



Radiation Health Committee

Meeting Minutes

- Date:** 13-14 November 2019
- Time:** 9:30 am to 5:30 pm (13 November); 9:30 am to 2:00 pm (14 November)
- Location:** 25 Mulley Street, Holder, ACT 2611
- Chair:** Dr Roslyn Drummond
- Members:** Ms Fay Bellis (Public Representative); Mr Mark Carey (NSW); Mr Noel Cleaves (VIC); Mr Bradley Feldtman (NT, via phone); Ms Penny Hill (ACT); Dr Bruce Hocking (Member); Dr Carl-Magnus Larsson (CEO of ARPANSA); Dr Stephen Newbery (TAS); Ms Hazel Upton (WA, via phone); Dr Massey de los Reyes (SA); Mr Simon Critchley (QLD); Dr Joanna Wriedt (Nuclear Safety Committee Representative)
- Secretariat:** Dr Samir Sarkar, National Codes & Standards Section, ARPANSA
- Scribe:** Ms Meaghan Partridge
- Apologies:**
- Invitees:** Dr Rick Tinker (ARPANSA) (for items 1.5, 3.1, 3.6, 3.8)
 Mr Ryan Hemsley (ARPANSA) (via phone for items 1.7)
 Dr Radomir Krsteski (ACT Health) (for item 2.1)
 Prof Rob Davidson (University of Canberra) (for item 2.2)
 Mr Selva Kumar (ARPANSA) (for item 2.3)
 Mr Glenn Riley (Victoria) (via phone for item 2.6)
 Mr Nehal Ahmed (TAS) (via phone for item 2.7)
 Dr Peter Thomas (ARPANSA) (via phone for item 3.3, 3.4, 3.5)
 Ms Angela Hanjak (Alfred Health) (via phone for item 3.5)
 Ms Alexandra Robertson (Royal Children's Hospital Melbourne) (via phone for item 3.5)
 Dr Ken Karipidis (ARPANSA) (via phone for item 3.7)
 Mr Loch Castle (ARPANSA) (via phone for item 3.8)
 Mr Nathan Wahl (ARPANSA) (via phone)
- Observers:** Dr Ivan Williams (Chief Medical Radiation Scientist - ARPANSA); Mr Jim Scott (Chief Regulatory Officer – ARPANSA); Ms Tone Doyle (Chief of Staff – ARPANSA) via phone; Dr Andreas Markwitz (New Zealand) via videoconference; Mr Robbie Andrews and Ms Maryka Gaudio (Department of Health); Mr Keith Baldry (SA)

1. Introduction and Standing Items

Item 1.1 Welcome by the Chair

Chair

The Chair called the meeting to order. On behalf of the RHC and other meeting participants, the Chair thanked Ms Penny Hill and ACT Health for hosting the meeting in Canberra.

The Chair also welcomed Dr Andreas Markwitz, attending from New Zealand via videoconference and introduced the new member from South Australia, Dr Massey de los Reyes; acknowledged Mr Keith Baldry as an observer; and welcomed Prof Rob Davidson of Canberra University and Dr Radomir Krsteski of ACT Health.

The Chair noted that item 5.1.1 was withdrawn from the agenda.

Item 1.2 Minutes

Chair

The Chair noted that the minutes from the previous meeting held on 2-3 July 2019 were confirmed out of session and had been posted on ARPANSA's website.

Item 1.3 Actions and Business Arising

Chair

All items were either completed or on the agenda for the current meeting. The following items were discussed.

Mapping of non-ionising radiation (NIR) regulation

The document "Non—ionising radiation protection in Australia, technical report 192, November 2019" was tabled and endorsed by the committee. Subsequent to this, it was agreed that the document would be referred to enHealth as part of improved coordination of regulation of all radiations. It was noted that not all jurisdictions regulate NIR. After considering the completed technical report, the RHC has requested that ARPANSA bring the inconsistencies in regulation and adequacy of regulation of NIR to the attention of the Environmental Health Committee and the Chief Health Officers of the States and Territories. It is believed that enHealth would be the appropriate forum to formulate policy and strategy. It was suggested that a paper be prepared for enHealth outlining the regulatory issues and relevant information to formulate strategies and policies to deal with such issues

This matter was also reflected in the discussion of agenda item 3.7.

The Members requested ARPANSA to prepare a paper for enHealth on regulation of NIR with the assistance of some RHC members.

Action 1: ARPANSA, with the assistance of some RHC members, to prepare a paper for enHealth on regulation of NIR in Australia.

IRRS mission action plan

Regarding the IRRS mission action plan, the Members were advised that the IRRS recommendations applicable to multi-jurisdictions would have oversight of enHealth, and that the Radiation Health Expert Reference Panel (RHERP) of enHealth was working on the action plan. The enHealth Secretariat has circulated the revised IRRS action plan. The Commonwealth Department of Health and ARPANSA had written to the Department of Industry Innovation and Science regarding the IRRS recommendations on decommissioning and waste management policy and strategy. Implementation of IRRS recommendations related to ARPANSA was underway. The jurisdictional action plan will be placed on ARPANSA's website once finalised and will be updated every six months.

Dr Larsson informed that NDRP2 has progressed satisfactorily through enHealth and is currently with AHMAC and will then be submitted to the COAG Health Council.

The recommendations for national policy on safety and protection would be actioned following the approval of the NDRP. The work on the action plan should be continued as a priority.

The Members suggested including IRRS action plan on the agenda for the next RHC meeting.

Action 2: IRRS Action Plan to be included in the agenda of the next RHC meeting.

Item 1.4 Correspondence

Chair

The Members noted the following correspondence:

1. Letter (5 July 2019) from Dr Drummond, RHC, to Ms Marianne Wehby, SkillsIQ, regarding the Graduate Certificate qualification in Radiation Safety - advising of discussion at RHC on 2-3 July. The qualification will be delisted as an available training course from the national system of AISC; and
2. Letter (22 July 2019) from Ms Gillian Shaw, Assistant Secretary Department of Health, accepting invitation to attend RHC Meetings as an observer

Item 1.5 Public Interest Issues

Ms Bellis & Dr Tinker

Item 1.5a 5G rollout & Dental radiography

Ms Bellis informed the Members about the large number of public enquiries in relation to the roll out of 5G, largely consisting of health concerns and the responses provided to the members of the public.

She also informed the Members about an email communication related to currency of Australian Safety Guideline (2005) for Dental radiography in comparison to British Orthodontic Society Safety Guideline (2016). This query was referred to the RRN. The Members noted the update on public interest issues.

Item 1.5b 5G Issues

Dr Tinker provided an update on ARPANSA's provision of information on 5G. He stated that there was an increase in correspondence regarding public concerns about the health impacts of radiofrequency electromagnetic energy. ARPANSA provided advice on 5G through the 'Talk to a Scientist' program, media inquiries and ministerial correspondence. The Commonwealth Parliament enquiry on 5G was underway and 200 submissions received, including one from ARPANSA. The Members considered that ARPANSA's submission could be useful for other jurisdictions and requested ARPANSA to circulate the submission to Members out of session, once they had been published by the inquiry.

Ms Doyle advised that ARPANSA has clear and easy to understand information on 5G publically available. Mr Wahl advised that the Government was looking at how best to provide information to the community. The Members emphasised the importance of updating ARPANSA's website more regularly to reflect the status of 5G with all jurisdictions having a uniform approach by giving out the same message and information.

Action 3: Secretariat to circulate ARPANSA's submission to the inquiry into 5G in Australia out of session once it has been made public.

After-note: On 18 November 2019, Secretariat circulated ARPANSA's submission to the inquiry into 5G in Australia to the Members.

Item 1.6 Conflict of Interest Declarations**All Members**

Nil.

Item 1.7 International Liaison**Mr Hemsley**

Mr Hemsley provided an update on Australia's participation in international activities. He also informed on upcoming international events to be attended by ARPANSA. The 8th review meeting under the terms of the Convention on Nuclear Safety (CNS) would be held in March 2020 and that Australia had submitted National Report through ARPANSA. The Members noted the update on ARPANSA's participation in international activities.

2. National Uniformity

Item 2.1 ACT Radiation Regulatory Framework**Dr Krsteski**

Dr Radomir Krsteski, Manager Environment Health Section, presented ACT's Radiation Regulatory Framework including regulation of non-ionising radiation. He outlined the licensing and compliance processes including the use of licence conditions as compliance requirements. The RHC thanked Dr Krsteski for his informative presentation.

Item 2.2 Medical Radiations Australia**Dr Newbery/Prof Davidson**

Dr Newbery provided background information on Medical Radiations Australia (MRA). The key points for discussion included inconsistencies in licensing processes, Medical Radiation Practice Board of Australia (MRPBA) accreditation of courses, the need for addressing the requirements of RPS C-5, the requirements for using specialised imaging equipment and Graduate Nuclear Medicine Technologists using diagnostic CT.

Prof Davidson referred to the registered professions under MRPBA such as Nuclear Medicine Technologist, Diagnostic Radiographers and Radiation Therapist and the associated 8 capabilities across the professions. He expressed concern about non-uniform approach in the licensing process related to the requirements for capabilities. The Members acknowledged that there were some harmonisations issues in the licensing requirements, which needed to be addressed.

Considering the importance of these issues the Members agreed to continue the discussion with MRA and other stakeholders and to develop a nationally uniform position regarding State and Territory radiation licensing of MRP taking into account regulatory expectations of RPS C-5. Dr Newbery and Dr Thomas were requested to prepare a discussion paper on a national uniform position regarding State and Territory radiation licensing of MRP taking into account regulatory expectations of RPS C-5.

Decision 1: Agreed to on-going discussion with MRA and other stakeholders, regarding the issues related to inconsistencies in State and Territory licensing processes for MRPs in order to develop a national uniform position regarding State and Territory radiation licensing of MRP.

Action 4: Dr Newbery and Dr Thomas to prepare a discussion paper to begin to develop an agreed nationally uniform position regarding State and Territory radiation licensing of MRP taking into account regulatory expectations of RPS C-5.

Action 5: Dr Stephen Newbery will continue to act as liaison person for RHC with Medical Radiations Australia and other stakeholders. The ongoing discussions will inform the work on implementation of the Medical Code

Item 2.3 RRN activity report

Dr Newbery/Mr Kumar

Dr Newbery advised that the RRN had continued the discussion on compliance standards, competency requirements and exemption criteria. Details of these aspects are covered in agenda items 2.4 – 2.8 below.

Item 2.4 Competency requirements – non-medical

Dr Newbery/Mr Feldtman/Ms Hill

Dr Newbery provided the background and update on the works performed by RHC and RRN related to competencies for users in non-medical radiation practices. It was noted that there was an IRRS Recommendation related to National Competencies, and this aspect is covered in NDRP2.

The Members discussed the work undertaken by the RHC and the competency requirements suggested by the RRN including the courses with specified competencies. It was noted that a significant amount of work had already been done on competency requirements and these requirements, with inputs from regulators, could be integrated to develop a nationally agreed competencies.

The Members considered the benefits of having nationally agreed competencies and agreed to form a working group comprising all jurisdictional members and Ms Bellis to develop nationally agreed competencies for users in non-medical radiation practices. Dr Newbery will lead the working group and a progress report will be provided at the next RHC meeting in March 2020.

Decision 2: It is agreed that having nationally uniform competency requirements is desirable.

Decision 3: A working group comprising all jurisdictional members and Ms Bellis, and Mr Jim Scott and led by Dr Newbery was formed to develop nationally agreed competencies for users in non-medical radiation practices. The WG is to report on progress at the next RHC meeting.

Item 2.5 Competency requirements - medical

Dr Newbery

Dr Newbery provided an update on the competency requirements for users of medical radiation. The Members noted that competency issues for medical radiation were very similar to those discussed under agenda item 2.4 above.

The Chair advised that a variety of specialist medical practitioners were qualified to use only a specific type of radiation equipment. Currently jurisdictional requirements are not uniform and a mapping exercise on all jurisdictional requirements is needed. The Members agreed to form a working group led by Mr Cleaves to undertake the mapping exercise on competency requirements for medical practitioners using ionising radiation.

Action 6: RHC to continue to engage with stakeholders, such as AHPRA and its Boards, MRA, ASMIRT to examine and document competency requirements as specified in RPS C-5 and how these may be incorporated into AHPRA Board registration requirements.

Action 7: Working group to undertake a mapping exercise on competency requirements for medical practitioners using ionising radiation and report at the next RHC meeting. Mr Cleaves to lead the working group.

Item 2.6 Exemption of cabinet x-ray apparatus**Dr Newbery/Mr Riley**

Dr Newbery referred to a case study and methodology used for cabinet X-ray assessment against the exemption criteria in IAEA GSR Part 3. NDRP2 was referred to regarding jurisdictional agreement to the use of the IAEA GSR Part 3 risk assessment methodology related to exemption. The Members agreed that a more detailed review addressing all jurisdictional requirements would be useful and suggested that Mr Riley, with the support of the RRN, to continue this work and report at the next RHC meeting. It was also agreed that a repository of nationally agreed exemptions would be useful for regulators. In addition, preparation of a RHC Statement on exemption using the GSR Part 3 risk assessment methodology could be explored which could eventually be captured into NDRP2.

The Members agreed to inform enHealth about the risk assessment by the RHC using the GSR Part 3 methodology to maintain national uniformity.

Decision 4: Agreed to maintain a register of nationally agreed exemptions. This may be incorporated into future versions of the NDRP.

Action 8: Mr Riley with the support of the RRN members, to continue the work on exemption levels by using the approach used in the case study, to conduct a more detailed review of all jurisdictions exemptions using the Exemption Comparison Tool, with the purpose of assessing whether current exemptions are consistent with the GSR 3 approach and report at the next RHC meeting.

Action 9: RRN to maintain a register (through GovTeams) of agreed exemptions as a stand-alone resource for regulators.

Action 10: Mr Cleaves and Dr Newbery to prepare a RHC statement that can eventually be captured into the NDRP2.

Action 11: Advise the CEO of ARPANSA to inform enHealth that consistent radiation risk assessment by the RHC, through the application of the methodology of GSR Part 3, is an important aspect of national uniformity of radiation regulation and unilateral decisions by a jurisdiction is counterproductive to national uniformity.

Item 2.7 Cone beam CT issues**Dr Newbery/Mr Ahmed**

Members were informed of the Tasmanian observations related to prerequisites for licensing requirements for Cone Beam Dental CT (CBCT). The principles are clearly stated in RPS 10 (Code of Practice and Safety Guide for Radiation Protection in Dentistry, 2005). It was suggested that a national DRL program involving dentists and their professional bodies around the importance of justification and optimisation would be beneficial for the industry. These issues could be addressed in revising RPS 10, which had commenced as a RHC project. The Members agreed to send a letter from the RHC to Australian Dental Association to start a dialogue on national DRL program for CBCT while the revision of RPS 10 continues.

Action 12: Chair to write to the Australian Dental Association inviting to start a dialogue in relation to national DRL program for CBCT.

Item 2.8 Compliance standard – non-medical**Dr Newbery**

Dr Newbery provided a summary of RRN work related to development of common compliance Standards for non-medical radiation apparatus and sealed source devices and sealed sources. He stated that currently Queensland and Tasmania had adopted an extensive set of compliance Standards and Queensland had completed a review of their non-medical compliance Standards. Seven RRN members agreed to develop and adopt the non-medical compliance Standards noting that content of these Standards are taken from relevant RPS documents. The 'workbook' methodology will be applied to the development of these Standards. It was recognised that the advancement of technology takes place at a higher speed than the normal review cycle of the RPS documents in developing the compliance Standards.

The Members noted the RRN's works on non-medical compliance Standards and the need for a nationally uniform approach regarding an ongoing compliance-testing regime for sources covered by the Standards. The Members endorsed the proposed approach to develop common compliance Standards applying the 'workbook' methodology, using the Queensland Standards as a baseline.

Decision 5: Endorsed the approach for developing common compliance Standards applying 'Workbook' methodology and using QLD Standards as a baseline. Moreover, record that this approach will be used in reviewing and developing content in new Codes and Guides

3. RHC Work Program**Item 3.1 RHC Project Update****Dr Sarkar/Dr Tinker**

Dr Sarkar presented an update on progress of the current RHC projects, discussed under relevant agenda items. The Members noted the status of the projects. It was noted that the Security Background Checking Framework matter should be raised through enHealth.

Item 3.1.1 Review of all RHC Statements**Dr Tinker**

Dr Tinker presented the summary of the results of a desktop review of the RHC Statements and suggested options to deal with the RC Statements. The Members discussed the currency of information, scope and relevance of the Statements and agreed to retain two Statements, revise two Statements and archive seven Statements as described below.

The following RHC Statements to be retained:

- Statement on new radon dose coefficients: implication for worker dose assessments (2018).
- Statement on the use of Dual Energy X-ray Absorptiometry (DEXA) (2016).

The following RHC Statements to be revised (to be reported at the next RHC meeting):

- Statement on Safe handling of deceased persons recently treated with radioactive material (2012).
- Statement on disposal of domestic smoke detectors (2011)

The following RHC Statements to be archived but remain accessible:

- Statement on expectations for a Qualified Expert re Medical Code, RPS 14, (2014).
- Statement on changes to occupational dose limits for lens of the eye (2011).

- Statement on proposed changes to radiation protection standards (2010).
- Statement on factors to consider when selecting a radioactive source (2008).
- Statement on clean-up criteria following radiological incident (2007).
- Statement on occupational exposure to cosmic radiation from airlight (2004).
- Use of units of measure in prescribing and administering nuclear medicine (2002).

The Members agreed to review the RHC Statements every three years.

Decision 6: Agreed to retain two Statements, review two Statements and archive seven Statements.

Action 13: RRN to undertake further work on regulatory issues related to domestic smoke detectors including their disposal.

Action 14: ARPANSA Medical Radiation Science to review, revise and reissue the ‘statement on safe handling of deceased persons recently treated with radioactive material’. Dr Thomas to lead.

Action 15: Consideration of overall governance of RHC statements to be considered as part of the project on overall RHC document review and management.

Item 3.1.2 Priority list for revision of RPS and RHS documents

Dr Newbery/Dr Sarkar

The list of tasks was discussed and an overview provided of the status of each project. The progress chart on the development of RPS and RHS documents is available on GovTeams.

Dr Sarkar advised that he would follow up the progress of the development of Codes and Guides with the Commonwealth entities and Dr Newbery with the States the Territories. For the review of RHS 24 there would be a content developer from ANSTO. Queensland would be happy to provide assistance in content development early 2020.

The Members noted that a number of RHC project workbooks would be completed by March 2020.

Item 3.1.3 Code of Practice and Safety Guide for Radiation Protection and Radioactive Waste Management in Mining and Mineral Processing, RPS 9

Dr Lawrence/Dr Tinker

Dr Tinker presented the Project and Document Plan (PDP) for the revision of RPS 9. The revision will ensure alignment with the requirements of RPS C-1 and the recommendations of IAEA draft Safety Guide DS459 (Draft Safety Guide: Management of Residues Containing Naturally Occurring Radioactive Material from Uranium Production and other Activities). Content of this document is to be based on the ‘workbook’ approach and it is expected that the draft ‘workbook’ will be available at the next RHC meeting in March 2020.

It was suggested that inclusion of offshore mineral processing may result in complexity in the application of this document and this aspect should be treated separately.

Regarding the stakeholders identified in the PDP, it was recommended that the QLD Department of Mines be included. The Members suggested making the stakeholder group broader and Dr Tinker stated that stakeholders group would be revised through discussion with relevant organisations.

The Members approved the PDP for RPS 9.

Decision 7: Approved the PDP for RPS 9.

Action 16: ARPANSA to check the relevant stakeholders for RPS 9.

Item 3.2 Development of procedures for managing the review of RPS and RHS documents, and for prioritisation of revision of such documents

Dr Sarkar

Dr Sarkar reported that, considering the number of ongoing RHC activities, including the development of Codes and Guides and revision of the RHC Statements, an integrated approach taking into account the purpose and objectives of these documents would be considered in the development of procedures for managing and review of RHC documents and Statements. The draft procedures are aimed to be developed before the next RHC meeting.

Item 3.3 Guidance for implementation of the Medical Exposure Code (MEC)

Mr Critchley/Dr Thomas/Mr Newbery

Drs Newbery and Thomas presented the background and the status of developing guidance on regulatory expectations. The working group was continuing to review the Medical Exposure Code (RPS C-5) within the framework of performance objectives, control measures and regulatory expectations. An example, demonstrating the compliance with the requirement related to justification of medical exposure, was presented for information. Ms Bellis suggested including an example in column 'Regulatory Expectations' for better clarity.

Discussion of whether the guidance will form a safety guide ensued. The Members considered that a safety guide describing the regulatory expectations would be useful. Dr Newbery and Mr Cleaves stated that the proposed guidance was aimed at both regulators and regulated entities.

Considering the importance of this document the Members agreed that discussion of the communication strategy on regulatory expectations with all jurisdictions would be useful and the RRN should discuss this strategy. In addition, discussion of regulatory expectations with relevant professional bodies would help to obtain useful feedback on issues considered by medical professionals in implementation of RPS C-5. The Members requested Mr Cleaves to coordinate the discussion with professional bodies.

Decision 8: Endorse the work and direction of the working group.

Decision 9: Agreed to present regulatory expectations at relevant professional conferences.

Action 17: RRN to discuss with all jurisdictions about the communication strategy on regulatory expectations related to RPS C-5 and report at the next RHC meeting in March 2020.

Action 18: Mr Cleaves to consult with relevant professional bodies and employers about implementation of the Medical Code.

Item 3.4 Diagnostic reference levels (DRLs) for coronary angiography

Mr Critchley/Dr Thomas

Dr Thomas provided the background and summary of the issues related to diagnostic reference levels (DRLs) for coronary angiography. He informed that a liaison panel was formed in 2019 to review the data collected on radiation dose for a number of procedures in the fields of angiography and interventional radiology since 2014, and to consider recommendations for national DRLs. The Members noted the proposed national DRLs for adult coronary angiography, and endorsed the publication of national DRLs on

ARPANSA's website in January 2020, subject to the endorsement by relevant professional bodies. Dr Thomas stated that it was ARPANSA's expectations that the Diagnostic Imaging Accreditation Scheme (DIAS) would apply a 12-month phase-in period and requested jurisdictional RHC members to apply this period for relevant licence holders to include a comparison against the new DRL in their management plan. Jurisdictional members agreed to this request.

The Members thanked the working group for their work on national DRLs.

Decision 10: Endorsed the publication of national DRLs on ARPANSA's website.

Decision 11: Agreed that jurisdictional members will apply a 12-month phase-in period for relevant licence holders.

Item 3.5 Implementation of Code of Practice for the Exposure of Humans to Ionizing Radiation for Research Purposes (RPS 8)

Dr Thomas

Ms Angela Henjak of Alfred Health and Ms Alexandra Robertson of Royal Children's Hospital Melbourne attended the RHC for this item.

Dr Thomas presented the issues related to interpretation and implementation of RPS 8 particularly for multicentre trials including research involving the exposure of humans to ionising radiation. Victorian Working Group of Physicists and Ethics & Governance Managers prepared a report based on the findings of survey using questionnaires related to the implementation of RPS 8, which was included in the agenda paper. Ms Robertson referred to the national system for the mutual acceptance of scientific and ethical review of multi-central human research projects conducted across participating jurisdictions known as National Mutual Acceptance (NMA). As part of the NMA, Queensland, NSW and Victoria accepted a single ethical review by a certified lead Human Research Ethics Committee (HREC). Due to the NMA process and ethical review by a single HREC, it was identified that variation in interpretation of the Code in different jurisdictions resulted in confusion, delays and contradictory information on radiation risks. This adversely affects the availability of trials to prospective participants. The Members considered that the non-uniformity issues should be addressed through the revision of RPS 8, which is currently a RHC project. Since revision of the Code may require considerable time, an interim measure endorsed by all jurisdictions would be useful to deal with radiation risk assessment. The following proposal is suggested as interim measures:

- The Coordinating Principal Investigator (CPI) submits one Radiation Safety Risk Assessment (ideally with the highest dose) for lead HREC consideration in weighing the risks and benefits. The Ethics & Governance Office lists the lead HREC approved radiation risk category (in accordance with the Code) on the approval certificate. Each site Governance Officer would then review their site Radiation Safety Risk Assessment and the approval certificate. If the site radiation risk category is the same or lower, the project can be accepted without the need for HREC review. In cases where the site radiation risk category is deemed higher than specified on the approval certificate, then the site Principal Investigator and CPI would seek additional approval (or amendment of approval) from the lead HREC.

The Members agreed to the suggested interim measures. The Members also agreed to prepare a draft RHC Statement on interpretation and implementation of RPS 8 and circulate it to the Members out of session. Mr Cleaves and Dr Thomas, in consultation with Ms Robertson, were requested to prepare this Statement. Once the Statement is prepared, Ms Robertson would take it to the NMA to roll out to all hospitals. Considering the importance of RPS 8 the Members suggested expediting the revision of this document.

Decision 12: Agreed to the suggested interim measure.

Action 19: Mr Cleaves and Dr Thomas, in consultation with Ms Robertson, to prepare a draft RHC statement on interpretation and implementation of RPS 8 and circulate to the Members out of session.

Item 3.6 Cosmetic laser and IPL injury register

Mr Critchley/Dr Tinker

No information was reported on this item. The Members agreed to remove this item from the agenda

Decision 13: Agreed to remove this item from agenda.

Item 3.7 Review of RPS 3

Mr Hocking/Dr Karipidis

Dr Tinker and Dr Hocking presented four options for publication of the revised RPS 3. The options are:

Option 1: Publish RPS 3 as a Standard or Joint Australia/New Zealand Standard

Option 2: Publish RPS 3 as Code

Option 3: Refer directly to ICNIRP guidelines

Option 4: A framework for radiation protection for the harmful effects of non-ionising radiation using the same approach as the safety fundamentals for ionising radiation.

Option 4 is not being considered at this point of time, noting that the World Health Organisation is currently developing a Basic Safety Standard, which will be available for Member State comment in 2020.

The Members discussed the options and stated preference for publication of the revised RPS 3 as a joint Australian/New Zealand Standard.

Dr Tinker informed that ARPANSA is currently developing MOU with New Zealand Ministry of Health for the stakeholder consultation process.

The Members considered the benefits of information material for public consultation and a communication strategy for members of the public related to publication of the revised RPS 3. ARPANSA, with the assistance of the working group, will develop consultation material and a communication strategy for members of the public related to publication of the revised RPS 3 and send it to the Members out of session.

Decision 14: Approved the publication of the revised RPS 3 as a standard preferably a joint Australian/New Zealand Standard.

Action 20: ARPANSA, with the assistance of the working group, to develop consultation material and a communication strategy for members of the public related to publication of the revised RPS 3 and send it to the Members out of session.

Item 3.8 Australian National Radiation Dose Register (ANRDR) - Terms of Reference, membership of the Advisory Board, guidance for regulators

Dr Tinker

Dr Tinker presented the draft Terms of Reference for the establishment of an ANRDR Advisory Board outlining the role, membership and the administrative arrangements for the Advisory Board. The Members approved the Terms of Reference for the establishment of an ANRDR Advisory Board, and noted that the Advisory Board would develop a work plan for developing guidance for regulators to assist with the harmonised implementation of the ANRDR. Dr Tinker informed that ARPANSA would send out the request for nominations to the Advisory Board.

Decision 15: Approved Terms of Reference for the establishment of an ANRDR advisory board.

Action 21: ANRDR Advisory Board to develop a work plan for developing a guidance for regulators to assist with the harmonised implementation of the ANRDR.

Item 3.9 Amendment to the dose limits in the Planned Exposure Code, RPS C-1, based on the IRRS recommendations

Dr Larsson

Dr Larsson advised that the COAG Preliminary Assessment for amendment to RPS C-1- Planned Exposure Code be circulated to the Members out of session. The COAG Preliminary Assessment and the draft amended RPS C-1 have been updated incorporating member's comments. The Preliminary Assessment and the draft Amended RPS C-1 would be sent to the OBPR shortly for advice whether a COAG decision RIS would be required. He indicated that the document was expected to be published by the end of this year following OBPR advice. Dr Larsson stated that appropriate publication process would be followed. The Members noted the update on the amended RPS C-1.

Item 3.10 Safety Guide for Classification of Radioactive Waste, RPS 20 Update

Dr Sarkar

Dr Sarkar provided an update on the amendment of RPS 20 referring to the COAG Preliminary Assessment included in the agenda paper. The Members noted the COAG Preliminary Assessment and endorsed this assessment for submission to the OBPR.

Decision 16: Endorsed the COAG Preliminary Assessment

Item 3.11 Accreditation of Personal Dosimetry Service Providers

Mr Cleaves

Mr Cleaves advised that he received some feedback on the draft guidance document from stakeholders and the draft document will be discussed in Adelaide during the upcoming ICRP-ARPS conference. Regarding accreditation of service providers, Mr Cleaves stated that a national group would develop the accreditation criteria, which will be part of the package of information for addressing the requirements including quality assurance. He advised that the draft guidance document was still under stakeholder's feedback, and the draft document will be presented at the RHC meeting in March 2020.

Action 22: Mr Cleaves to present the Guidelines for a Dosimetry Service Provider Accreditation System at the RHC meeting in March 2020.

Item 3.12 Sealed Source Register

Mr Carey/Mr Castle

Mr Carey advised that the working group was working through the Base Analysis framework with the next step being stakeholders' analysis. It was noted that the working group had not met since the last RHC

meeting in July 2019. He informed that some work was done on identification of stakeholders, and ARPANSA's Office of the CEO would be contacted regarding stakeholder communication process.

This matter needs to be addressed with priority, as it was included in the IRRS Recommendations. There is also a need to communicate the progress of this matter to enHealth. The National Sealed Source Register (NSSR) was part of the IRRS Action Plan and the enHealth Secretariat had requested comment on this plan. However, enHealth received very limited response to this request. A revised version of the IRRS Action plan was submitted to the enHealth and is awaiting RHERP (Radiation Health Expert Reference Panel) member's comment. This item is also a recommendation of the Joint External Evaluation of Australia's National Action Plan for Health and Security.

The Members suggested the working group to continue the work on NSSR with priority and incorporate it in the IRRS Action Plan for implementation of the IRRS Recommendations.

Action 23: Working group to prioritise the work on sealed source register and incorporate it in the IRRS action plan for implementation of the IRRS Recommendations.

4. General Information Items

Item 4.1 Nuclear Safety Committee (NSC) Update

Dr Wriedt

Dr Wriedt provided an update on the NSC meeting held on 1 November 2019. The 'safety and security' moment at that meeting considered Boeing 737 Max, and safety issues related to human factors was discussed. The NSC has validated ARPANSA's self-assessment under the Regulatory Performance Framework (RPF). The NSC also discussed the safety aspects in ANSTO's major facilities.

Dr Larsson stated that it would be useful to share lessons learnt on safety issues, in particular how big licence holders operate facilities in terms of low probability and high consequence scenarios in risk assessment. He provided an update on the International Conference on Effective Nuclear and Radiation Regulatory Systems held in The Hague, Netherlands on 4 – 7 November 2019. Dr Larsson presided over the conference where ARPANSA's Chief Regulatory Officer gave a presentation on licensing of radiopharmaceuticals production facilities and on safety events at the Molybdenum-99 Production Facility at Lucas Heights.

5. Closing

Item 5.1 Any other business

Chair

Item 5.1.1 Co-branding and endorsement of offshore petroleum radioactive and NORM waste disposal guide

Chair

The Chair advised that this item was removed from the agenda.

Item 5.1.2 IAEA draft documents

Dr Sarkar

Dr Sarkar provided an update on the status of the IAEA documents. He advised that a number of documents were awaiting publication and/or in the process of approval for publication, and these documents would be useful for the review and development of RPS documents. Dr Sarkar reported that the IAEA would send a questionnaire to obtain feedback from Members States, which would be used to decide whether a revision of IAEA General Safety Requirements GSR Part 5, Predisposal Management of Radioactive Waste is needed. He would send the questionnaire to the jurisdictional members once received.

After-note: On 19 November 2019, Secretariat circulated the IAEA questionnaire to jurisdictional members to obtain feedback on whether a revision of IAEA General Safety Requirements GSR Part 5, Predisposal Management of Radioactive Waste is needed.

Item 5.1.3 Other matters

Members

The use of a graded approach for regulatory effectiveness and efficiency was discussed. Victoria had started using a graded approach for regulatory effectiveness. There is an opportunity for the RHC to work towards a graded approach through the implementation of the 'workbook' approach and in implementation of the Medical Exposure Code.

Recent government inquiries into prohibitions on nuclear power by the NSW and Victoria were discussed.

Item 5.2 Next Meeting – March 2020

Chair

The next RHC meeting will be held in Sydney on 4-5 March 2020.