

November 4, 2024

U.S. Nuclear Regulatory Commission  
One White Flint North  
11555 Rockville Pike  
Rockville, MD 20852-2738

**Re: (Docket ID NRC-2024-0143) Draft Interim Staff Guidance: Guidance for the Implementation of Training and Experience Requirements; Comments of the American College of Radiology**

The American College of Radiology (ACR)—a professional association representing more than 40,000 diagnostic radiologists, interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists—appreciates the opportunity to provide comments to the U.S. Nuclear Regulatory Commission (NRC) regarding the draft Interim Staff Guidance (ISG), NMSS-ISG-03, “Guidance for the Implementation of Training and Experience Requirements” (Docket ID NRC-2024-0143; 89 FR 70672).

In general, the ACR supports the NRC’s efforts to summarize its requirements and provide clarifying information to stakeholders and regulators regarding training and experience (T&E) documentation necessary for adding authorized personnel to medical use licenses. This guidance is timely due to the American Board of Radiology’s (ABR’s) recent decision to discontinue including authorized user (AU), authorized medical physicist (AMP), and radiation safety officer (RSO)-eligible designations on ABR certificates issued after December 31, 2023. We agree with NRC staff that the draft ISG, if finalized, would not revise or lessen the stringency of NRC’s regulatory requirements.

**Recommendation: Clarify Pathway Terminology (4.3.1)**

The ACR recommends that ISG clarify in Section 4.3.1 that the different pathways are not different T&E requirements, but simply different methods of documenting compliance with the T&E requirements in NRC/Agreement State forms. Similarly, where NRC states in the second bullet “*alternate training and experience pathway (hereafter referred to...*” we recommend that NRC modify the language to “*alternate documentation pathway (hereafter referred to...*” Finally, the NRC could consider changing the shorthand term “*alternate pathway*” to indicate that this documentation method will be increasingly used for adding new AUs, AMPs, and RSOs.

**Recommendation: Clarify Work Experience Obtained Outside Program (4.3.2.2)**

The ACR recommends the addition of a clarification that supervised work/case experience need not be obtained under or within the residency program and/or its host institution. There is a sentence in the draft ISG clarifying that the supervising individual need not be employed by the same facility—the additional clarification can be added within or sequential to that sentence.

**Recommendation: Clarify Acceptable Retraining; Recency of Training (4.3.3.3)**

The ACR recommends that NRC work with medical societies and other stakeholder organizations to improve the generalizability of the continuing education (CE) and case experience deemed acceptable to NRC Regions and Agreement State reviewers. The current case-by-case flexibility,

which is intended to enable risk-informed decision-making by the regulator, may also unintentionally reduce the efficiency and predictability of the amendment process. It would be worthwhile to define reasonable standards for acceptable retraining—perhaps including, but not limited to, CE/CME and clinical case performance under supervision—that can be used as a reference for licensees and regulatory programs. This can likely be accomplished through a multi-stakeholder collaborative initiative convened with NRC sponsorship by the Conference of Radiation Control Program Directors.

**Recommendation: Disseminate Information to Programs**

The ACR recommends that the NRC consider additional approaches beyond the Medical Uses Licensee Toolkit webpage and listserv for sharing the ISG information with relevant programs. For example, NRC could communicate this information through a collaboration with the ABR and/or professional organizations that represent program directors. It is important for programs to understand the need for enhanced policies and services that enable persistent, electronic access to T&E data relevant to AU, AMP, and RSO eligibility.

**Recommendation: Explore Approaches to Evaluate Review Efficiencies**

The ACR recognizes that the efficiency and timeliness of license amendment/form reviews are driven by many variables, including circumstances outside the direct control of reviewers (e.g., workload, staffing/resources, and submission quality/comprehensiveness). For forms that are submitted in good order from known licensees, we encourage regulators to monitor review response timeframes relative to NRC/Agreement State benchmarks and to consider appropriate methods of prioritizing and expediting review/response. Timely action is particularly important for small and rural licensed facilities that provide patient care services to underserved populations.

The ACR appreciates the time and consideration of the NRC and welcomes future communications on this or other topics. Please contact Michael Peters, ACR Senior Director, Government Affairs, at [mpeters@acr.org](mailto:mpeters@acr.org) with questions.

Sincerely,

A handwritten signature in black ink that reads "D Smetherman". The "D" is large and stylized, followed by the first name "Smetherman" in a cursive script.

Dana Smetherman, MD, MPH, MBA, FACR, FSBI  
Chief Executive Officer  
American College of Radiology