

April 16, 1993

MEMORANDUM FOR: James M. Taylor, Executive Director for Operations

FROM: Samuel J. Chilk, Secretary /s/

SUBJECT: STAFF REQUIREMENTS - COMSECY-93-013 GUIDELINES ON THE ROLE, PROCEDURES, SIZE AND COMPOSITION OF THE ADVISORY COMMITTEE ON THE MEDICAL USES OF ISOTOPES

The Advisory Committee on the Medical Uses of Isotopes has served the Commission and the NRC staff well and should continue to do so. The Committee's role and function of providing sound technical and policy advice to the NRC are even more important now that medical use regulatory issues are under active, high-priority review. To help ensure continued high-quality support from the Committee, the Commission wishes to maintain direct access to the Committee and visibility of Committee activities. For this reason, the Commission has determined that certain adjustments are needed with respect to the Committee's role, size, composition and operating procedures. The purpose of these adjustments is to allow the Commission to take maximum advantage of the special resources provided by the Committee at minimum cost to the government, in keeping with the President's general direction on the use of advisory committees.

The Commission has determined that the following guidelines should be implemented regarding the role, procedures and composition of the Advisory Committee on the Medical Uses of Isotopes (ACMUI):

1. In making future selections for Committee membership, consideration should be given to additional specialties which might enhance the Committee's operations. Also, more weight should be given to candidates who represent more than one area of expertise (e.g., a hospital administrator with experience as a nurse); such candidates should be sought.
2. The Committee should be maintained at or near its present size of 12 members. The six-year limit on length of service should be maintained. The Commission does not believe that the approach to length of service and number of terms should be any different for State representatives than for other Committee members. Accordingly, the approach to length of service and number of terms currently in effect for all but the State

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representatives should be extended and applied uniformly for all Committee members. However, all Committee members should be clearly informed and understand that continued service is dependent on continued agency need, and that the mix of representation on the Committee will be reexamined as regulatory needs change. Therefore, members may not be asked to serve a second or third term if they are no longer needed for purposes of representation, or if their contribution to the work of the Committee has been lacking.

3. Although the primary function of the Committee is to serve the needs of the NRC staff, the Commission wishes to receive an oral report from the Committee annually and will meet with the Committee at least once a year to receive the Committee's report. The Committee may, if it chooses to do so, also provide its report in letter form, but this is not required. The Committee should interact with the Commission in accord with the following guidance:
 - a. The Committee's report to the Commission should be a consensus report and be approved by the Committee. Members having views different from those in the report should be allowed to express them in writing or when the report is presented to the Commission.
 - b. The Commission would encourage the Committee to adopt bylaws governing communications between the Committee and the Commission along the lines of the bylaws that have been adopted by the ACRS. Such bylaws, applied to ACMUI would provide that members of the Committee write to the Commission on medical matters only when it is appropriate to do so: (1) as Committee business in a Committee report, (2) in carrying out assigned responsibilities as an NRC medical consultant; and (3) in commenting, during the official public comment period, as members of the public on matters where public comment has been requested.

There may be occasions on which a member feels a subject is of medical significance, but is unable to persuade the majority of the Committee that it warrants a Committee report. In such cases, the member should make a good-faith effort to persuade the Committee to take action, whether by writing a report on the subject, or by conducting further exploration. If the Committee decides to do neither, or if the member involved feels that the importance of the subject warrants prompt action, he/she is then

free to write an individual report on the subject. Such a report should clearly state, up front, that the member is not speaking for the Committee, and that the Committee has declined to act to his/her satisfaction on the subject. A member using this mechanism should make every effort to apply the same professional standards to their individual communication as is fair to expect from the Committee as a whole. The Committee in turn will make every effort to protect members' opportunities to address individual views.

- c. The staff should consider whether it would be advisable for the Committee to operate under a set of by-laws to address procedural and conflict-of-interest concerns, including appearances of such conflict as well as for expression of minority views. The Commission also suggests consideration of the by-laws of the ACRS in this regard.
- d. Consistent with the foregoing, the Committee should continue to interact with the staff to provide such support as the staff may deem warranted to help accomplish its regulatory mission.

As a separate but related matter, the staff should consider what changes to the Committee's charter may be appropriate to more adequately reflect the Committee's role as delineated above.

cc: The Chairman
Commissioner Rogers
Commissioner Curtiss
Commissioner Remick
Commissioner de Planque
OGC