



**Australian Government**  
**Australian Radiation Protection  
and Nuclear Safety Agency**



# **Clinical Advisory Group Terms of Reference**

17 August 2023

For review: Q3 2025

## Purpose

1. The purpose of the Clinical Advisory Group (CAG) is to advise the Australian Clinical Dosimetry Service (ACDS) on development of audit methodologies and immediate clinical interpretation on specific audit outcomes.

## Authority

2. The Clinical Advisory Group is accountable to the CEO of ARPANSA as ACDS's advisor as specified in this Terms of Reference.

## Membership

3. **Terms of membership.** The members of the Clinical Advisory Group (CAG) are appointed for two years by the CEO of ARPANSA and may be reappointed twice. An extension of up to six months to facilitate handover to a Chair new to the CAG may be utilised.
4. **Chair.** The Chair of CAG will be appointed annually by the CEO of ARPANSA after the final scheduled meeting of the calendar year, and;
  - a. the Chair shall have a maximum term of three years.
  - b. the Chair is to be nominated by The Royal Australian and New Zealand College of Radiologists (RANZCR).
  - c. the Chair is to delegate their position to the other RANZCR radiation oncologist member when on leave or if unable to attend the meeting. The secretariat is to be notified of the absence and delegation.
5. **Membership.** The membership for the CAG shall comprise a broad base of professional clinical experience incorporating diversity across all jurisdictions and practice. The CAG will be comprised of no less than 6 and no more than 10 members, members shall not be current employees of ARPANSA.
  - a. ARPANSA will seek nominations as a minimum:
    - i. a radiation oncologist nominated as Chair of CAG by Royal Australian and New Zealand College of Radiologists (RANZCR);
    - ii. a radiation oncologist nominated by RANZCR;
    - iii. a medical physicist nominated by Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM);
    - iv. a radiation therapist nominated by Australian Society of Medical Imaging and Radiation Therapy (ASMIRT);
    - v. a radiation therapist nominated by New Zealand Institute of Medical Radiation Technology (NZIMRT);
    - vi. a Trans-Tasman Radiation Oncology Group (TROG) representative; and
    - vii. a New Zealand representative from RANZCR, ACPSEM or TROG.
  - b. the ACDS Director and a senior ACDS auditor are ex-officio members of the CAG.

- c. ARPANSA reserves the right to appoint an expert nominated by ARPANSA but external to ARPANSA to the CAG for independent technical expertise and advice. The term for this individual will not be limited.
- d. a minimum of two (2) radiation oncologists should be members.
- e. a maximum of two (2) representatives from each of the groups, (ii) to (vii), should be represented on the CAG.
- f. membership term start dates will be staggered across the calendar year and align to the first day of the quarter as follows:

Term start date	Member 1	Member 2 (as applicable)
Q1 (01 January)	RANZCR, ASMIRT	ACPSEM
Q2 (01 April)	TROG, NZIMRT	NZ
Q3 (01 July)	ACPSEM	RANZCR, ASMIRT
Q4 (01 October)	NZ	TROG, NZIMRT

- g. ideally, no more than 30% CAG members should retire every calendar year.
  - h. a CAG member may leave the CAG at any time, at which time the Chair may request ARPANSA to approach the relevant nominating body and request expert nominations to fill the CAG vacancy.
  - i. if the Chair identifies that the CAG requires more expertise in a given area, subject to the aggregate member limit, the Chair may request that ARPANSA seeks expert nominations from the relevant professional college to fill the identified knowledge gap.
  - j. with advice from the Chair, the CEO of ARPANSA may terminate the membership of a member.
6. **Attendance.** Members are expected to attend all meetings of the CAG unless exceptional circumstances exist and must, where applicable, notify the Chair of their absence prior to the meeting. Attendance by proxy requires prior agreement from the Chair. Some out of session correspondence or meetings may be required to provide timely advice to the ACDS Director, particularly for responses to audit outcomes.
7. **Invitees.** During the conduct of CAG meetings it may be necessary to invite internal or external expertise. Those nominated to attend a CAG meeting will be listed on the agenda and recorded in the minutes.

## Administration

- 8. **Secretariat.** ARPANSA will provide secretariat support for the CAG.
- 9. **Meeting logistics.** The Secretariat or nominated delegate will facilitate all logistics for the meetings, including overseeing meeting room booking, development of the agenda, collating of papers, and follow-up of outstanding action items.
- 10. **Quorum.** The quorum for the CAG is more than 50% of the voting membership defined in clauses 5 (a) and 5 (c).

11. **Meeting schedule.** The CAG will meet quarterly, or on an as-needs basis. Attendance will generally be via virtual platforms. The Chair will meet Head MRSB and/or the CEO as required to escalate any issues.
12. **Agenda.** An agenda will be developed under supervision of the Chair. The agenda and associated documents will be provided to members not less than 5 working days prior to the meeting.
13. **Minutes.** Under the supervision of the Chair, the Secretariat or nominated delegate will coordinate the keeping of CAG meeting minutes and action items.
14. **Reporting.** An annual report will be provided to the Australian Health Protection Principal Committee (AHPPC). The report will be appended to the annual ACDS report to the AHPPC and will provide an independent assessment regarding the clinical impact of the ACDS' operations, including:
  - a. how audit findings have directly impacted patient care;
  - b. the relevance of the existing audit suite;
  - c. the resources required by facilities to participate in the audit program; and
  - d. how on-going audit development will mitigate future clinical risk.
15. **Review of Terms of Reference.** The Chair will initiate a review of the Terms of Reference by the CAG during the Quarter 2 meeting every two years, or at an appropriate time, and propose changes for the CEO's consideration.

## Role of the Clinical Advisory Group

16. The duties of the Clinical Advisory Group are to carry out the following functions:
  - a. provide advice on and assist in interpreting the results of the audits;
  - b. review and provide advice on phantom and measurement techniques developed by ARPANSA for the radiotherapy dosimetry audit program;
  - c. provide advice on and assist in the development, updating and improvement of the auditing methodology and service delivery procedures;
  - d. provide advice on the relevant range of treatment techniques for audits;
  - e. provide advice on the skills and experience required for the panel of auditors; and
  - f. provide advice on the training of auditors.