

POLICY ISSUE
(Information)

April 11, 2017

SECY-17-0049

FOR: The Commissioners
FROM: Victor M. McCree
Executive Director for Operations

SUBJECT: REACTOR OVERSIGHT PROCESS SELF-ASSESSMENT FOR
CALENDAR YEAR 2016

PURPOSE:

This paper presents the results of the U.S. Nuclear Regulatory Commission (NRC) staff's annual self-assessment of the Reactor Oversight Process (ROP) for calendar year (CY) 2016. This paper does not address any new commitments or resource implications.

SUMMARY:

The staff completed the CY 2016 self-assessment in accordance with the revised self-assessment process and the NRC's Strategic Plan. The NRC staff redesigned the ROP self-assessment process in 2015 to better assess the effectiveness of a mature program by focusing on the efficacy of recent changes to the program, performing in-depth reviews of specific areas of interest, and verifying NRC staff adherence to program governance documents. The results of the CY 2016 self-assessment indicate that the ROP met its program goals and achieved its intended outcomes. The staff found that the ROP provided objective, risk-informed, understandable, and predictable oversight. The staff implemented several ROP improvements in CY 2016 and will continue to solicit input from the NRC's internal and external stakeholders to further improve the ROP.

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BACKGROUND:

The ROP is the NRC's primary means of ensuring that commercial nuclear power plants are operated safely, securely, and in accordance with applicable regulations. The ROP is a mature and effective oversight process that has continued to evolve, based on feedback and lessons learned, since its implementation in 2000. As noted in Inspection Manual Chapter (IMC) 0308, "Reactor Oversight Process Basis Document," dated September 4, 2014 (Agencywide Documents Access and Management System (ADAMS) Accession No. ML14164A209), the goals and objectives of the staff in developing the various components of the ROP were to provide tools for inspecting and assessing licensee performance in a manner that was more objective, risk-informed, understandable, and predictable than the previous oversight processes. A contributor to its ongoing success has been the opportunity for, and inclusion of, continuous feedback and ongoing improvements via the staff's ROP self-assessment program. The program is governed by IMC 0307, "Reactor Oversight Process Self-Assessment Program," dated November 23, 2015 (ADAMS Accession No. ML15307A023).

NUREG-1614, Volume 6, "Strategic Plan: Fiscal Years 2014–2018," issued August 2014 (ADAMS Accession No. ML14246A439) describes how the NRC plans to achieve its two strategic goals: (1) to ensure the safe use of radioactive materials and (2) to ensure the secure use of radioactive materials. The plan provides an overview of the NRC's responsibilities, describes how stakeholders participated in plan development, summarizes key challenges the agency will face during the planning period, and lays out the objectives, strategies, and key activities that will be used to achieve the agency's goals.

The ROP is a risk-informed, tiered approach for ensuring the safety of nuclear power plants. It includes collecting information about licensee performance, assessing the safety significance of the information, taking appropriate actions, and ensuring that licensees correct deficiencies. As described in NUREG-1614, Appendix C, "Planned Program Reviews," the agency conducts annual reviews of the ROP. The annual ROP evaluation has two objectives: (1) to determine whether the ongoing program is effective in supporting the achievement of the performance goals and the agency's strategic goals and (2) to provide timely, objective information to inform program planning and improvements. The minimum scope of the evaluation includes (1) the efficiency of the agency's baseline inspection program, (2) the effectiveness of the significance determination process (SDP), (3) the usefulness of current performance indicators for enhancing agency planning and response, and (4) the effectiveness of the assessment program in prescribing appropriate regulatory oversight for those plants with performance deficiencies. The ROP self-assessment process, and most specifically the program area reviews described below and included in Enclosure 1, fulfill the intent of the review described in Appendix C to the Strategic Plan.

The staff has issued an annual ROP self-assessment Commission paper each year since ROP inception, except for CY 2014, when the self-assessment program was suspended to focus on program improvements as approved by the Commission per staff requirements memorandum (SRM) to COMSECY-14-0030, "Proposed Suspension of the Reactor Oversight Process Self-Assessment for Calendar Year 2014" (ADAMS Accession No. ML14262A078). NRC senior management has briefed the Commission annually on the self-assessment and other ROP-related results following the Agency Action Review Meeting (AARM). As a result of these briefings, the Commission has provided direction to the staff.

In 2015, the NRC staff completed a redesign of the ROP self-assessment process to better assess the effectiveness of a mature program by focusing on the efficacy of recent changes to

the program, performing in-depth reviews of specific areas of interest, and verifying NRC staff adherence to program governance documents. The new self-assessment approach is designed to ensure that the ROP is being implemented reliably, consistently, and predictably across all four NRC regional offices, as well as at NRC headquarters. The staff informed the Commission of its revised approach to, and implementation plans for, the annual self-assessment of the ROP for CY 2015 and beyond in SECY-15-0156, "Improvements to the Reactor Oversight Process Self-Assessment Program," dated December 11, 2015 (ADAMS Accession No. ML15310A086). The staff conducted a limited-scope self-assessment using this new approach for CY 2015, as described in SECY-16-0047, "Reactor Oversight Process Self-Assessment for Calendar Year 2015," dated April 8, 2016 (ADAMS Accession No. ML16054A688).

The ROP self-assessment program applies to all seven cornerstones of the ROP and to all processes and procedures that are used to implement the ROP. The self-assessment includes the four specific program goals of being objective, risk-informed, understandable, and predictable, as well as the cross-cutting strategies of regulatory effectiveness and openness, as stipulated in the NRC's Strategic Plan. The goals and objectives are also consistent with the NRC's Principles of Good Regulation (ADAMS Accession No. ML14135A076) to be independent, open, efficient, clear, and reliable.

DISCUSSION:

The staff performed the CY 2016 ROP self-assessment in accordance with specific elements of the redesigned process, as governed by IMC 0307 and its appendices. The staff conducted many activities and obtained data from many sources to ensure that it performed a comprehensive and robust self-assessment for CY 2016. Data sources included the objective ROP performance metrics and insights and lessons learned from internal and external stakeholder feedback.

The revised self-assessment approach consists of three distinct elements designed to: (1) measure the effectiveness of, and adherence to, the current ROP; (2) monitor ROP revisions and assess recent program changes for effectiveness; and (3) perform focused assessments of specific program areas as well as peer reviews of regional offices. The CY 2016 self-assessment marked the first time the staff included all three elements of the revised self-assessment program. Each of the three elements is discussed in more detail below.

Element 1: Measure the Effectiveness of, and Adherence to, the Current ROP

ROP Performance Metrics

As governed by Element 1 of the new self-assessment process, the staff measured the effectiveness of, and adherence to, the current program using objective metrics based on readily available data. The performance metrics evaluation was performed in accordance with IMC 0307, Appendix A, "Reactor Oversight Process Self-Assessment Metrics," dated November 23, 2015 (ADAMS Accession No. ML15218A532). The metrics are aligned with the NRC Principles of Good Regulation and employ a graded approach to measure performance: (1) a metric is considered Green if it meets or exceeds the specified criterion that represents expected performance and does not warrant further evaluation; (2) a metric is considered Yellow if it falls within the specified range that warrants further evaluation and potential staff action to correct before the acceptance criterion has been exceeded; and (3) a metric is considered Red if it meets the criterion that represents unexpected performance and

necessitates further evaluation and likely staff action to address the cause(s) for the failed metric.

The staff found that the ROP met all applicable performance metrics based on the criteria defined in Appendix A to IMC 0307. All but two of the metrics were evaluated as Green. Metric E-4, "Completion of Performance Deficiency Determinations," was evaluated as Yellow, and the staff is addressing this situation, as discussed in the SDP program evaluation in Enclosure 1. Metric E-6, "Responsiveness to ROP Feedback Forms," was deemed "Not Applicable" for CY 2016. This metric will be implemented in CY 2017, now that timeliness goals are incorporated in the updated IMC 0801, "Inspection Program Feedback Process" (ADAMS Accession No. ML15147A104). No metrics were evaluated as Red during CY 2016.

Enclosure 1, "Reactor Oversight Process Program Area Evaluations," briefly discusses the performance metric evaluations for each of the program areas. The annual ROP performance metric report provides data and a staff analysis for each ROP metric (ADAMS Accession No. ML17046A093).

ROP Program Area Evaluations

The staff completed the ROP program area evaluations in accordance with the second aspect of Element 1 of the revised self-assessment process. Based on objective metrics and other relevant feedback, the staff evaluated the effectiveness of each of the four major program areas of the ROP: the performance indicator (PI) program, the inspection program, the SDP, and the assessment program. The program area evaluations also summarize changes to the program, current and future focus areas, and recommendations for improvement. These program area evaluations align directly with, and fulfill the intent and scope of, the planned program reviews for the ROP, as stipulated in Appendix C to the Strategic Plan.

As described in Enclosure 1, the staff noted that the PI program continued to offer insights into ensuring plant safety and security in CY 2016. NRC inspectors independently verified that licensees operated plants safely and securely. The staff performed a comprehensive assessment of the baseline inspection program in accordance with IMC 0307 Appendix B, "Reactor Oversight Process Baseline Inspection Procedure Assessments and Reviews" (ADAMS Accession No. ML15187A398). The staff summarized the results of this assessment in the December 21, 2016, memorandum, "Reactor Oversight Process Baseline Inspection Program Assessment Results—Calendar Year 2016" (ADAMS Accession No. ML16285A346). The SDP continued to be a generally effective tool for determining the safety and security significance of inspection findings, although efforts are underway to further streamline the process and improve the timeliness of dispositioning inspection findings. Additionally, the staff has initiated efforts to improve the use of integrated risk-informed decision-making in the SDP, which will be reflected in revisions to IMC 0609, "Significance Determination Process," Appendix M, "Significance Determination Process Using Qualitative Criteria." The assessment program continued to ensure that the NRC and licensees took appropriate actions to address performance issues commensurate with their significance. The staff made several improvements to the program area guidance documents, based on feedback and lessons learned, and made significant progress on several initiatives and program improvement recommendations, as detailed in Enclosure 1.

Element 2: Monitor ROP Revisions and Assess Effectiveness of Recent Program Changes

Monitor ROP Revisions

As governed by Element 2 of the revised self-assessment process, the staff monitored the status of the longer term program changes resulting from more complex ROP feedback, including recommendations from independent evaluations and lessons-learned reports. These more comprehensive efforts often involve multiple internal and external stakeholders to evaluate, resolve, and implement the changes, as appropriate. As detailed in Enclosure 2 to last year's ROP self-assessment, SECY-16-0047, the ROP benefited from many staff-initiated program improvements as well as recommendations from independent evaluations.

In CY 2016, the Office of the Inspector General (OIG) conducted an audit to evaluate how effectively inspection procedures were written, understood, and performed by agency managers and inspection staff. OIG Report 16-A-12, "Audit Report of NRC's Reactor Oversight Process: Reactor Safety Baseline Inspection Procedures" (ADAMS Accession No. ML16097A515) was completed in April 2016. The report included recommendations to ensure that mandatory and discretionary language used in inspection procedures is clear and consistent. As a result, the staff revised and issued IMC 0040, "Preparing, Revising and Issuing Documents for the NRC Inspection Manual," effective January 2017, which contains explicit instruction on the use of mandatory and discretionary language providing clarity on expectations for inspection procedure (IP) implementation. OIG also conducted an audit in 2016 to assess the consistency with which the NRC evaluates power reactor safety inspection findings under the SDP. OIG Report 16-A-21, "Audit of NRC's Significance Determination Process for Reactor Safety" (ADAMS Accession No. ML16270A359), was completed in September 2016. The staff plans to address the four recommendations in this audit report by CY 2018, most notably through the staff's planned actions to implement the Inspection Finding Resolution Management initiative to improve the efficiency and effectiveness of the SDP.

These efforts collectively produced numerous recommendations and suggestions for further ROP improvements, many of which have been implemented. The staff discusses recommendations that remain open in the applicable program area evaluations in Enclosure 1.

Assess Effectiveness of Recent Programmatic Changes

The second aspect of Element 2 is to assess recently implemented ROP changes to evaluate their effectiveness to ensure that the intended results have been realized and to evaluate any unintended consequences. The topics for the effectiveness reviews for CY 2016 were (1) recent security baseline inspection program revisions and (2) recommendations from the internal Browns Ferry IP 95003 lessons-learned report. Additionally, the reviews conducted in CY 2016 in accordance with the revised IMC 0307, Appendix B, "Reactor Oversight Process Baseline Inspection Procedure Assessments and Reviews" (ADAMS Accession No. ML15187A398) are considered effectiveness reviews under this element of the process and are discussed in more detail in the inspection program evaluation in Enclosure 1.

The staff reviewed the security baseline inspection program to assess the effectiveness of realignments made in the ROP in 2011 and determine lessons learned for program improvement. For a more comprehensive view of security inspections, the staff combined this review with the 2016 ROP baseline inspection procedure assessment governed by IMC 0307, Appendix B. The staff determined that the revisions to the security baseline inspection program

since the 2011 ROP realignment have yielded positive results, although the staff did identify some areas for improvement. The staff also determined that the collective changes assessed during the review of the security baseline inspection program have not resulted in any negative unintended consequences caused by the individual or cumulative inspection program changes.

The staff also reviewed the effectiveness of the actions taken to address the recommendations generated from the internal Browns Ferry IP 95003 lessons-learned report. The effectiveness review found that, although many of the recommendations have been addressed, other recommendations are still being considered by the staff. Some recommendations remain open because they have been subsumed by working groups undertaking larger efforts. Because of the nature of the diverse set of recommendations, the staff did not attempt to reach conclusions on the effectiveness of the aggregate actions taken in response to the lessons-learned report. Instead, the staff formulated conclusions on the effectiveness of the individual actions that have already resulted in changes to the ROP. Where possible, the staff reviewed the aggregate of actions in similar areas to develop a conclusion about the effectiveness or consequences of those actions. Although some recommendations were not accepted, the staff gave due consideration to each, and several recommendations are still under staff review. For those recommendations where actions were completed and data was available, the staff concluded that those actions have made or will make the ROP more efficient and effective. The staff will consider the closed recommendations in the area of cross-cutting issues for a future effectiveness review. Additional ROP changes resulting from these recommendations will also be considered for effectiveness reviews as part of the ROP self-assessment process.

The staff will continue to evaluate the cumulative effects of recently implemented changes to the ROP and provide related insights in the ROP self-assessments for future years. The staff will document the results of the effectiveness reviews in the annual self-assessment and will brief senior NRC management during the AARM and the subsequent Commission meeting.

Element 3: Perform Focused Assessments and Peer Reviews of Regional Offices

Perform Focused Assessments of Specific Program Areas

Under Element 3 of the revised self-assessment process, the staff selects one or more topics for a focused assessment that delves more deeply into specific aspects of the ROP. Senior NRC management selected inspector training and qualifications as the topic for the CY 2016 focused assessment.

The staff developed a charter and formed a team with representatives from the regions, the Technical Training Center, and NRC headquarters. The team reviewed (1) refresher training needs assessment, (2) the agency's ability to maintain a robust pipeline of qualified inspectors, and (3) training efficiencies in the initial qualification process. The team reviewed the program governance and regional operating procedures and conducted interviews and a focused survey consisting of questions about the initial and refresher inspector training and qualification programs.

As documented in an internal report of the review team's activities, the review team found the inspector training and qualification program described in IMC 1245, "Qualification Program for New and Operating Reactor Programs," dated January 13, 2016 (ADAMS Accession No. ML16277A415), to be robust and effective in ensuring that inspectors acquire and maintain the necessary knowledge and skills to successfully implement the inspection program. However, the team did identify several recommendations to increase the efficiency and

effectiveness of the training and qualification program. For example, the team recommended shifting to a credit-based approach for refresher training to increase flexibility while maintaining some level of consistency. The team's vision of this approach is that each inspector classification would have a list of existing NRC courses (e.g., those on emergency diesel generators or motorized valve actuators) and external training courses that could be taken to receive credit for refresher training. The team also recommended that NRC management should continually evaluate how to maintain an adequate pipeline of inspection staff throughout any future changes to staffing or the hiring process and that the staff. Additionally, the team recommended that the staff establish and add grading criteria to IMC 1245 for both the completion of individual study activities and the conduct of the qualification boards to increase transparency and predictability in the initial qualification process and help reduce inconsistencies. The team also highlighted aspects of the current IMC 1245 governance that do not seem to be fully understood or effectively implemented as intended. To address these aspects, the team recommended that the flexibilities in the current IMC 1245 governance be clarified and reinforced for existing and qualifying inspectors as well as for their management. This can be done through inspector counterpart meetings or other avenues. In addition, the team prepared an article for the January 2017 inspector newsletter that summarized the results of the focused survey about initial and refresher training and qualifications. NRC staff and management will evaluate and disposition the team's recommendations, as appropriate.

Because this focused review was a first-of-a-kind effort, the team evaluated the effectiveness of the focused review process itself. The team found the focused review to be a valuable tool to identify strengths, weaknesses, areas for improvement, and best practices of ROP-related topics. Although the focused review was very informative, the team recognized that conducting a review of this magnitude, combined with resolving any recommendations, involves a large resource commitment and can be very time-consuming. Because of this, the team recommended changing the periodicity of the focused assessment to every other year, perhaps alternating with the peer reviews discussed in the following section. As a result, the staff plans to revise IMC 0307 to reflect occurrence in alternate years and therefore will conduct a focused assessment in CY 2017 and the next peer review in CY 2018.

The staff will brief NRC senior management on the results, conclusions, and planned actions from the CY 2016 focused assessment of inspector training and qualifications during the 2017 AARM and the subsequent Commission meeting. The staff will also recommend to NRC senior leadership the program areas to pursue for the CY 2017 focused assessment as part of the 2017 AARM process and will inform the Commission in the AARM summary.

Perform Peer Reviews of Regional Offices

Another key aspect of Element 3 is to conduct regional peer reviews to ensure accountability to program governance as well as predictable, consistent, and reliable program implementation across the regions. The staff followed IMC 0307, Appendix C, "Reactor Oversight Process Self-Assessment Regional Peer Reviews" (ADAMS Accession No. ML16147A455) to assess regional implementation of the ROP. The guidance leads staff to identify strengths, areas for improvement, and best practices among the regions and to ensure predictable, consistent, and reliable ROP implementation across all regions. Although the self-assessment for 2016 was focused on Region II, each regional office will assess all results for applicability.

The staff developed a charter and formed a team with representatives from NRC headquarters and from all regions except Region II. The team reviewed (1) oversight of inspectors, (2) inspection planning, execution, documentation, and completion for selected inspection

procedures, (3) tracking greater-than-Green findings and violations to completion, and (4) specific resident inspector program items.

As documented in an internal report of the review team's activities, the team concluded that the commitment and dedication of the management and staff of Region II to ensuring safety were clearly evident in the conduct and results of this peer review. An example of a best practice noted by the team was that Region II implemented an SDP tracker to help track and communicate where a finding is in the process, to ensure that issues are addressed in a timely manner, and to ensure that management is aware of any potential greater-than-Green findings. Although the team identified a few areas for improvement and potential enhancements, the team concluded that Region II was successfully executing and implementing the applicable ROP and the NRC processes. As anticipated, the team also identified some areas that could use further clarification or additional guidance from the program office to ensure that program governance documents are clear, easily understood, and applied consistently. NRC staff and management will evaluate and disposition the team's recommendations, as appropriate.

Because this regional peer review was a first-of-a-kind effort, the team also evaluated the effectiveness of the process itself to identify best practices and potential improvements. The team recognized the regional peer review as a valuable tool in: (1) identifying strengths, areas for improvement, and best practices among the regions; (2) promoting predictable, reliable, and consistent ROP implementation across regions; and (3) determining the adequacy of the support provided by the Office of Nuclear Reactor Regulation to the regional offices to carry out their functions related to the ROP. Although the regional peer review was very informative and useful in promoting regional consistency, the team recognized that it requires a large resource commitment and was very time consuming. Because each region is represented and actively engaged in the process, communication among the regions of the insights gained is built into the process. The team also recognized that identifying succinct actions to address the recommendations will take additional time and that assessment of the effectiveness of these actions should not occur until acceptable implementation time has passed. Because of this, and taking into account the large resource and time burden of the regional peer review, the team recommended revising the periodicity of the peer reviews to every other year, perhaps alternating with the focused assessments discussed in the previous section. As a result, the staff plans to revise IMC 0307 to reflect occurrence in alternate years, and plan to conduct the next peer review in CY 2018.

The staff will brief NRC senior management on the results, conclusions, and planned actions from the CY 2016 peer review of Region II during the 2017 AARM and the subsequent Commission meeting.

Other Related Activities

ROP Communications

The staff continued to focus on effective communications and improve the communication tools and openness of the ROP based on ongoing feedback from internal and external stakeholders. The staff used a variety of communication methods to ensure that stakeholders had access to ROP information and ample opportunity to provide feedback. The staff continued to conduct monthly public meetings, use the internal feedback process, and hold periodic meetings and telephone conferences with internal stakeholders to discuss potential improvements to the ROP. The staff continued to use the ROP feedback form process and the inspector newsletter to gather feedback from, and disseminate useful information to, internal

stakeholders. In addition, the staff effectively implemented the newly developed “Contact Us” form to solicit feedback from resident inspectors and other internal personnel on topics such as administrative issues, operating experience, resident support, regional differences, and information technology. The staff also maintained and updated the public ROP Web pages to ensure that they communicate accurate and timely information to all stakeholders.

The staff updated a plain-language brochure and pamphlet, NUREG/BR-0508, Rev. 1, “Reactor Oversight Process” (ADAMS Accession No.: ML16119A045) and NUREG-1649, Rev. 6, “Reactor Oversight Process” (ADAMS Accession No.: ML16214A274), in CY 2016. The staff highlighted its activities at the ROP poster session during the NRC’s Regulatory Information Conference, held in March 2017, and at many public meetings. In addition, the staff continued to develop communications tools in CY 2016 to facilitate NRC knowledge management and to improve public awareness and understanding of the ROP. For example, the staff redesigned the external ROP Web pages to align with various different government information technology requirements and to incorporate more extensive use of plain language, consistent messaging, and overall transparency. The staff continued to provide an additional venue to receive public feedback through the publicly available “Contact Us” form specific to the ROP to allow anyone to ask a question about the ROP and receive a timely response. The staff is considering additional changes to improve the effectiveness of NRC messages through more extensive use of plain language and a focus on the desired effect of the communication on stakeholder perceptions. These efforts include the use of wording that conveys the significance of issues to the broadest possible audience.

Construction ROP and Transition to New Reactor Oversight

Similar to the ROP for operating reactors, the staff implements the Construction Reactor Oversight Process (cROP) for the oversight of new reactors that are under construction. The results of the cROP self-assessment are discussed in a separate Commission paper and will be discussed at the AARM and subsequent Commission briefing. Additionally, the NRC established a transition working group in 2013 to develop an integrated plan that identifies all regulatory functions necessary to support the transition of new reactors from construction to operation. The working group summarized its results in the report, “Assessment of the Staff’s Readiness To Transition Regulatory Oversight and Licensing as New Reactors Proceed from Construction to Operation,” dated September 9, 2014 (ADAMS Accession No. ML14031A387).

The report included 21 readiness issues with associated options and recommendations. The NRC staff tracks the status of these readiness issues and briefs NRC senior management on a regular basis. Although most of the readiness issues do not need to be in place until CY 2019 to support new reactor operations, the staff has made significant progress in addressing some of them. The staff is also developing a transition implementation plan to ensure readiness when AP1000 licensing and oversight functions transition from construction to operations. Specific readiness issues are also associated with each of the four primary ROP program areas: PIs, inspection, SDP, and assessment.

ROP for New Reactors

The staff provided the Commission with SECY-13-0137, “Recommendations for Risk-Informing the Reactor Oversight Process for New Reactors,” dated December 17, 2013 (ADAMS Accession No. ML13263A351). In the related SRM, dated June 30, 2014 (ADAMS Accession No. ML14181B398), the Commission directed the staff to develop recommendations to address certain modifications to the PIs and SDP to address new reactors, with appropriate stakeholder

input, and submit them to the Commission for approval before power operation for the first new reactor units. The NRC has held many internal and external meetings to develop and discuss appropriate changes to the ROP and will coordinate these actions as part of the transition to the new reactor oversight activities discussed above. The staff plans to develop a single comprehensive paper summarizing the recommendations for changes to the PI and SDP programs, as well as the baseline inspection program, and to submit this paper to the Commission by the end of CY 2017. The staff includes more details on these efforts in the respective program area evaluations in Enclosure 1.

ROP Changes Requiring Commission Involvement

In SRM-160602B, "Briefing on Results of the Agency Action Review Meeting (AARM) 9:00 A.M., Thursday, June 2, 2016" (ADAMS Accession No. ML16176A078) the Commission directed the staff to provide for Commission approval the set of criteria being developed to define when Commission approval is needed for significant changes to the ROP. In response, the staff submitted a set of draft guidelines to the Commission for approval in COMSECY-16-0022, "Proposed Criteria for Reactor Oversight Process Changes Requiring Commission Approval and Notification," dated October 17, 2016 (ADAMS Accession No. ML16223A728). The COMSECY is currently with the Commission for consideration. Until the Commission provides direction to the staff on those recommendations, the staff will continue to use existing practices to ensure the Commission is appropriately engaged in and aware of significant changes to the ROP being considered.

CONCLUSIONS:

The self-assessment results for CY 2016 indicate that the ROP provided effective oversight of operating reactors by meeting the program goals and achieving its intended outcomes. The ROP ensured openness and effectiveness in supporting the agency's mission and its strategic goals of safety and security, and the staff completed the planned program reviews in accordance with Appendix C to the Strategic Plan. The program was successful in being objective, risk-informed, understandable, and predictable. Several best practices were identified and are being weighed for broader application within the oversight program. The staff is also evaluating and implementing several program improvements based on lessons learned and feedback from stakeholders and independent assessments, consistent with the continuous improvement features of the ROP. The staff's self-assessment verified that the ROP was implemented reliably and predictably through objective performance metrics and program area evaluations in CY 2016, as confirmed by the effectiveness reviews, regional peer review, and focused assessment under the revised self-assessment process.

COORDINATION:

The Office of the General Counsel has reviewed this Commission paper and has no legal objection. The Office of the Chief Financial Officer has reviewed this Commission paper and has no objections.

/RA/

Victor M. McCree
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for Operations

Enclosure:
Reactor Oversight Process Program
Area Evaluations

SUBJECT: REACTOR OVERSIGHT PROCESS SELF-ASSESSMENT FOR CALENDAR
YEAR 2016 DATED: April XX, 2017

ADAMS Accession Nos.:
ML17046A452 (package)
ML17046A541 (paper)
ML17046A593 (enclosure)
 201100134

*Concurrence via email

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