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Re: *The Draft Annex for RegDoc-2.2.2, Personal Training*

Dear Director:

We are writing to you on behalf of the Canadian Organization of Medical Physicists (COMP) to comment on the draft Annex to *REGDOC-2.2.2, Personal Training* that the Canadian Nuclear Safety Commission (CNSC) opened for commentary April 12, 2016 through a *Request for Information*. We trust that this letter will provide the CNSC with some points to consider as the REGDOC and Annex move forward.

To provide some context: we the undersigned are all members of the recently formed COMP-CNSC Liaison Subcommittee of COMP's Quality Assurance and Radiation Safety Advisory Committee (QARSAC). The members of this subcommittee have all worked with the CNSC over the years, typically serving as Radiation Safety Officers (RSOs) in CNSC Class II licenced facilities. Most of COMP's 520 members work in such facilities and, as the CNSC noted in the recent *Annual Regulatory Oversight Report on the Use of Nuclear Substances in Canada: 2014*, many certified RSOs, particularly in medical Class II facilities, are COMP members. Relevant to this commentary, all the undersigned have been involved with the radiation safety training of hospital staff, health care workers and Nuclear Energy Workers in our respective institutions.

The CNSC's 2014 *Nuclear Substances* report provides excellent evidence for the quality of our existing training programs. The reported compliance in the medical sector (our primary area of expertise) demonstrated that COMP members have established safe radiation environments for workers, patients and the public in our hospitals and cancer centres. The data reported in Figure 21 show that the annual effective doses to Nuclear Energy Workers in the medical sector are well below regulated annual dose limits for NEWs; while the data in Figures 17 and 23 indicate that the inspection ratings for radiation protection in the medical sector have improved consistently over the period covered by the report. Such records (with a better than 90% compliance record) are not achieved by chance, but indicate a strong culture for training.

Further evidence of the quality of the radiation safety training in cancer centres was provided to the CNSC commissioners in May 2014 when members of COMP and the Canadian Partnership for Quality Radiotherapy (CPQR) reviewed the safety and incident reporting programs and hard work undertaken to ensure patients undergoing radiotherapy are treated safely. This presentation again highlighted that high quality training is a key requirement for safe radiation therapy.

We can state categorically that to date the high quality training we have clearly established has NOT proceeded under the framework/system recommended in REGDOC-2.2.2 which brings us to this letter and the following 6 points:

1. We agree fully with the CNSC that training is vital for a high quality radiation safety program.

2. Unfortunately, the development of REGDOC-2.2.2 and the recent Annex as presented by the CNSC does not provide strong evidence that the framework/system proposed is best practice, or that it will improve the safety culture or environment in our medical setting.

The initial feedback from various stakeholders, mainly in the nuclear industry, and the January 2014 document *Comments received from public consultation* suggests that others had similar concerns in the past (e.g., comment 3 in the *Comments received* review). It seems the response of the CNSC to the feedback was to implement specific wording changes in the REGDOC (e.g. point 5, 7, 12, etc. in the *Comments* review) and to move to a more stringent definition of the specific framework for an acceptable training system (e.g., points 6, 15, 17, etc. in *Comments* Table). The Annex recently released for review suggests that the CNSC is adopting a very narrow view of how an effective training system should be structured.

The CNSC states in the *Request for Information on the Proposed Implementation of Annex A of REGDOC-2.2.2 (Section 5. Potential Impacts)* that there will be no increased costs or burden for licensee because of the REGDOC as the Annex provides guidance only.

However:

3. We are unclear on the regulatory implications of what seems to be a CNSC expected training system as defined in REGDOC-2.2.2 and the Annex. We recognize that REGDOCs are not regulations, but they do more than simply provide guidance since they articulate CNSC expectations. Our unease is that CNSC staff performing inspections and audits in the future will use the Annex's '*Simplified Process*' table as the gold standard against which they will assess hospitals' radiation safety training programs. We are concerned that in some cases our training programs will be evaluated negatively if the framework specified in the Annex has not been adopted.
4. More importantly, if Class II facilities adapt their training programs to this framework, and write these into centre policies and radiation safety manuals, then the training expectations will become part of the licence conditions. We are concerned that the excellent compliance rates achieved in our facilities to date will be compromised if the high standards for documentation (let alone implementation) required in the various components for the analysis, design, development, implementation and evaluation phases as outlined in the '*Simplified Process*' table are not fully maintained.
5. Given Points 3 and 4 above, we cannot be sure at this time that release of REGDOC 2.2.2 and the Annex will be cost neutral. At a minimum, it seems these documents will increase the administrative burden for RSOs in their facilities as they review their training under the framework suggested by the Annex. This is counter to recent moves by the CNSC to reduce administrative burdens. Even your '*Practical Example*' given in the Annex for staff training in the use of survey meters shows the considerable administrative burden required to adopt the proposed training system for what in our experience should be a simple training exercise.
6. We note that Point 5 was identified previously by industry and research facilities (Point 3 in January 2014 Comments document and August 2013 letter from McMaster University). We will echo McMaster's concern with the further comment that in the current budgetary

environment in health care, it is very difficult, if not impossible, to increase costs because of increased administrative burdens when programs are already considered to be functioning effectively.

We realize that in this letter we are not providing the detail on the potential impact or alternate approaches that the CNSC requested in the preface to the April 2016 *Request for Information*. Unfortunately, as the points above indicate, the current REGDOC and Annex have generated more questions than answers in our particular community.

Having said this we are more than willing to work with CNSC staff to clarify the expectations of the REGDOC so that COMP members can continue to contribute to the strong training environments we have achieved in the past.

On behalf of QARSAC and COMP,

Sincerely,



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