

### REACTOR OVERSIGHT PROCESS SELF-ASSESSMENT PROGRAM

#### 0307-01 PURPOSE

The Reactor Oversight Process (ROP) self-assessment program evaluates the overall effectiveness of the ROP through its success in meeting its pre-established goals and intended outcomes, examining the efficacy of recent changes to the program, and by verifying agency adherence to program governance.

#### 0307-02 OBJECTIVES

02.01 To establish the processes for collecting information and data to support the ROP self-assessment program.

02.02 To establish a process for objectively evaluating the effectiveness of the ROP in adhering to the Principles of Good Regulation and achieving the ROP program goals and intended outcomes.

02.03 To provide timely, objective information to inform program planning and to develop recommended improvements to the ROP.

02.04 To monitor ROP revisions and assess the efficacy of recent changes to the ROP.

02.05 To perform focused in-depth assessments of specific program areas of interest and conduct periodic peer reviews to ensure agency adherence to program governance.

02.06 To provide mechanisms to solicit and assess feedback from both internal and external stakeholders.

02.07 To inform the Commission, NRC senior management, and the public of the results of the ROP self-assessment program, including any conclusions and resultant improvement actions.

#### 0307-03 APPLICABILITY

The self-assessment process described in this Inspection Manual Chapter (IMC) is designed to assess the effectiveness of the ROP, which outlines the oversight process for operating reactors. This self-assessment applies to all seven cornerstones of the ROP, and all processes and procedures in place that are utilized to implement the ROP. Reactors that are under construction or are in decommissioning are not within the scope of this process, nor are materials licensees or small modular or research and test reactors.

## 0307-04 RESPONSIBILITIES AND AUTHORITIES

### 04.01 Director, Division of Inspection and Regional Support (DIRS), Office of Nuclear Reactor Regulation (NRR)

- a. Oversees the implementation of the ROP self-assessment program.
- b. Develops policies and procedures for the ROP self-assessment program.
- c. Reviews, approves, and ensures issuance of the annual ROP self-assessment and other supporting reports.
- d. Identifies, with assistance from other division directors, the topics for effectiveness reviews and focused assessments.
- e. Ensures the assignment of ROP program area leads and ROP baseline inspection procedure (IP) leads.

### 04.02 Directors, Division of Security Operations (DSO) and Division for Preparedness and Response (DPR), Office of Nuclear Security and Incident Response (NSIR)

- a. Assist in identifying topics for effectiveness reviews and focused assessments.
- b. Review and approve the annual ROP self-assessment report.
- c. Support the peer reviews and focused assessments, as applicable

### 04.03 Regional Directors, Divisions of Reactor Safety and Reactor Projects

- a. Assist in identifying topics for effectiveness reviews and focused assessments.
- b. Review and approve the annual ROP self-assessment report.
- c. Support the peer reviews and focused assessments, as applicable
- d. Ensure regional data is collected and submitted to facilitate analysis.

### 04.04 Chief, Performance Assessment Branch

- a. Develops governance documents for the ROP self-assessment program.
- b. Ensures data from all sources are collected and consolidated to facilitate analysis.
- c. Recommends and implements improvements to the ROP self-assessment program.
- d. Monitors the effectiveness of corrective actions and improvements to the ROP that are developed in response to self-assessment findings.
- e. Develops the annual ROP self-assessment report.

#### 04.05 Chief, Reactor Inspection Branch (IRIB)

- a. Ensures data are collected and consolidated to facilitate inspection program analyses.
- b. Reviews analysis conducted by IP leads and other IRIB staff.

#### 04.06 ROP Program Area Leads

- a. Monitor implementation of assigned program areas of the performance indicator (PI) program, the inspection program, the significance determination process (SDP), and the assessment program.
- b. Collect and analyze self-assessment data for the previous year, and develop the annual program evaluation for assigned program area.

#### 04.07 ROP Baseline Inspection Procedure Leads

- a. Perform the actions as described in IMC 0307, Appendix B, "Reactor Oversight Process Baseline Inspection Procedure Reviews."

### 0307-05 SELF-ASSESSMENT BACKGROUND AND BASIS

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 governed by numerous program and policy documents, which are summarized by subject area on the [ROP Program Documents Web page](#). It is important that the ROP be periodically evaluated and improved when necessary to ensure continued achievement of its specified goals and intended outcomes and to identify potential areas for improvement.

05.01 ROP Goals. As noted in IMC 0308, "Reactor Oversight Process Basis Document," the 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. Accordingly, the goals of the ROP include 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 for Fiscal Years 2014–2018. Each of these ROP goals support the NRC's mission and characterize the manner in which the agency intends to achieve its strategic goals of safety and security: to ensure adequate protection of public health and safety and the environment, and to ensure adequate protection in the secure use and management of radioactive materials.

The six ROP goals are summarized below:

- Objective - Decisions are based on factual information and uninfluenced by emotion, surmise, or personal prejudice.
- Risk-informed - Risk insights are considered along with other factors (such as engineering judgment, safety limits, redundancy, and diversity) to better focus licensee and regulatory attention on issues commensurate with their importance to health and safety.
- Understandable - The process and its results are clear and written in plain language.
- Predictable - More than one individual can follow the same defined process and arrive at the same conclusion in a consistent manner (i.e., repeatable).
- Open - The NRC appropriately informs and involves stakeholders in the regulatory process.
- Effective - NRC actions are high quality, efficient, timely, and realistic, to enable the safe and beneficial use of radioactive materials.

05.02 Principles of Good Regulation. As noted in the Strategic Plan, the NRC maintains its regulatory competence, conveys that competence to stakeholders, and promotes trust in the agency by adhering to the longstanding Principles of Good Regulation and its organizational values. These principles focus on ensuring safety and security while appropriately balancing the interests of the NRC's stakeholders, including the public and licensees. The five [Principles of Good Regulation](#) are summarized below:

- Independence - Ethical performance and professionalism should influence regulation. Final decisions must be based on objective, unbiased assessments of all information, and must be documented with reasons explicitly stated.
- Openness - The public must be informed about and have the opportunity to participate in the regulatory processes as required by law.
- Efficiency - Regulatory decisions should be made without undue delay. Regulatory activities should be consistent with the degree of risk reduction they achieve.
- Clarity - Regulations should be coherent, logical, and practical. Agency positions should be readily understood and easily applied.
- Reliability - Regulatory actions should always be fully consistent with written regulations and should be promptly, fairly, and decisively administered.

The goals of the ROP are consistent with the Principles of Good Regulation.

05.03 ROP Intended Outcomes. The ROP self-assessment process utilizes program evaluations and performance metrics to determine its success in meeting the goals and intended outcomes of the ROP. The intended outcomes of the ROP, which support its basis and are incorporated into various ROP processes, include the following:

- Monitor and assess licensee performance
- Identify performance issues through NRC inspection and licensee PIs
- Determine the significance of identified performance issues
- Adjust resources to focus on significant performance issues
- Evaluate the adequacy of corrective actions for performance issues
- Take necessary regulatory actions for significant performance issues
- Communicate inspection and assessment results to stakeholders
- Make program improvements based on evaluation of stakeholder feedback and lessons learned
- Ensure reliable and predictable program implementation

05.04 Self-Assessment Approach. The ROP self-assessment approach was redesigned in 2015 to better assess the effectiveness of a mature program, focusing on the efficacy of recent changes to the program, performing in-depth reviews of specific areas of interest, and verifying agency adherence to program governance. The new self-assessment approach ensures that the ROP is being implemented reliably (consistently and as designed) across all regional and headquarters offices. Additionally, the new approach ensures that the staff appropriately invests resources on addressing value-added insights that improve the efficiency and effectiveness of the program.

- a. The self-assessment approach consists of three distinct elements as described in this manual chapter:
  - (1) Measure the effectiveness of and adherence to the current program, using objective measurable metrics
  - (2) Monitor ROP revisions and assess recent program changes for effectiveness
  - (3) Perform focused in-depth assessments of specific program areas and peer reviews of regional offices
- b. This approach also addresses and aligns with Recommendation 8 from the Commission-directed independent assessment, "Reactor Oversight Process Independent Assessment 2013" (ADAMS Accession No. ML14035A571), to revise the ROP self-assessment process to better solicit and assess both tactical and strategic feedback. Specifically, the first element of the three-part process provides for a tactical review of how the ROP is currently operating (from a data collection and analytical perspective), while the second and third elements provide for a more strategic review and assessment of the efficacy of recent program changes and specific areas of management focus.

## 0307-06     FORMAT AND STRUCTURE FOR SELF-ASSESSMENT

The self-assessment process consists of three distinct elements as noted in section 05.04 above; measuring the effectiveness of and adherence to the current program, monitoring ROP revisions and assessing recent program changes, and performing a focused, in-depth assessment of specific program area(s).

### 06.01     Element 1 – Measure Effectiveness of and Adherence to the Current Program.

- a. Objective Performance Metrics. A set of performance metrics will be monitored and assessed as an integral part of each annual ROP self-assessment. These performance metrics align with the Principles of Good Regulation and are consistent with the goals of the ROP and the NRC's Strategic Plan. The performance metrics are designed to be objective and measurable based on readily available data, and to maximize the use of existing databases. Metric data is collected and analyzed by region and Agencywide for comparison purposes and to ensure reliable and consistent program implementation. A detailed description of these performance metrics is contained in Appendix A.

Each metric in Appendix A includes its definition and basis, the criteria to determine whether it is met, the organization responsible for gathering the data, program area(s) affected, and a cross-reference to the principle(s) of good regulation each metric is intended to support. A three-tiered evaluation scheme will be used:

- (1) Green - A metric is considered Green if it meets or exceeds the specified criterion that represents expected performance and does not warrant further evaluation;
- (2) Yellow - 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;
- (3) Red - 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.

Separate and distinct from the ROP performance metrics, the NRC utilizes a planning, budgeting, and performance management (PBPM) process and program-level operating plans, which include performance measures and targets, to ensure that the performance goals of the Strategic Plan are properly assessed and that key program outputs and outcomes are met. The PBPM process and associated operating plans are the primary means of determining whether the strategic performance goals are being met. The ROP self-assessment program is not meant to replicate or replace this activity; however, many of the ROP self-assessment program metrics are the same as or similar to measures and criteria of the PBPM.

The performance metrics will be reviewed as part of the annual ROP self-assessment process to evaluate their effectiveness in providing a useful assessment of the ROP. Metrics may be added, deleted, or modified as necessary to provide a meaningful management tool.

- b. Program Area Evaluations. Based on the objective metrics and other relevant information, the staff evaluates the effectiveness of each of the four major program areas of the ROP: the PI program, the inspection program, the SDP, and the assessment program. The program area evaluations also summarize changes to the program, current and/or future focus areas, and potential 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 NRC's Strategic Plan for Fiscal Years 2014–2018.

#### 06.02 Element 2 – Monitor ROP Revisions and Assess Recent Program Changes

- a. Monitor ROP Revisions. NRR/DIRS has the overall responsibility to gather feedback, lessons learned, and recommendations for program improvement and to ensure they are adequately addressed. The ROP feedback form process is governed by IMC 0801, "Reactor Oversight Process Feedback Program." This is an internal feedback process focused on specific recommended changes to ROP governance documents.

Additionally, a database is maintained to track the status of the longer-term program changes resulting from more complex ROP feedback, including recommendations through the feedback form process and from independent evaluations and lessons learned reports. These more comprehensive efforts often involve multiple internal and external stakeholders to evaluate and resolve, and may require Commission approval to revise the policy and implement the changes, as appropriate. The ROP feedback form process and supplemental database ensure that ROP recommendations are gathered, assessed, and tracked to completion. The staff will compile and provide status updates of ROP changes periodically to NRC management and more formally as part of its annual self-assessment process.

- b. Assess Effectiveness of Recent Programmatic Changes. NRR/DIRS, after consulting with the regional offices, NSIR, and other NRC organizations, will select recently implemented changes to evaluate their effectiveness, as applicable. Program changes will be selected and effectiveness reviews will be performed to ensure that the intended results of implemented changes have been realized. All substantive changes will be evaluated to the extent practicable, and the staff should consider whether sufficient implementation time has elapsed to adequately evaluate the effectiveness of the change. In selecting which changes to review, consideration should be given to ensure that changes within all four program areas (i.e., PI program, inspection program, SDP, and assessment program) have reviews conducted at least once within a four year period. For the inspection program, reviews conducted in accordance with Appendix B to IMC 0307 would be considered and should be referenced as part of this effort.

At a minimum, each effectiveness review will include a review of the basis of the change, verification of the intended outcomes of the specific change, an assessment of unintended consequences of both individual and collective changes (e.g., cumulative impacts) made to the ROP during the period of time under consideration, an explanation of how effectiveness was measured, and verification that the changes remain consistent with the ROP goals, Principles of Good Regulation, and ROP intended outcomes as specified in Sections 05.01 through 05.03 of this manual chapter. If the review

concludes that a change has been ineffective or warrants further improvement, adjustments will be considered as needed to more fully address the issue or concern. Any further recommended improvements will be documented in the effectiveness review and the lead reviewer will initiate feedback forms and/or entries into the ROP database to ensure they are considered and dispositioned by the staff. The results of these effectiveness reviews will be documented or referenced in the annual ROP self-assessment report.

06.03 Element 3 – Performance Focused, In-Depth Assessments of Specific Program Area(s)

- a. Focused Assessments of the ROP. After each annual ROP cycle, NRR/DIRS will use the insights gained from the self-assessment to designate one or more topics for a focused assessment that delves more deeply into those aspects of the ROP that show indications of weaknesses or areas for future development. The topics may be prompted or suggested by any of the data sources described in section 07.01, and consideration should be given to ensure that focused assessments are performed within all four program areas (i.e., PI program, inspection program, SDP, and assessment program) at least once within a four year period. For the inspection program, assessments conducted in accordance with Appendix B to IMC 0307 would be considered part of this effort, though more comprehensive assessments of inspection program implementation should also be considered. The selected topics will be determined by the Director of DIRS, in consultation with regional and other division directors, and will be presented to senior NRC management at the Agency Action Review Meeting (AARM). Senior leadership will determine which program area(s) to pursue for the focused assessment.

NRR/DIRS will develop a charter that tailors the review to the subject area and identifies the attributes to be verified, associated standards, and intended outcomes. The assessments can verify consistency of program implementation among the regions, verify an aspect of the program over all four regions, or focus on specific areas within one or two regions. The assessments will typically involve focused surveys and/or interviews to gather feedback and perspectives from affected stakeholders. The assessments are generally led by NRR/DIRS staff, who may form a team involving other branches or the regions if a particular expertise or perspective is needed.

- b. Regional Peer Reviews and Independent Evaluations. In addition to the focused, in-depth assessments across all regions, NRR/DIRS and regional staff will also perform peer reviews of regional implementation for a specific region on a rotating basis (one region per year). NSIR/DSO and NSIR/DPR will support these reviews, as applicable. The primary purpose of these reviews is to ensure predictable and reliable program implementation across the regions and to identify opportunities for improved reliability of implementation methods and results. In lieu of a peer review, a comprehensive independent evaluation of the ROP will be performed every fifth year to get an unbiased review of ROP effectiveness on a periodic basis. As such, over a five-year period, each region will receive one implementation assessment and the overall program will be subjected to one comprehensive independent evaluation.

For the regional peer reviews, NRR, NSIR, or regional staff will develop a review plan and assemble a team of individuals familiar with ROP governance documents and implementation. To further ensure predictable and reliable program implementation and to share unique perspectives, the team should include members from other regions to the extent possible. The review plan will identify the attributes to be verified and associated standards. These peer reviews will typically involve reviewing the implementation of selected governance documents and reviewing a sampling of data entered into the Reactor Program System (RPS) and/or submitted for the performance metrics to verify its accuracy and completeness. These peer reviews also serve to identify and share best practices, and to potentially identify and recommend program improvements.

For the comprehensive independent evaluation, the review team will typically be composed of NRC staff with no current responsibility for ROP maintenance or implementation to the extent practicable. This team will develop the charter to ensure independence with the program office. As an alternative, an independent contractor outside the NRC may be pursued to complete a comprehensive evaluation of ROP implementation and performance. Independent assessments performed by the Office of the Inspector General, Government Accountability Office, or other independent entity could also meet the intent of and serve as the comprehensive independent evaluation, as deemed appropriate.

The results of these evaluations will be documented or referenced in the annual ROP self-assessment report. The results will also be presented to senior NRC management at the AARM. Lessons learned and recommended program improvements will be entered into the ROP feedback form process or longer-term tracking mechanism as appropriate.

## 0307-07 DATA COLLECTION, FEEDBACK, AND ANALYSIS

07.01 Data Sources and Collection. NRR/DIRS has the overall responsibility for data collection, with support from the regional offices, NSIR, and other NRC organizations, as necessary. A variety of methods and sources are used to collect data regarding the performance of the ROP. These methods include compiling data and information from the Reactor Program System (RPS) or other existing databases, internal and external stakeholder surveys and interviews, independent audits, responses to *Federal Register* notices, industry-level indicators and operating experience, program evaluations and document reviews, and other stakeholder interactions.

To the extent possible, data collection is from agency databases and the need for ad hoc, manually developed data is minimized, particularly for the objective performance metrics. Since the self-assessment program is relying heavily on the quality of the data contained in the RPS database, it is imperative that the regions and other internal stakeholders ensure the accuracy and timeliness of the RPS data. As part of the annual metric review, NRR/DIRS will evaluate the need to modify or add permanent automated systems to obtain needed metric information to minimize the burden on the staff.

Data to support the performance metrics is typically collected quarterly. Data collection and reporting is typically completed within 45 calendar days of the end of the quarter under review. However, in order to support the aggressive schedule in completing the annual ROP self-assessment upon completion of the calendar year, data reporting is requested to be completed within 15 calendar days to the extent practicable. Actions will be taken and decisions will be made based on analysis of the data so care should be taken to report the data accurately.

To ensure the adequacy and effectiveness of ROP governance documents and implementation, the ROP program area leads and IP leads will remain cognizant of their assigned programs and procedures.

- a. Program Area/ Manual Chapter Review. Throughout the year, the ROP program area leads for the PI program, inspection program, SDP, and assessment program collect feedback forms written against their assigned areas, discuss their areas with the inspectors and regional managers, and participate in industry meetings to gain insights into the industry's perceptions of their areas. The program area leads collect self-assessment metric data for their areas each calendar quarter.

At the end of each year, the ROP program area leads consolidate metric data and other insights into their areas and analyze the data for the previous year. The analyses form the basis for the program evaluations and are included in the annual self-assessment report on the ROP as described in Section 06.01(b). Additionally, other ROP-processes that are governed by various IMCs and/or inspection procedures, all of which have designated leads responsible for their maintenance and implementation, will be reviewed annually to determine if changes are warranted. Each ROP-related IMC and IP will be revised at least once every four years, or it will be reissued noting that a detailed review has been performed and a revision to the document was not warranted.

- b. Baseline Inspection Procedure Review. In addition to remaining cognizant of implementation of their assigned procedures, the IP leads will review their inspection procedures in accordance with Appendix B to IMC 0307.

07.02 Soliciting and Evaluating Stakeholder Feedback. The staff emphasizes stakeholder involvement and open communication regarding the ROP. The staff uses a variety of communication methods to ensure that all stakeholders can access ROP information and have an opportunity to participate in the process and provide feedback. The staff actively seeks feedback and implements improvements to the ROP based on evaluation of feedback and insights from all stakeholders. These outreach efforts have resulted in valuable feedback and ROP improvements.

- a. External Stakeholder Interface

1. The staff conducts monthly public working-level meetings with the Nuclear Energy Institute (NEI), the industry, and interested stakeholders to discuss the status of ongoing refinements to the ROP. The staff provides a meeting notice with an agenda so that interested stakeholders can determine beforehand whether the NRC plans to discuss topics of interest. The staff also offers the opportunity for public comment at the end of each topical area to enhance the

public's ability to engage relevant staff members on topics discussed during these meetings. Additional topic-specific public meetings are held, as warranted.

2. The staff conducts public meetings or other engagement activities in the vicinity of each operating reactor to discuss the results of the NRC's assessment of the licensee's performance. These annual engagements provide an opportunity to engage interested stakeholders on the NRC's role in ensuring safe and secure plant operations.
3. The staff maintains numerous external Web pages to communicate current ROP-related information and results. The staff monitors the ROP Web pages to ensure that they communicate accurate information.
4. The staff typically sponsors a breakout session at the annual Regulatory Information Conference focused on ROP-related issues and topics of interest, or at a minimum sponsors an ROP poster session so that interested stakeholders can gather information and ask questions about the ROP. Additional ROP topics are discussed during the regional breakout sessions.

b. External Feedback Mechanisms

1. In addition to sharing staff perspectives and gathering feedback during public meeting discussions, the staff compiles feedback forms from ROP public meetings (i.e., the working group meetings, focused meetings/workshops, and annual assessment meetings) to evaluate the effectiveness of public messaging and use of plain language. These feedback forms will be used to inform external communication initiatives to ensure that external content and publications relative to the ROP are clear, comprehensible and understandable.
2. The staff maintains an [ROP "Contact Us" form](#) on the external NRC Website. External stakeholders can provide feedback or ask questions regarding ROP implementation across a wide array of topic areas. The staff will provide an initial response acknowledging receipt of the feedback generally within 5 working days and will provide a more complete technical response generally within 45 days. Feedback received through this mechanism that is outside the scope of the ROP will be forwarded to the Office of Public Affairs and/or other appropriate organizations for their consideration. Data will be maintained to report on the effectiveness of the ROP Contact Us form and overall external communications. Questions will be evaluated for trends to influence the external messaging and external website content. All feedback received through with the ROP Contact Us form will be maintained per the public ADAMS records guidelines and requirements.
3. The staff will conduct focused surveys and/or interviews as needed to perform the focused evaluations and assessments per Element 3 of the ROP self-assessment process.

c. Internal Stakeholder Interface

1. NRR and NSIR staff and management conduct biweekly conference calls with regional management and staff to discuss current issues associated with the ROP. The staff also meets periodically with regional managers to discuss more complex ROP topics and issues.
2. NRR and NSIR staff participate in each region's inspector counterpart meeting and/or mid-cycle and end-of-cycle meetings so that regional staff and management can provide feedback on ROP implementation.
3. NRR staff maintains and frequently updates the ROP Digital City Web site to include recent and useful information for internal stakeholders.
4. NRR staff issues the inspector newsletter on a quarterly basis to share value-added findings, best practices, inspection guidance, and regulatory issues that are timely and have wide application and interest to inspectors and staff implementing the ROP. NRR and each of the four regions has a newsletter editorial board member who identifies potential topics and authors for newsletter articles and provides technical review of the content. Printed and/or electronic copies are distributed, and the newsletter is also available on the NRR ROP Digital City internal Web site.
5. NRR staff reviews and disseminates operating experience to internal stakeholders on a regular basis in accordance with IMC 2523, "NRC Application of the Reactor Operating Experience Program in NRC Oversight Processes."

d. Internal Feedback Mechanisms

1. The staff maintains an [internal Contact Us Form](#) on the ROP Digital City Website. Internal stakeholders can provide feedback or ask questions regarding ROP implementation across a wide array of topic areas, including but not limited to resident support concerns. Similar to the external ROP Contact Us form, responsible staff will provide an initial response acknowledging receipt of the feedback generally within 5 days and will provide a more complete response generally within 45 days. Feedback received through this mechanism that is more technical in nature will be entered into the formal ROP feedback process as described in IMC 0801.
2. The ROP feedback process described in IMC 0801 allows the NRC staff to identify concerns or issues and recommend improvements related to ROP governance or guidance documents. Responsible staff will respond to and address the feedback in accordance with the requirements and expectations of IMC 0801.

3. The staff performs lessons-learned evaluations and recommends program improvements upon completion of significant NRC activities. These include supplemental inspections in accordance with IP 95003, "Supplemental Inspection for Repetitive Degraded Cornerstones, Multiple Degraded Cornerstones, Multiple Yellow Inputs or One Red Input," significant reactive inspections in accordance with Management Directive (MD) 8.3 "NRC Incident Investigation Program," and implementation of IMC 0350, "Oversight of Reactor Facilities in a Shutdown Condition Due To Significant Performance and/or Operational Concerns."
4. The staff will conduct focused surveys and/or interviews as needed to perform the focused evaluations and assessments per Element 3 of the ROP self-assessment process.

07.03 Data Analysis and Recommendation Development. NRR/DIRS has the overall responsibility for analyzing program data and developing recommended improvements to the ROP. Criteria for acceptable ROP performance have been identified for each performance metric as detailed in Appendix A. A favorable comparison of data to criteria would indicate the ROP met the process goals and objectives, and likely, no programmatic changes would be recommended. However, for an unfavorable comparison more analysis is required to determine causal factors and develop recommended process improvements.

A tripped metric may result in a programmatic change and/or other action (such as clarifying program documents or training) to improve performance in the measured area. If no changes or other actions are being proposed or planned based on a tripped metric, the staff will justify the reason(s) for the anomaly and why the anomaly is not indicative of poor performance or a program issue.

Due to their direct experience with the inspection and oversight programs gained through their implementation of the procedures, the regions and NSIR will be consulted during the data analysis and recommendation development process to ensure the regional insights are incorporated into the evaluation and change process.

## 0307-08 ROP SELF-ASSESSMENT REPORTING

There are several types of periodic ROP self-assessment reports that serve different purposes as described below:

08.01 Periodic Reports. As noted above, metric data are typically collected and analyzed on a quarterly basis, as applicable. Periodic reports may be issued as deemed necessary to address particular issues of concern resulting from the quarterly data and analysis.

08.02 Annual Performance Metric Report. NRR/DIRS develops an annual ROP performance metric report after the conclusion of each calendar year. The overall summary report must discuss any metrics that did not meet their pre-established criteria, the staff's analysis of the reasons for not meeting the criteria, and any actions taken or planned to change

the program or improve its implementation. The report may briefly discuss any other significant lessons from the analyses of the metrics, even if the lesson is related to a metric that did meet its criteria. The report will also identify any metrics not counted during the previous year and the reasons for that. The analysis may be included in a separate report or may be incorporated into the annual Commission paper discussed in Section 08.03.

08.03        Annual Commission Paper. As directed by the Commission, the staff presents the results of its annual self-assessment of the ROP in a Commission paper. The Commission paper is written to support the AARM and the Commission briefing on AARM results. This paper typically addresses any lessons learned from the previous year, effectiveness evaluations of any major changes made to the ROP, the status of issues discussed in the Commission paper from the previous year, and any other significant issues affecting the ROP.

The annual Commission paper includes evaluations of the four key program areas of the ROP: the PI program, the inspection program, the SDP, and the assessment program. The self-assessment focuses on the effectiveness of recent significant program changes, the strengths and weaknesses of the program, and additional planned actions to improve program effectiveness. The paper also presents the staff's overall conclusions as to whether the ROP has been successful in meeting the goals and intended outcomes of the ROP and the Principles of Good Regulation. The staff also highlights those areas of the ROP that warrant focus in the upcoming year based on the self-assessment results and lessons learned. The paper typically includes several enclosures with additional detail to support the staff's assessment and conclusions.

08.04        Focused and Independent Evaluation Reports. As noted above, focused and/or independent evaluations will be performed periodically by the NRC or other organizations. NRC-sponsored evaluations and the staff's analysis may be included in a separate report or may be incorporated into the annual Commission paper discussed above. Evaluations by outside organizations will either be sent directly to the Commission or will be forwarded separately by the staff. All recommendations made by internal and external stakeholders resulting from these evaluations will be tracked and addressed under Element 2 of the ROP self-assessment process as described in Section 06.02 above.

## 0307-09        REFERENCES

This list of references encompasses the entire ROP self-assessment process, including the Appendices to this Chapter.

IMC 0102, "Oversight and Objectivity of Inspectors and Examiners at Reactor Facilities"

IMC 0305, "Operating Reactor Assessment Program"

IMC 0306, "Information Technology Support for the Reactor Oversight Process"

IMC 0308, "Reactor Oversight Process (ROP) Basis Document"

IMC 0350, "Oversight of Reactor Facilities in a Shutdown Condition Due To Significant Performance and/or Operational Concerns"

IMC 0608, "Performance Indicator Program"

IMC 0609, "Significance Determination Process"

IMC 0612, "Power Reactor Inspection Reports"

IMC 0801, "Reactor Oversight Process Feedback Program"

IMC 1245, "Qualification Program for Operating Reactor Programs"

IMC 2515, "Light-Water Reactor Inspection Program -- Operations Phase"

IMC 2523, "NRC Application of the Reactor Operating Experience Program in NRC Oversight Processes."

IP 95003, "Supplemental Inspection for Repetitive Degraded Cornerstones, Multiple Degraded Cornerstones, Multiple Yellow Inputs or One Red Input"

M.D. 3.5, "Attendance at NRC Staff-Sponsored Meetings"

MD 8.3, "NRC Incident Investigation Program"

NEI 99-02, "Regulatory Assessment Performance Indicator Guideline"

COM-202 "Meetings with Applicants, Licensees, Vendors or Other Members of the Public"

Staff report, "Process Improvement Review of the Significance Determination Process"  
(ML14318A512)

Staff report, "Davis-Besse Reactor Vessel Head Degradation Lessons-Learned Task Force Report" (ML 022760172)

END

Appendix A, Reactor Oversight Process Self-Assessment Metrics

Appendix B, Reactor Oversight Process Baseline Inspection Procedure Reviews

Attachment 1, Revision History for IMC 0307

# ATTACHMENT 1

## Revision History for IMC 0307

Commitment Tracking Number	Accession Number Issue Date Change Notice	Description of Change	Description of Training Required and Completion Date	Comment and Feedback Resolution Accession Number (Pre-Decisional, Non-Public)
N/A	12/12/02	Revised significantly to include a more detailed discussion of the role of inspectable and program area leads, the annual review of the baseline inspection program, and other aspects of the self-assessment program. The specific metrics for these roles were added to Appendix A.	N/A	N/A
N/A	12/12/03	Revised to provide greater detail for documenting the results of the annual inspection procedures reviews, and some metrics in Appendix A were modified to better align with the operating plan metrics and other program commitments.	N/A	N/A
N/A	01/14/04	Based on a decision at the DRP/DRS counterpart meeting held on December 17-18, 2003, metric IP-5 was revised to change the inspection report timeliness to 45 calendar days for all inspection reports, with exception of reactive inspection reports, which will stay at 30 days.	N/A	N/A

Commitment Tracking Number	Accession Number Issue Date Change Notice	Description of Change	Description of Training Required and Completion Date	Comment and Feedback Resolution Accession Number (Pre-Decisional, Non-Public)
N/A	02/20/06	Revised to support the new safety performance measures of the NRC's Strategic Plan, to better define the ROP goals and intended outcomes, and to consolidate and clarify several of the performance metrics. Completed 4 year historical CN search.	N/A	ML060110235
N/A	11/28/06	Revised to measure the effectiveness of the safety culture enhancements to the ROP, to clarify expectations regarding the resident demographics and staffing metrics, and to include a discussion of the consolidated response to external survey questions.	N/A	
N/A	01/10/08 CN 08-002	Revised to eliminate and consolidate several metrics, to separate Appendix A from the base IMC to serve as a stand-alone document, and to summarize and link to Appendix B on the ROP realignment process.	N/A	ML073510410
W200800299	03/23/09 CN 09-010	Revised to address the Commission SRM dated June 30, 2008, to reflect the recently issued Strategic Plan for FY 2008 – 2013, and to reincorporate the security cornerstone in the ROP self-assessment process, and some metrics were revised for clarification purposes while others were removed to eliminate redundancy or unnecessary burden.	N/A	ML090300620

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N/A	ML15216A347 11/23/15 CN 15-025	Significantly revised the process using a three-element approach designed to assess the effectiveness of a mature program.	N/A	ML15225A105