time consuming and difficult task. Rulemaking can take several years. Requiring adoption by October 24, 2005 will be a hardship for us and will likely result in NYS being deemed non-compatible for a period of time.
3. The proposed change in terminology for a preceptor's statement from certification to attestation does not address the adequacy of either. Although attestation appears to be a more appropriate term, as there is no basis for an individual who is not sanctioned by a recognized body to "certify" anything, it has little meaning without having very specific criteria to evaluate. (See # 1 above.)
4. It appears that posting the approved Boards on the NRC website is appropriate. However it is not clear that the Agreement States will have input into the review/approval process.
5. The process by which board would become de-listed appears to be ineffective. For example, it is unclear how NRC will track trends in diagnostic medical events and relate those trends to the adequacy of the radiation safety training component of a specific board certification considering the fact that most diagnostic medical events are not reportable. An analysis of current data should have been performed to determine if this trend analysis would be effective.

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