



N · E · W · S

A MESSAGE FROM THE PRESIDENT

Kent Lambert, CHP, President

When you read this, we will be about six weeks from the Annual Meeting in Spokane, WA. There the Part II Exam Panel will start preparing the 2017 exam; the ABHP will meet (and appoint new members to the exam panels); three, day-long continuing education courses will be presented; and the Academy Executive Committee will meet; all before the official start of the conference!

During the conduct of the annual meeting, many of the Academy standing committees will also gather, the Academy will have a booth in the exhibit hall, the Board will administer the certification examination to about 200 candidates, Past-president Bob Miltenberger will host a special technical session on Nuclear Weapons, and the Academy will have an awards luncheon.

And this is routine stuff that the Academy does every year! The point is that even in a year without any major issues or special projects, much is happening; which reflects a significant effort by many Academy members. Let's not take for granted all the work that goes on even in a routine Academy/Board year!



Having said that, we also should not simply accept the status quo. My goal for this year is to question how we currently do business and, based on the answers, begin implementing those changes to our processes that the answers dictate. This is not an exercise in change for the sake of change. I'm not sure what the current management guru terminology is for this, but it was once called "continuous improvement."

Many past-presidents have used this bully-pulpit to encourage members to get involved. I have no intentions of doing that. Instead, I would like to suggest that members "Hochheiser"

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someone. Ellen Hochheiser managed to be in a position to *push* me into new and rewarding activities multiple times early in my career, so I've made her name a verb. Don't just get involved, look for and push capable colleagues towards deeper involvement in the profession.

There are a couple of non-routine issues which the Academy has, is, or will be addressing this year.

The first thing to report is the status of our application to the Council of Engineering & Scientific Specialty Boards (CESB) for re-accreditation of our certification process. In mid-March, the CESB voted to accredit the AAHP/ABHP certification process. Unfortunately, the accreditation is only for two years instead of the full five year accreditation period. This is due to apparent differences in the CESB accreditation standard and our continuing education requirements. I have, in effect, appealed the decision of the CESB (technically, I requested a three year extension to our current accreditation) because it appears as if we meet the CESB accreditation standard, even if we did not explicitly detail how we met it in our renewal application. I look forward to reporting the results of the extension request in the near future.

The most significant, non-routine issue that the Academy will be dealing with over the next year is both good news and bad news. Our long-time Executive Director, Nancy Johnson, has announced her intentions to retire. I say good news because, as someone that has worked with Nancy in several capacities over the years, I am happy for her to have reached the point in her life that she can begin a new phase that includes time to relax. The bad news is, well, selfish. I (and everyone that has relied on Nancy in the AAHP and ABHP) will miss her professionalism, dedication, and informed counsel.

Nancy has been working with Burk and Associates since 1981. This is before the American Academy of Health Physics existed. I'll let you consider the amount of institutional knowledge she has. I am currently working with Burk and Associates president, Brett Burk, to develop a succession plan.

Nancy's plan is to retire after the 2017 Midyear meeting. Nancy provided this much advanced notice because of her commitment to the continued success of the Academy.

Part of the reason that I am announcing her plans now, is to ensure that you know that this year's meeting in Spokane may be your last opportunity to express your appreciation for all that Nancy has done for the ABHP and AAHP. I cannot say what surprises might be in store, but you should plan to attend the Academy luncheon and the Academy business meeting...

AMERICAN ACADEMY OF HEALTH PHYSICS - 2016

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CHP News Editor's Note

The AAHP Executive Committee meets twice each year. The committee provides the minutes of their meetings to the AAHP membership, with a goal of encouraging transparency with, and participation by, the members. The minutes are comprehensive but were edited for brevity, where appropriate.

Members may be particularly interested in the following topics:

- CHPs in medical health physics.....Sections 5.1, 7.9.1, 11.1.1, 12.3
- Revoking ABHP certification.....Section 5.2
- Certification exam results & minimum scores..... Sections 9.0, 10.0
- NRRPT involvement in ABHP certification.....Section 7.9.4
- CHPs as Certified Safety Professionals.....Section 12.1
- Public access to AAHP membership information.....Section 12.6

AAHP EXECUTIVE COMMITTEE 2016 Winter Meeting Minutes Sunday - 31 January 2016 - 9:00 am to 5:00 pm Austin, Texas

1.0 Call to Order

The meeting of the Executive Committee (EC) of the American Academy of Health Physics (AAHP) was called to order on 31 January 2016, in Austin, Texas, by President Miltenberger at 9:00 am.

2.0 Welcome to Members and Guests

A general welcome to the meeting was provided by President Miltenberger to the meeting attendees, as shown in the table below.

Name	AAHP Position or Affiliation
Robert Miltenberger	President
Kent Lambert	President-Elect
Edgar Bailey	Past President
Alan Jackson	Secretary
Steven Brown	Treasurer
Louise Buker	Director
Kyle Kleinhans	Director
Jim Stafford	Director and Parliamentarian
Alex Boerner	Director and Past Treasurer
Mark (Andy) Miller	ABHP Chair, Ex-Officio, Liaison to HPS
Nancy Johnson	AAHP Executive Director
Jim Willison	Continuing Education Committee Chair/Assistant Webmaster
Nora Nicholson	Liaison to CESB
Edwin M. Benfield	Liaison to NRRPT
Jay Poston	Director-Elect
Rebecca Grabarkewitz	Secretary-Elect

3.0 Discussion and Approval of Agenda

Jim Stafford indicated that a quorum was present. Bob asked if there were any additions or deletions to the agenda. Nancy Johnson noted the following items as added to the agenda under new business:

- National Council on Radiation Protection and Measurements (NCRP) “Where are the Radiation Professionals (WARP)?” report
- AAHP Membership Information
- Nuclear Regulatory Commission (NRC) Advisory Committee on the Medical Uses of Isotopes

Individual reports to the EC were submitted along with the agenda in advance of the meeting.

4.0 Approval of Minutes of July 2015 Meetings

Bob asked if there were any additions or deletions to the minutes. Nancy noted a correction needed to the heading for Section 5.0. Alan Jackson indicated he would correct the minutes accordingly.

5.0 Reports of 2015 Officers

Before beginning the reports of the officers, Bob issued a correction: he erroneously identified Nancy’s new title in his minutes report. Nancy’s title is “Executive Director” and not “Executive Secretary” or “Program Director.” AAHP will need to go through all of the procedures and modify, as necessary, to ensure that the correct title is referenced. Jim noted that the action item from the July 2015 meeting was to research procedures, identify procedures that were impacted, and then discuss which of the titles that the EC should choose moving forward. Jim added that almost every procedure (~30-40) has a statement that when the person performs the annual review, they are supposed to send a notice to the Program Director/Executive Secretary (the term Executive Director is not used). [Discussion ensued].

Kent made a motion to authorize the Parliamentarian to change “Program Director” and “Executive Secretary” in all AAHP documents to “Executive Director.” Kent expounded that his intent is for this motion to refer to all the terms that Jim mentioned. Bob requested to amend the motion to include an action item for ABHP to make changes to their documents. The result of this motion means that the EC authorizes the Parliamentarian to make this specific change; therefore, the approval of each revised SOP by the EC is not needed. This motion does not remove the responsibility from each SOP owner to perform their annual review.

5.1 President – Bob Miltenberger

Bob gave a summary of the second series of emails to the Clinical Laboratory Improvement Amendments (CLIA) about using AAHP certification for an individual to be named director of a laboratory. Information was sent to Ed that CLIA denied the request. Bob and Steve Frey sent a follow-up request to CLIA that AAHP-certified individuals would be directors of solely bioassay laboratories. CLIA’s answer was that is also “no”.

Bob held a conference call with David Allard, Director of the Bureau of Radiation Protection, Pennsylvania Department of Environmental Protection (PADEP). The Commonwealth of Pennsylvania is in process of changing their regulations. The American Association of Physicists in Medicine (AAPM) wanted to do things that might have excluded Certified Health Physicists (CHPs) from doing things in hospital environments. David Allard and his counterpart said that they are changing regulations and that they had no intentions of accepting the AAPM request. Their definition of what was an authorized agent to do this would include criteria that would allow CHPs to do things. Kent elaborated that there is a bill in

front of Pennsylvania legislature that has been sent to committee (not looking like action will be taken on bill anytime soon) to license medical physicists. The problem here is that David Allard has no control, as the bill authorizes the Pennsylvania Department of State to create a licensing board for medical physicists.

The legislation, as it is worded, would exclude CHPs from becoming licensed to perform medical physics, which includes the subspecialty of medical health physics. David Allard has no control over that, and if that bill is passed, then a licensing board will be formed within the Department of State. David Allard works for PADEP, so he cannot control a licensing board formed in a different department.

Kent is familiar with PADEP regulations because he is part of the Pennsylvania Radiation Protection Advisory Committee that developed the regulations. The PADEP regulations have protections that allow CHPs to perform tasks in terms of a qualified medical physicist, but these regulations do not preclude a licensing requirement elsewhere in the state. The template that AAPM is trying to get pushed in all of the states (including Pennsylvania) says that in order to be licensed, an individual has to pass an exam in medical physics. AAHP cannot say that our exam is medical physics; thus, from a legal perspective, CHPs would not qualify to be licensed. CHPs would be out of the business of performing medical health physics in the Commonwealth of Pennsylvania or any other state that AAPM is successful in getting their template passed (as it is currently worded, AAPM defined a medical health physicist as doing shielding designs for x-ray facilities).

Ed noted that AAHP was successful last year in getting one group to not exclude CHPs; AAHP was also successful in having the Conference of Radiation Control Program Director's (CRCPD) "Suggested State Regulations" to include CHPs. There is no doubt that AAPM wants to exclude CHPs from working in hospitals. Alan contended that this view may not be uniform within AAPM, but rather it is being pushed by one individual who has a medical physicist practice. AAPM tried the same approach in Michigan. Alan indicated that the AAPM folks in Michigan were agreeable to make changes to allow CHPs to perform medical health physics. Ed countered that the AAPM legislative staff does not want CHPs in hospitals. Bob mentioned that the Chair of Title Protection Committee needs to be really on the ball on this issue. Bob's understanding is that there is legislation in front of both Pennsylvania and Massachusetts virtually saying the same thing. The Title Protection Committee chair is Jay Maisler. This is a big issue as these legislation issues come forward.

Bob discussed a significant issue in that the EC received a request from a CHP examinee for an appeal. Bob has not heard anything back from the ABHP on the challenge. Andy noted that ABHP's review of the SOP for appeals did not give a goal or timeline for when an appeal must be decided. He suggested that leaving the process open-ended is probably unfair to the candidates. Bob wanted the EC to recognize that if the Appeals Committee had pursued their original approach, then the appeal process could have lasted forever. It is important to remember that should an appeal ever happen, the grade is not what is under review. The review considers if the graders and the ABHP follow their process. If they followed their process – even if the grade is wrong – then the grade stands.

Kent noted that the SOP states that the Appeals Committee shall report its findings to the appellant, the ABHP Chair, the AAHP President, and the AAHP Program Director (now referred to as the Executive Director). Kent confirmed that the SOP does not specify a time for the review to be completed.

Steve asked Bob to confirm that the reason for the appeal was for an inconsistency in grading. Bob confirmed "yes", and questioned how an examinee would know the grading process was inconsistent with the policy. Andy and Nancy confirmed that the examinee would not have had access to the exam grades (besides his own grade). Bob suggested the examinee may have presumed he answered a question better than he did. Kent noted that the SOP states that the appeal must specify the reason the appellant believes the grading deviated from the Board's policies and procedures. The appellant (originally) did not provide any reasoning. After Nancy informed the appellant that he/she did not provide any reason, then the appellant responded with the reasoning of "inconsistent grading". Andy noted that the appellant did not provide evidence of the inconsistent grading in his appeal.

Bob is preparing for his role as Past President and is developing an agenda for the AAHP Special Session this summer. The focus of the session will be on nuclear weapons.

5.2 President-Elect – Kent Lambert

Kent sent appointment letters to all of the new committee members. He suggested sending letters to the nominees describing the term of service after appointments are official (to committees, committee chairs, any new appointments).

Kent, Bob, Ed, and International Radiation Protection Association (IRPA) President Renate Czarwinski met and decided that Kent would continue his role as Co-Chair of the working group on certification. The working group prepared a draft document on certification. It went through the review process. Kent sent the final draft to the working group at beginning of calendar year; he is awaiting response from the group members.

Kent found some inconsistencies in the AAHP Code of Ethics. He addressed these with Pat LaFrate & Bob, and suggested changes to be made.

In addition, the ABHP policy describes the process for revoking certification. The policy states that the “ABHP shall make the decision to revoke the certification.” Kent questioned if the wording allowed ABHP to make the decision on revocation. He suggested new wording: “ABHP shall make the decision *whether* to revoke the certification.”

Bob noted that this is the current issue regarding the roles of AAHP and ABHP. He explained the AAHP Ethics Committee decides if there are grounds for revocation. Kent contended it is the decision of the ABHP to decide about revocation per the ABHP procedure manual; however, the wording of the policy needs to be improved. He encourages ABHP to make this change.

Bob acknowledged that the question is that the AAHP is the body that decides whether the person’s actions were egregious enough to warrant revocation; the ABHP issues and revokes certification. If the AAHP judges that the actions are worthy of revocation and the concern is sent on to the ABHP by the AAHP President, do you really want the ABHP to do anything other than execute what the elected officials of the membership have said is egregious enough to require revocation?...or do you want the ABHP to just act on it? He noted this was the thought-process when the procedure was originally put together (AAHP decides on revocation, and ABHP takes action accordingly to revoke certification). Kent contended on the contrary that the AAHP Ethics Committee and the AAHP President recommend to the ABHP that certification should be revoked; however, revoking the certification is the decision of the ABHP (AAHP recommends revocation to the ABHP, and ABHP decides whether or not to revoke certification). Bob maintained his stance as the intent given his experience developing the procedure and his involvement on the AAHP Ethics Committee during the one time the procedure has been put into effect. Kent proceeded to read the full quote, “If the Academy Ethics Committee and the President of the Academy recommend to the ABHP that a certificate be revoked, the ABHP, after consideration of this recommendation and supporting documentation used to make the recommendation, shall make the decision to revoke the certification.” Kent noted that the SOP for Ethics Committee says, “The decision shall include findings of fact and conclusions, the decision must explain the support and actions of the Committee; the range of decisions of the Committee include: dismissal, private letter of caution, letter of censure, suspension from Academy membership, expulsion from Academy and recommendation of revocation of certification.” Kent noted the footnote for expulsion says, “Please note that this option will require concurrence of the ABHP as the Board is the only entity with the right to issue or withdraw certification.” Jim Willison referred to Section 6 of the ABHP Bylaws. Kent noted that the ABHP would not take action to revoke certification without a recommendation from AAHP; recommendation from

AAHP is required for ABHP to begin process of revocation. Again, Kent suggested that the wording in the ABHP procedure manual be changed to allow ABHP to make decision on revocation.

Kent also brought up (for discussion) that the decision by the AAHP Ethics Committee has to be unanimous. He was concerned that it could be difficult for the Ethics Committee to arrive at a unanimous decision given the five possible outcomes. This could potentially lead to no action being taken to address the concern due to a lack of a unanimous decision. Kent suggested that the Ethics Committee should look at the SOP for review. The SOP says that, in the event the Ethics Committee cannot reach a decision, then the action of the Ethics Committee shall be to dismiss the case. Bob noted (in the ethics complaint of which he was a part of reviewing) that the Ethics Committee dismissed the complaint. This was not because unanimity could not be reached, but rather because the Ethics Committee came to a resolution to dismiss. The intent was for the decision to be unanimous because of the weight/implication of the activity. It is intended to drive discussion to reach a consensus. Kent was still concerned about the outcome of dismissal due to a lack of unanimity being built into the SOP. He does not think that the solution should be to dismiss the case when the Ethics Committee is in agreement that an individual committed a wrong action but cannot agree on the appropriate disciplinary action. Bob thought this would be an extreme case; it is incumbent on the Ethics Committee to work together to reach a consensus and any action should be unanimous.

Steve also suggested an action for the EC would be to have the AAHP Ethics Committee review the SOP. Kent noted that once the EC passes on a complaint to the AAHP Ethics Committee, then the EC is no longer involved in the process. After the AAHP Ethics Committee reaches a decision, then the AAHP President informs all parties of the decision reached by the Ethics Committee. Alan brought up that members of Ethics Committee are appointed by the EC, so that can provide confidence that good individuals will be selected. Kent's hope would be that the Ethics Committee would revise the SOP to state that if a unanimous decision cannot be reached, then the lesser of the actions would be taken by the Ethics Committee. This would avoid no action being taken. Bob shared that this approach would err on the side of the certified individual. He offered that the burden of proof should be on the person making the complaint, and he felt Kent's solution would be a reasonable approach.

5.3 Past President – Ed Bailey

Ed provided an overview of the meetings held since July 2015, including: the HPS annual meeting, AAHP Special Session, and AAHP Business Meeting. Ed noted that he presented the 2015 AAHP National Service Award to Jim Willison at the AAHP Awards Luncheon on 14 July 2015. Ed also submitted an article on the AAHP Special Session on Professional Ethics in Health Physics that was published in the October 2015 "CHP Corner".

Ed mentioned that, during the process to select a recipient for the National Service Award, it was noted that SOP 1.3.1 referred to the award using a specific term, the AAHP Luncheon used another term to describe the award, and the actual plaque for the award used a third term in reference to the award. Ed decided to make the necessary changes to the SOP. He presented the revised SOP to the EC for approval. Ed also reviewed the GTTK document for the Past President. He noted that the GTTK document will need to be revised in the future to reflect the revised SOP, if the revisions are approved by the EC.

5.4 Secretary – Alan Jackson

Alan gave an overview of his efforts as Secretary since the July 2015 meeting. He noted the main task of the Secretary is to take the minutes of the AAHP meetings. He made an observation about some formatting changes needed to the Secretary GTTK document. Alan also suggested that clarification is needed for when the Secretary should begin their duty to take minutes.

5.5 Treasurer – Steve Brown

Steve provided the financial summary updates to the general membership during the AAHP Business Meeting in July of 2015. The Finance Committee also reviewed the performance of the AAHP investment manager for quarters ending 31 August 2015, and 30 November 2015. He noted that between the last report in May of 2015 and 31 December 2015, the AAHP investments had a loss of value of \$51,105 in the intermediate-term and long-term investments. This represents a decrease in 6.1% over that period of time. On a calendar year basis, Steve noted that the long and intermediate-term investments suffered a loss on the order of -2.0 and -2.4%, respectively, and now totals \$774,045 as of 31 December 2015. Steve noted that we continue to be in good shape financially with total assets as of 31 December 2015, of approximately \$835,000.

Steve gave a statement of cash and investment balances as of 31 December 2015. Per SOP 2.4.2, Section 3.4.5, the fair market value of the AAHP's long term investment reserves shall be maintained to "at least 150% of the combined annual operating budgets of the AAHP..." Steve noted that this goal is currently being easily satisfied.

Section 3.4.5 of SOP 2.4.2 also cites a goal that "100% of the combined annual operating budgets shall be divided approximately equally between the Short Term Reserves and Intermediate Term Reserves." Our short and intermediate term reserves are collectively valued at \$196,160 as of 31 December 2015, which includes \$61,507 short-term and \$134,653 intermediate-term reserves. Adherence to the SOP is not currently realized as the intermediate-reserves account is approximately 68% of the total. However, Steve recognized that this relationship can change month to month in accordance with timing of accounts payable receipts from the HPS for AAHP course registration at annual meetings, CHP and exam fees, etc.

Steve noted that the approved operating budget is \$232,600 for fiscal year 2015-2016. The budget was reviewed against receipts and disbursements occurring since the Indianapolis meeting and compared to recent budget years.

Steve stated that the most recent financial review was undertaken by Carla McGarry & Associates, LLC for the year ended 31 August 2015, and including calendar year 2014. The review was issued on 06 January 2016, and concluded, "we are not aware of any material modifications that should be made to the accompanying financial statement in order for them to be in conformity with accounting principles generally accepted in the United States of America." No accounting issues were identified. Steve noted that the report was clean; however, this review was not as rigorous as a financial audit.

Steve made additional comments about the valuation of the performance manager. Steve did the evaluation, and Alex did the peer-review. Both came to the same conclusions; the AAHP investments scored three red ratings and one green rating. In discussing the ratings with Alex, their recommendations are to recognize that "it is what it is." Perhaps the financial metrics being used currently are not right for this purpose, but no drastic actions are needed and the AAHP is still in good financial standing (it should be noted that the entire stock market gain for 2015 was relatively small). The Finance Committee will continue to watch the performance of the AAHP investments closely.

Based on these observations, Alex noted that Steve's tenure as the Treasurer will most likely be marked as an era with a fair amount of volatility in the markets. He feels fortunate that during his time as Treasurer he was able to report on good ratings and fantastic numbers.

5.6 Parliamentarian—Jim Stafford

Jim gave an overview of his efforts as Parliamentarian since the July 2015 meeting. He reviewed and

approved the Executive Session minutes from the 12 July 2015 meeting. Jim uploaded the minutes to the secure AAHP website. Jim also submitted to the November 2015 “CHP Corner” a summary of the SOPs that were reviewed and approved in the previous period.

6.0 Installation of 2016 Officers

The new officers were officially installed to their positions on the AAHP EC. The following table lists the current membership of the EC. Jim Stafford indicated that a quorum was present, and the EC meeting continued.

Name	AAHP Position or Affiliation
Kent Lambert	President
Kyle Kleinhans	President-Elect
Robert Miltenberger	Past President
Rebecca Grabarkewitz	Secretary
Steven Brown	Treasurer
Alan Jackson	Director and Past Secretary
Louise Buker	Director
Jay Poston	Director
Jim Stafford	Director and Parliamentarian
Mark (Andy) Miller	ABHP Chair, Ex-Officio, Liaison to HPS
Nancy Johnson	AAHP Executive Director

7.0 Committee Correspondence and Reports

7.1 Appeals Committee – Hoover

Kent noted that there is an appeal in process. As Bob indicated earlier, he requested the Appeals Committee to make a decision on the appeal within 30 days; however, this has not occurred. Kent expects to hear an update from the Appeals Committee between now and the next EC meeting.

7.2 Continuing Education Committee –Willison

Jim Willison reported that the committee has received several requests for continuing education credits. The committee is up-to-date with the processing of these requests as of a few days ago. There was some confusion regarding the new requirements for continuing education (i.e., 80 hours of continuing education per recertification cycle) and how these requirements would apply. The February 2016 “CHP Corner” provides an example to help members understand the new process for continuing education, including how to tabulate continuing education credits at HPS meetings. The committee arranged for two AAHP courses to be offered during the HPS Midyear Meeting on 30 January 2016. No individuals signed up for one of the courses, so it was cancelled. The other course proceeded as scheduled. The Committee has arranged for two AAHP courses to be offered during the HPS Annual Meeting in Spokane, WA. The most recent “CHP Corner” also included a solicitation for members to present/lecture future AAHP courses.

7.3 Exam Site Selection Committee –Williams/Graham

Kent noted that the committee is asking the EC to expand the committee membership so that the workload can be spread-out more. Nancy noted that this action would require a change to the bylaws.

Nancy did not feel there was a need to do so. Bob stated that there is a problem on the committee with the rotation of the members. Nancy noted that there are two members who rotate off of the committee this year; one member rotating off at the end of 2017, and one member rotating off at the end of 2018. Andy Miller suggested the AAHP EC could follow the HPS approach of assigning a board director to oversee certain committees to help provide continuity of operations and to help with the transition of information between old and new committee members. Kent acknowledged that he is familiar with this approach and thanked Andy for his suggestion.

7.4 Finance Committee –Boerner/Brown

Steve acknowledged that, for this year, Alex is no longer part of the Finance Committee. This will be Steve's second year serving as the Treasurer and Chair of the Finance Committee. In Alan's new role as Past-Secretary, he also becomes a member of the Finance Committee. Details of the Finance Committee report were provided in Section 5.5, "Report of the Treasurer."

7.5 Nominating Committee –Fordham

Kent ascertained that the most important part of the Nominating Committee is to come up with a slate of candidates for the EC. The committee completed this task. Kent is impressed with the slate of candidates. He felt the Nominating Committee did a good job. Kent also recognized that the Nominating Committee works with the Professional Standards and Ethics Committee to identify an individual for the *Joyce P. Davis Memorial Award*. The Committee did not have any nominations at this time for the award.

Kent acknowledged that David Kent passed away. Kent appointed Cheryl Olson to take David's place on the committee. Her appointment is effective today.

7.6 Professional Development Committee – J. Johnson

Jan Johnson is planning to hold conference calls with the committee members to discuss approaches to increasing the percentage of health physicists seeking certification. Jan is preparing a brief article for the February 2016 "CHP Corner".

Kent noted one function of this committee is to setup the AAHP booth at the HPS meetings and arrange for the booth to be manned. Andy suggested having the AAHP push out an e-mail to the membership notifying them of the opportunity to man the AAHP booth during meetings. Nancy noted that the ideal person is one who is familiar with the requirements and the process. Kent suggested looking to the current and past board members (of the ABHP).

7.7 Professional Standards & Ethics Committee –Taulbee

The committee received no allegations of violations of the "Standards of Professional Responsibility for Certified Health Physicists" since the last EC meeting. Since no allegations were received by the committee, the committee did not need to meet.

There were no nominations for the *Joyce P. Davis Award* submitted during the past year, and therefore, no award was presented at the annual meeting in Indianapolis. A new call for nominations was submitted and appeared in the December 2015 *CHP News*.

Kent noted that there was one nomination for the award; however, the Professional Standards and Ethics Committee did not provide details about the nominee's humanitarian efforts and ethics (therefore, the nominee could not be accepted for the award). This was not a judgement about the nominee's worthiness for the award, but rather the decision was made because the nomination materials did not provide the

necessary information. Kent is hopeful the Committee will receive good nominations in the future.

7.8 Title Protection Committee – Frey/Maisler

As discussed earlier in the meeting and noted in Section 5.1, Bob was involved in discussions about the pending legislation in Pennsylvania pertaining to creating a licensing board for medical physicists. Bob noted that AAHP received an answer from the CLIA.

7.9 Liaisons and Representatives

7.9.1 ABMP – Huda/Erdman/Sheetz

Bob noted that, at one point in time, the American Board of Medical Physics (ABMP) granted an equivalency for their Part I exam if an applicant had passed the ABHP Part I exam. Bob sent an e-mail to Mary Moore to determine if the equivalency was still valid. He did not hear any response. Andy Miller noted that he has communication from Mike Sheetz about a proposal from ABMP. Andy is going to recommend that Mike go through the appropriate channels and discuss the proposal with the AAHP first. Kent acknowledged also receiving the communication from Mike.

The ABMP proposal would grant, in essence, an equivalency for the ABMP Part I and II exams for applicants that are CHPs and have passed the ABHP Part I and II exams. No mention was made if CHPs would have to meet the application requirements (e.g., number of years with experience in medical health physics) to sit for the ABMP oral boards. The oral board exam is the last phase in the process to be certified as a medical health physicist by the ABMP. There was discussion speculating what recognition the ABMP would request from the ABHP and/or AAHP for their members as part of the equivalency agreement. Kent noted this proposal is just a preliminary idea by Mike at this time, and not an official ABMP proposal.

Kyle posed a question about the liaisons. He noted that the SOP states that the liaison appointment is a three-year term and can be self-extended once. However, the liaison report clearly states that one liaison was re-elected to a third term and another liaison will be completing his third three-year term in December 2016. Kent recalled looking at this and determining there was no reason to make any changes. He identified the issue as a limited pool of candidates that the AAHP can nominate to fill these positions.

Kent noted there are only 10 dual-certified people in the country. Nancy identified the affected SOP as SOP 1.2.1. Bob noted that the AAHP can reappoint a person to serve as liaison after that person has completed their initial three-year term followed by an additional, self-elected three-year term. He believes that AAHP took this action previously. Kent recommended for the EC to review the SOP and address it at the next EC meeting in Spokane.

7.9.2 CRCPD – Fordham

There is no CRCPD liaison report.

7.9.3 HPS – Miller

Andy noted that he did not officially receive anything from the HPS to communicate to AAHP. He added that one HPS board member contacted him about the NCRP WARP report. The report was added to the EC agenda as a new business item. In response to Steve's inquiry, Andy stated he is not a member of the HPS Board of Directors. He added that he has not received indication from Bob Cherry whether or not he will stay in his role as the HPS liaison.

7.9.4 NRRPT –Benfield

Eddie Benfield gave an overview of the activities of the National Registry of Radiation Protection Technologists (NRRPT) since the July 2015 meeting. Eddie serves as chairman of the board for the NRRPT. Eddie noted that the passing point for the NRRPT exam is increasing. Eddie commended Rick Rasmussen for his efforts. Eddie noted the passing percentage for the February 2015 exam was 51% and for the August 2015 exam was 48%. Eddie stated that 5-10 years ago the passing rate was between 20-24%. NRRPT has over 1700 active practitioners.

NRRPT is still in the progress of expanding to include an international exam. James Larkin (with the IRPA) is assisting with this effort. NRRPT was scheduled to administer an exam (on May 2016) which is based upon International Atomic Energy Agency (IAEA) standards. Mr. Larkin was not successful in finding any candidates willing to sit for the international exam. Eddie noted they will work with Mr. Larkin for a potential exam during May 2017.

NRRPT has an academic out-reach program. Over the past six months, NRRPT has increased their student scholarships. They awarded 18 student scholarships for students in two-year degree programs. These scholarships were funded through a donation from Mr. Canberra with Canberra Services. NRRPT has expanded into six, two-year degree programs. The NRRPT Board is meeting on 31 January 2016 to have a brainstorming session about how to engage the younger generation to become more active with NRRPT. He noted none of the board members or panel members are younger than 50 years of age.

Eddie is looking forward to the HPS meeting in Spokane, and reminded the EC that Don Marshall, one of the founding fathers of the NRRPT, will be an honored guest.

Eddie also asked the EC to take into consideration granting reciprocity of the NRRPT exam for Part I of the ABHP exam. Bob noted that this is an action for the ABHP, and made asked Andy to follow-up.

7.9.5 CESB—Nicholson

Nora Nicholson stated that the AAHP accreditation with the Council of Engineering and Scientific Board (CESB) was coming due 31 December 2015. AAHP submitted an application for re-accreditation on 31 October 2015 and submitted updates to the application on 30 November 2015. Recent correspondence with the CESB program manager indicated that the CESB was preparing to re-accredit the AAHP program. At this time, Nora is not aware that the AAHP has received any official correspondence from CESB saying the AAHP is re-accredited. AAHP also received an invoice from CESB for the 2016 dues for \$5,300.

There is an annual meeting of the CESB on 23 March 2016. Nora's attendance is contingent on her employer's workload. If she is not able to attend, she will contact Andy Miller to inquire about a substitute. Kent noted that, previously, he was designated as an alternate for the liaison to the CESB. Kent was willing to represent Nora at the annual meeting, if necessary. Nancy will modify the roster to show the alternate to the liaison to the CESB to avoid future questions.

8.0 Reports from the Editor & Webmaster

8.1 Newsletter Editors –Anagnostopoulos

The editors did not have any recommendations at this time requiring approval of the EC. The editors affirmed that they performed the annual review of the "CHP News Editor Charter" and concluded no

revision is needed. After performing the annual review of their GTTK document, the editors made a minor revision.

8.2 Webmasters –Medling, Willison

Jim Willison gave an overview of the activities of the Webmaster since the July 2015 meeting. The webmasters have updated the AAHP webpage with the 2016 information; to include new officers for both the ABHP and AAHP. The webpage now also reflects Nancy's new title as Executive Director. Everything is up-to-date. Kyle asked Jim to change his term date to 2018 instead of 2015. Jim agreed.

9.0 Report of the American Board of Health Physics – Andy Miller

Andy provided an overview of the results for the 2015 ABHP certification exam. A total of 219 candidates took either one or both parts of the exam this year, which represents a slight increase of the 213 candidates that took the exam in 2014. The ABHP granted 51 certifications in 2015.

One-hundred and forty-six candidates took Part I of the exam. Seventy-eight candidates were successful, resulting in a passing rate of 53.4%. The mean score was 94.9, and the scores ranged from 41 to 145 points. This is the highest score that the ABHP has seen for Part I of the exam in quite some time. The mean score was in the typical range of that for previous years. The ABHP is seeing a slight uptick in the number of candidates passing Part I of the exam.

Kent inquired if the ABHP has a minimum score for Part I of the exam, below which candidates would have to wait an additional year before retaking Part I. Andy noted that Part I of the exam is intended for health physicists that are in the beginning of their careers. He believes that Part I of the exam is working, due to the stability in grades over the years. Andy noted the problem with Part II of the exam, which led to the creation of the minimum score threshold, was the repeat occurrence of candidates opening the exam, reading through the questions for 1-2 hours, and then leaving the exam site without attempting to answer the required number of exam questions. This led to a routine number of exams scoring below 300 points, all of which had to be graded. Andy did not view these exams as valid attempts and noted that they negatively affected the pass rate of Part II of the exam. The minimum score threshold (300 points) was instituted as a penalty for candidates using this approach to “study” for Part II of the exam. Andy did not think a minimum score threshold was necessary for Part I of the exam since it is much easier to grade than Part II of the exam.

Ninety-four candidates took Part II of the exam. Fifty-one candidates scored better than the required threshold of 469 points, resulting in a passing rate of 54.3%. No significant grading issues were identified, and a review of individual question grades indicated consistent scoring among graders.

Nine candidates scored less than 300 points and will not be eligible to take Part 2 again until 2017. The ABHP is also seeing an increase in the number of candidates passing Part II of the exam. Andy wasn't sure if the policy instituting the minimum scoring threshold is responsible for the increase in the passing rate. He has heard that the policy is causing candidates to take Part II of the exam more seriously.

Louise asked when was the last time that Part I of the exam was revised to a large extent. Andy mentioned that every year the questions are evaluated to identify bad-performing questions that need to be revised. It is a continuous process. Louise also asked if anyone has compared the questions included on the *DataChem* software compare to questions on Part I of the exam. Andy is not aware this has been performed. He thought it would be an interesting exercise.

Andy noted several significant updates. ABHP provided a copy of the ABHP Procedures Manual to the

CESB for their review as part of the re-accreditation process. Several questions for the 2015 exam (Part II) required significant formatting and editing to make them “exam ready.” Revisions were made very late during the ABHP review process. ABHP is planning to work on the Part II question exam bank to address some of these issues.

One candidate from the 2015 exam filed an appeal. ABHP and the Part II Chair are working on the review/appeal process.

10.0 Report of the Executive Director – Nancy Johnson

Nancy provided statistics about the AAHP membership and CHP exam over the past several years. There were 347 applications for the 2015 examination and 219 candidates that sat for the examination. This is a slight increase in applicants and candidates compared to last year.

As of 2015, there are 1,266 active CHPs and 249 emeritus CHPs. This total number of active CHPs does not include the 51 new CHPs. There are now 434 non-active members and a cumulative total of 267 known deceased CHPs.

Steve inquired about the difference between inactive and non-active. Nancy noted that inactive is meant for someone who has decided to change fields and no longer practice professional health physics. Members are not removed from the database, so she designates these folks as inactive. Non-active is reserved for members that have not contacted Nancy about their certification (i.e., they have not recertified, they have not paid the maintenance fee in years).

A closed executive session meeting was held at this time, and those minutes were separately recorded by the Parliamentarian per procedure.

11.0 Old Business

11.1 Action Items from July 2015 meeting:

11.1.1 Contact ABMP to Evaluate Value of Annual Contribution - Miltenberger

Bob discussed the ABMP contribution with Richard Vetter. When ABMP got started, AAHP agreed to pay ABMP \$1,000 per year. In return, ABMP allowed AAHP to name three CHPs to serve on the board of the ABMP and granted CHPs reciprocity for Part I of the ABMP exam. Kent and Bob discussed that neither one of them had provided any direction to the AAHP members serving as ABMP liaisons/board members. Kent noted that the SOP states that the liaisons are to act independently of AAHP.

Kent stated that he recently went to the ABMP website and found that there are 41 certified medical health physicists currently active. He found ten of these medical health physicists also listed on the AAHP website (i.e., they are also CHPs). At least four of the dual-certified individuals are residents of Pennsylvania based on Kent’s personal knowledge. Kent questioned the value and net-benefit to the AAHP in contributing money to the ABMP for such a small group of members.

Kent gave an overview of the history. ABMP was created in 1987 and started their medical health physics certification in 1990. The American Board of Radiology (ABR) was also certifying medical physicists but not medical health physicists. Around 2003, ABR convinced the ABMP to stop certifying medical physics (in their shared disciplines – diagnostic, therapeutic, nuclear medicine) in exchange for ABR recognizing ABMP-certified individuals. This did not include medical health physics, and ABMP

continued their medical health physics certification program. The interest for AAHP is for medical health physics.

Kent voiced concern that the American Association of Physicists in Medicine (AAPM) (which is the equivalent to the Health Physics Society) and their certification board (the ABMP), have 41 individuals performing work similar to that performed by CHPs; however, the AAPM is not willing to budge on recent legislation that fails to recognize CHPs as qualified to practice medical health physics. Nancy noted that the original arrangement was meant to make sure that the ABMP medical health physics certification tested correctly. Jean St. Germain came to the AAHP EC at the time (Ed Maher was the board chair). Nancy recalls that Ed was against the decision, but the AAHP EC decided to go through with the agreement. Nancy is going to look for the minutes from that meeting.

Bob read his e-mail from 17 July 2015:

“Spoke to Richard Vetter and Andy Melo regarding payment to the ABMP. Apparently, there is a history and an ability to stave-off some of the work erosion that the ABR would have for us without the liaison. Fundamentally, there were three reasons: ABMP accepts Part I of the ABHP exam for their certification, ABMP is an alternative venue for acceptance in the medical profession where the ABR would like to limit our role, and AAHP gets three seats on the Board so that we can provide the guidance as we see it. Richard Vetter was going to document things for future reference.”

Bob noted that Richard Vetter has not completed this action as of yet. Alan posed that the fair question to consider is “What is the current relevance?” and then the AAHP should determine if that is worth preserving. He noted that if the EC is having trouble identifying the current relevance, then that should speak to the current value of it. Jim added that the EC should consider what the downside would be if the AAHP stopped its contribution to the ABMP. Would the ABMP remove the three AAHP liaisons from their board, and what is the relevance of this action? Kent noted that some of the liaisons may continue to serve on the ABMP board since there are only 41 certified medical health physicists from which to seek board members.

Steve asked when the AAHP makes the contribution to the ABMP. Bob noted that the AAHP receives an invoice from ABMP around the June/July timeframe. Alan was interested in hearing Richard Vetter’s perspective on this matter. There was a general consensus about having a discussion between the Board of the ABMP and the AAHP EC. Kent felt it would be worthwhile to have the ABMP Chair come speak to the AAHP EC. Louise suggested also following-up the meeting request with a letter to the ABMP. Kent committed to speaking with the ABMP Chair (Mary Moore) and responding to Mike Sheetz’s e-mail.

11.1.2 Contact Ken Barrett and LIA re: their needs - Bailey

Ed noted that he was not able to establish contact with Ken Barrett. Andy Miller shared that he heard some third-, fourth-hand information that there are some concerns about the long-term viability of the Board for Laser Safety (Laser Institute of America, LIA). Andy made contact with the LIA Executive Director (he was not positive that this was the person’s correct title). The LIA official described the LIA’s two certifications: one for industrial laser safety and one for medical laser safety. A large number of people take the medical laser safety exam. Upon successful completion of the exam, these individuals will be certified for the initial period (e.g., three years), but then they fail to renew their certification. Thus, LIA is having retention issues.

Given this issue, LIA is concerned about how they can sustain the services and certifications that they provide. Ed acknowledged that the laser certifications are significantly different than the certification in health physics. He noted that for the laser certifications, many people will take a course in laser safety and then take the laser safety certification exam at the conclusion of the course.

Andy added that there is not a regulatory driver for the laser safety certification, similar to that in the Nuclear Regulatory Commission federal regulations for certification in health physics. Andy acknowledged that without this regulatory driver, there is not much incentive for people to keep paying money to maintain their laser safety certifications. He suggested the following to the LIA official: lobby to have appropriate regulatory bodies (i.e., Centers for Medicare and Medicaid Services, The Joint Commission) add a regulatory driver for certification, maintain a booth at HPS meetings to advertise their certifications, and/or contact the HPS Non-Ionizing Radiation Section. He does not believe there is any action on behalf of the ABHP or AAHP that needs to be taken.

11.1.3 Review Contract with BAI - Miltenberger

Bob stated that one of the actions of the AAHP President is to review the contract with Burk & Associates, Inc (BAI). He noted that the last time that all parties signed the BAI contract was back in 2006. This contract did not have any provisions for continuing the contract. Bob worked with BAI to revise the contract to address this issue. The revised contract was shared with Kent, Bob, and Steve. Bob felt okay with the terms of the revised contract, though he has a few questions.

On the last page is a requirement that states:

“The agreement will be in effect from January 31, 2016, until the end of business on January 30, 2019 (this is the initial term). The agreement will automatically renew for additional one-year terms at the end of the initial/renewal term unless written notice of non-renewal is made by either party to the other at least 365 days prior to the end of the current initial or renewal term.”

Bob observed that this requirement puts the contract in effect for perpetuity unless someone takes action. Kent described the revised contract as an “evergreen contract.” Bob questioned if the AAHP should institute a limit to the renewal period until the contract is reviewed again, or he posed the question, “Is the requirement in the SOP for the AAHP President to review the contract on an annual basis adequate?” Bob does not have an issue with the automatic one-year renewal; however, he contended there should be some limit to the number of automatic renewals. He suggested that the contract should be reviewed at a specified periodicity (e.g., at the end of five renewal terms). The purpose would be to revisit the language of the contract and provide an opportunity to update attachments, etc. The purpose of limiting the automatic renewals would be not to terminate the contract, but rather to reissue the initial contract.

Jay Poston noted that the language in the revised contract meets the Bylaws and suggested that the EC should take an action to review the contract on an annual basis at each HPS Midyear Meeting. He thought the only revision necessary to the current language would be to change the date on which the contract terms begins to a date after the HPS Midyear Meeting (e.g., March 1st). Jay observed that by moving the initial contract date in such a manner, this would allow the EC to review the contract at the HPS Midyear Meeting and have ample time to provide notice to BAI of the AAHP’s intent to terminate the contract, if this decision is made, within the terms of the contract.

12.0 New Business

12.1 Dropping of CHP Certification as Waiver for eligibility for CSP Certification - Miltenberger

Bob stated that the Board of Certified Safety Professionals (BCSP) has removed the certification in health physics from their list of BCSP-approved credentials. BCSP took this action in 2013. Steve Frey submitted to BCSP the list of disciplines which the ABHP certification exam covers. The hope is that the BCSP will review this complete list and decide to add the certification of health physics back to their list of BCSP-approved credentials. Bob does not know the status on this item (e.g., response from BCSP) at

this point in time. Bob is sharing this as an information item for the EC.

12.2 Report of Task Force on Definition of Health Physicist - Miltenberger

Bob shared the suggested definition of “Health Physicist” drafted by the HPS Task Force on Definition of Health Physicist. He indicated there are no actions required by the AAHP at this time.

12.3 Certification in Medical Health Physics - Lambert

Kent posed the following question to the EC, “Would we be serving our constituents if the AAHP had our own certification in medical health physics?” He is thinking in terms of an add-on to the ABHP certification exam. For example, an individual goes through the current process to achieve certification in health physics. If this individual wanted a second sticker for their certification, then they would have to take additional action (undefined at this time) to be recognized as a certified medical health physicist. Kent believes it is an appropriate time for the EC to consider this item. There would be a lot of work involved to get to the point where the AAHP/ABHP is actually providing this certification. There would be more work for the organization if we were to do it. However, there are also potential benefits, such as increasing the ranks of CHPs.

Andy inquired how this type of certification would affect the NRC’s view of the certification in health physics. Kent believed it would not change it. A negative consequence would be if the NRC only recognized CHPs with the medical health physics certification to serve in the role of Radiation Safety Officer at medical facilities.

Alan suggested the certification in medical health physics could be a separate exam much like the certification exam for power reactors used to be. As a medical health physicist, Alan felt fortunate to have previous experience at a research reactor and other facilities to be exposed to health physics concepts addressed on the certification exam. He noted several of the concepts are not useful for medical health physicists while there is a whole other body of information that would be useful that is not covered by the ABHP certification exam (i.e., image quality, FDA regulations). Alan viewed this as an opportunity to grow the AAHP brand.

Steve mentioned that he was on the Part II panel years ago, when we first started to discuss if a power reactor certification exam was needed. Ultimately, the panel at that time decided it was not necessary. Part of the discussion from some folks questioned why power reactors were being singled out; people felt that there were other parts of health physics that could have their own certification. Since the panel decided that the certification exam was an all-encompassing minimum set of requirements and minimum testing criteria, the panel decided that we did not need two certification exams anymore. This sounded to Steve that this idea would be migrating back to that idea.

Becky inquired about incorporating more medical health physics concepts/items to the ABHP certification exam. Andy noted that one of the specialty questions on the certification exam is a medical question. Andy noted that the AAPM has published a guidance document about what radiation safety officers in a medical environment need to know (Steve King was one of the authors). ABHP is planning to take this document and compare it to Part I questions and Part II questions from the certification exam.

Andy asked, “What is the problem that AAHP is trying to solve?” Kent noted that if states start implementing licensing requirements based on the AAPM guidance document, then those requirements would require an individual to pass an exam in medical physics to be licensed as a medical health physicist. The action by the AAHP to add a certification in medical health physics would allow the AAHP to say that they provide an

examination in medical physics, and thus, CHPs with this certification would be eligible to be licensed as medical health physicists.

Kent recognized that action may not happen right away, but he believes this is a topic the AAHP should be thinking about. Becky noted that the NRC only addresses the radioactive materials side of the medical industry. She noted the document that Kent included in his report (Section 5.2, page 38 of the meeting packet) titled, "AAPM Medical Physics Practice Guideline 6.a" addresses qualified MPs and looking at radiation dose index, which is geared not at nuclear medicine side but at x-ray imaging side where the NRC is not involved. Is that where the AAHP should try to make sure that health physicists can still be involved, for example, looking at a dose index? Andy noted that some people are trying to ensure that calculating dose can only be performed by a medical physicist and not a CHP. Many CHPs would agree that this is an activity that is right in our wheel house, especially since health physicists write books on this subject. Andy acknowledged that figuring out how to tailor the certification exam for medical health physics without leaving out other health physicists is going to be a challenge unless we go with a separate certification exam. Andy noted that Chris Martel is working on some of this stuff as well.

Jay asked if this issue could tie back to providing support to the ABMP. Instead of AAHP/ABHP having a medical health physics exam, we could support their organization to continue their medical health physics exam. Why would the AAHP/ABHP re-invent the wheel? Why not have the AAHP support the ABMP and help to bring that up? Jay noted that, in Texas, his status as a CHP allows him to be a licensed medical physicist, so he can do everything but therapy (such as diagnostic imaging, nuclear medicine, and medical health physics). Based on his experience, he is having a hard time understanding the need for the medical health physics exam and certification. Alan noted one point about the ABHP certification exam is that no one person is going to cover all of the exam material in their normal course of work. In a way, he did not feel that it would be a valid argument to say it would be a burden to have the ABHP certification exam have a greater focus on medical health physics, especially given that radiation in the medical industry has become more important. He suggested this could be a relevant change and force more CHPs to gain a better understanding of the medical industry. Kent made the argument that several of the specialty questions on the certification exam can be viewed as general core health physics questions: shielding is shielding, medical dose could be internal dose. Andy noted that just like power reactors, a candidate doesn't need to have worked in the nuclear power industry to be able to answer the power reactor specialty question.

Kent shared the message he received from Mike Sheetz: "Would the AAHP consider a partnership with ABMP where someone who is a CHP and has 'x' years of working experience in medical health physics would be exempt from the ABMP medical health physics Part I and Part II exams and would only need to sit for the Part III oral exam to be certified in medical health physics?" Andy noted that a CHP would still probably have to meet the ABMP qualifications (i.e., experience) to sit for the oral exam. This would be an option for someone already working in the medical field. Alan added this would also give people a way to get into the medical field and qualify as a medical health physicist. Andy acknowledged that this partnership would give ABMP a way to keep their organization thriving by opening up their certification to a larger audience of CHPs. Mike's message continued, "We (AAHP) may need to reciprocate with allowing someone who is a certified medical health physicist to be exempt from the ABHP Part I exam, so that they would only have to take the ABHP Part II exam. Kent believed that the chances would be high that the ABMP certified individuals would meet the ABHP application requirements. Kent will include this topic in his action item to contact the ABMP Chair. Andy felt this solution had a lot of merit, it is worth investigating, and it would do a lot to help supplement CHPs in the medical health physics arena. Kent stated that this message was a reaction to the EC putting an item on the agenda about adding a certification in medical health physics.

12.4 Two-Year Presidential Terms - Lambert

Kent observed that every year at the AAHP business meeting, the AAHP President always remarks, "It

has been a really fast year!” Kent noted the implication here is that the President has not accomplished as much as they set out to do at the beginning of their term. Kent thought that maybe this is indicative of a problem and that a two-year term could be a solution. Obviously, this would not affect Kent’s current term as AAHP President if this were to happen. Kent polled the last ten AAHP presidents. He received nine responses, and none of them was in favor of having a two-year presidential term. NONE! (laughter) Kent believes this poll ends the conversation. Andy noted a similar idea is being considered by the HPS Board of Directors. Andy also brought up the HPS initiative “HPS 2020” to develop a long-term strategic plan, and he questioned what is the AAHP strategic plan. Andy suggested a strategic plan could help the President, President-Elect, Past-President to keep focused on the strategic plan during their respective terms. Without that, individuals serving in these positions may just try to act to put out whatever brush fire is present at the moment.

12.5 WARP Report - Miltenberger

This is the recent report published by the NCRP titled, “Where are the Radiation Professionals?” Bob gave a summary of the key elements: 41% of the existing professionals are eligible for retirement in 2017 (41% of us!?!). Bob noted that his boss commented that it looks like it is going to cost more to do radiation protection at their respective site, to which Bob agreed. The NCRP concluded that there is a need for more scholarships in schools that teach the discipline. Bob noted that as the AAHP found out last year, we need to convince the people that have the schools today that they are not teaching what we need taught (i.e., operational health physics). Bob observed this was not included in the NCRP report. Nancy noted that this was also a topic on the HPS agenda. Bob stated that the issue is that we have a real professional deficit here facing us.

12.6 AAHP Membership Information - Kleinhans

Jim Willison offered some background information on the AAHP webpage and AAHP membership directory.

Becky inquired about the process to have people’s names changed in the membership directory (i.e, name change resulting from marriage). Nancy noted that she sends Scott an updated AAHP membership database about 3-4 times a year. Scott makes any changes necessary to the AAHP website, including adding new CHPs.

Kyle asked if the process included designating CHPs as consultants. Nancy responded that she uses information provided by CHPs on the maintenance fee form submitted every year to update the database. This would include if a CHP requested to be identified as a consultant. Nancy stated that when she sends the next database update to Scott, she will make a special note that he pay close attention to the CHPs that have requested to be identified as consultants.

Bob brought up the idea of having a specific webpage for consultants only. He described an event in New Mexico where a recruiting company used the AAHP membership directory to contact via e-mail every CHP listed as residing in New Mexico. The purpose of this e-mail was to notify the CHPs of a potential job opportunity at Sandia National Laboratory. Bob noted that even the CHPs that did not want to be considered for outside employment or consulting were contacted by this recruiting company. Bob inquired if the AAHP would want to include CHPs not seeking outside employment on the public membership directory. Nancy stated that most of the time people use the membership directory to confirm a specific individual is certified. Louise agreed this is a good reason to have the membership directory be open to the public. As a result of the event, Bob fielded questions from many CHPs about how the recruiter got their names. Alan did not believe public access to the AAHP membership directory, and thereby also members’ e-mail addresses, was a problematic issue. Andy noted that they are probably as

many CHPs that appreciate the opportunity to be identified by the public via the AAHP membership directory. Steve confirmed this in his position as a private consultant.

Alan inquired about the process for updating the status of deceased members. Nancy stated that upon learning of a member's passing, she changes their category to "deceased" in the database. This change would be passed-on to Scott when Nancy sends him the updated database 3-4 times a year. Jim offered to make changes to the website when the announcement of a member's passing is posted in the *Health Physics News*.

Nancy provided an update about the CRCPD database. She noted that someone from the CRCPD asked about CHP membership information back in 2011, but the CRCPD has not reached out to Nancy since then for any updates. After Nancy received a message recently from Kyle, she contacted Ruth McBurney to inquire about getting the process started to update AAHP membership information in the CRCPD database. Ruth had the appropriate CRCPD staff member contact Nancy. They agreed that Nancy would send the AAHP membership database to the CRCPD staff every February when she sends this information to Scott Medling for the AAHP website. Nancy expects the CRCPD database to be updated within a few weeks.

12.7 NRC Advisory Committee on Medical Uses of Isotopes - Kleinhans

Andy stated that the NRC has an advisory committee that advises the commission on actions they should take on medical uses of radioactive material. The committee includes a physician representative for brachytherapy, nuclear medicine, and radiation oncology, a patient safety representative, a radiation safety officer representative, and an agreement state representative. The committee has meetings periodically in the Washington, DC area about 3-4 times a year. The NRC will publish a notice for the meeting in advance and meeting minutes following the meeting.

This could affect CHPs, in that discussions could occur that would affect qualifications for radiation safety officers, advice on new therapies, etc. The meeting minutes usually makes a record of everyone present in the meeting room, except for NRC staffers. Andy observed that AAPM, ASTRO, and NEI are always present at these meetings and are listed as attendees in the meeting minutes. The AAHP is never there. Nobody is ever representing the AAHP, and nobody is ever representing the HPS.

Andy clarified that these representatives are not speaking at the meeting or giving a position, but they are recorded as having attended. He recognized these meetings as a good opportunity to interact with NRC staffers, NRC Commissioners, Department of Energy officials and let them know who we are and what we do. This could be important in the aftermath of an incident or to request a CHP to provide a presentation to the committee. Andy proposed having Craig Little, the HPS Congressional Liaison, attend these meetings since he is local to the DC metro area. If Craig is not available, an alternate could be designated for HPS. The addition of an AAHP representative would make for the presence of two health physicists at these meetings.

The potential cost would be travel money. AAHP members local to the DC metro area would be preferable. The members could then provide a report back to the AAHP (via an article in the "CHP Corner"). Alan noted that he will listen to the webinars of the committee meetings, though people listening on the webinar are not recorded as attendees. Andy's objective would be to have a health physicist provide a physical presence at the meeting to be recorded as attending and to establish a relationship with the appropriate officials. Ideally, you would want the same person consistently attending the meetings. Andy suggested that the AAHP should seek volunteers from the HPS Medical Health Physics Section.

12.8 N/A

12.9 Academy Special Session in Spokane, WA - Miltenberger

Bob stated that the topic will be nuclear weapons. He felt this topic was relevant since we have a very large number of people who have never lived through the cold war and have never lived through what REALLY what happens when a nuclear weapon is detonated. Bob shared that he has lined up six speakers. He is missing a few speakers for topics related to health physics concerns at a nuclear weapons design and production facilities. The objective would be for these speakers to identify what is unique to the weapons complex. One of the last speakers would discuss the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), what the program does, why the program takes these actions, and how these actions relate back to the early days of the weapons complex. Bob has not determined a title yet for the special session. He is one speaker short of having the session complete. Once complete, Bob will write up a short summary and submit it to the Webmaster. Bob noted that the HPS Program Committee is requesting to approve the abstracts for the AAHP Special Session.

12.10 July 2016 Meeting Dates - Lambert

Nancy noted the next EC meeting will be on Sunday, 17 July 2016, in Spokane, WA. The ABHP certification exam will be administered on 18 July 2016. The AAHP Special Session will be offered on 19 July 2016.

END