2009 ACMUI RECOMMENDATIONS AND ACTION ITEMS

	ITEM	DATE	STATUS	
1	NRC staff should allow IRs to become AUs for Y-90 microspheres with: 1) 80 hours training in: a) radiation physics & instrumentation; b) radiation protection; c) mathematics pertaining to the use and measurement of radioactivity; d) chemistry of byproduct material for medical use; and e) radiation biology; and 2) work experience under the supervision of an Authorized User involving: a) ordering, receiving, & unpacking radioactive materials safely & performing the related radiation surveys; b) checking survey meters for proper operation; c) examination of each individual; d) calculating, measuring, & safely preparing patient or human research subject dosages; e) using administrative controls to prevent a medical event involving the use of byproduct material; f) using procedures to control and to contain spilled byproduct material safely & using proper decontamination procedures; g) follow up and review of each patient's or human research subject's case history; and h) the operation of and quality management for dose calibrators; and 3) board certification in diagnostic radiology with a subspeciality in interventional radiology or three years supervised clinical experience in diagnostic radiology with one year in interventional radiology	5/7/09	Accepted	Closed 1/26/11
2	NRC staff should revise 35.390(b)(1)(ii)(G)(3) to read "parenteral administration requiring a written directive for any radionuclide that is being used primarily because of its beta emission, or low energy photo-emission, or auger electron; and/or" and revise 35.390(b)(1)(ii)(G)(4) to read "parenteral administration requiring a written directive for any radionuclide that is being used primarily because of its alpha particle emission"	5/7/09	Accepted	Closed 3/7/18
3	NRC staff should revise 10 CFR 35.490 & 690 as proposed with one exception. Delete "private practice." The regulation should read "500 hours of work experience, under the supervision of an Authorized User who meets the requirements in [35.490 or 35.690] or equivalent Agreement State requirements at a medical institution or clinic..."	5/7/09	Superseded by item 10	Closed
4	To prevent reccurrence of events like those at the VA, ACMUI recommends: 1) Every brachytherapy quality assurance program include peer review as published by the American Brachytherapy Society and 2) Authorized Users should perform post-implant dosimetry	5/7/09	No NRC action	Tabled

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5	ACMUI will create a subcommittee that includes three members to review ICRP Report 103 and get back to Dr. Don Cool	5/8/09	Accepted	Closed
6	a) ACMUI came to a consensus on NCRP report 160, which is believed to be scientifically sound and well-written b) ACMUI believes NRC and Agreement States should collect and maintain dose records and keep ACMUI aware of the issues but should continue a policy of not intervening with medical practice c) ACMUI supports the medical principle of "First do no harm" and expressed continued concern about exposure to children d) ACMUI's current belief is that the benefit of medical procedures involving radiation outweighs the risk	5/8/09	No NRC action	Closed
7	ACMUI endorsed the subcommittee report for American Board of Radiology candidates who may experience a delay between the completion of Training and Experience and receipt of board certification	5/8/09	No NRC action	Closed
8	NRC staff should not require licensees to report therapeutic infiltrations as Medical Events.	5/8/09	Not Accepted	Closed
9	Dr. Malmud added three temporary members to the medical events subcommittee: Dr. Welsh (chair), Dr. Langhorst, Mr. Mattmuller. Existing subcommittee members inlcude: Ms. Gilley, Dr. Suleiman, and Dr. Thomadsen.	10/19/09	ACMUI Action	Closed
10	ACMUI recommends NRC staff delete the phrase "at a medical institution" from 10 CFR 35.2, 35.490(b)(1)(ii), 35.491(b)(2) and 35.690(b)(1)(ii).	10/19/09	Accepted	Closed 3/7/18
11	ACMUI recommends NRC staff revise 10 CFR 35.41(a) by adding "(3) If the administration is not in accordance with the written directive, a determination of whether it resulted in a reportable medical event will be made in a timely manner."	10/19/09	Motion did not pass	Closed