Australian Government
Australian Radiation Protection and Nuclear Safety Agency

arpansa

ANRDR Advisory Board, 2022 meeting minutes

Details	
Date	12 December 2022
Time	1330 AEDT
Location	MS Teams
Chair	Cameron Lawrence (Cmth)
Members	Stephen Carter (QLD), Bradley Feltman (NT), Hazel Upton (WA), Penny Hill (ACT), Glenn Riley (VIC), Andrew McCormick (Cmth), Mark Carey (NSW), Duncan Surin (WA)
Apologies	
Scribe	Trent Elms (Cmth)
Invitees	Brendan Tate (Cmth), Sieu Tran (NSW)

#	Agenda item	Presenter	Time allocated	Papers
1.	**Introduction**			
1.1	Overview of meeting	Cameron Lawrence	5 minutes	Nil

CL (Cmth):
Opened the meeting and introduced Brendan Tate and Trent Elms.

#	Agenda item	Presenter		Papers
2.	**Issues for discussion/decision**			
2.1	ANRDR Review 2020	Cameron Lawrence	5 minutes	Yes

CL (Cmth):
The review was published in May 2020. ANRDR data to 2020 was reviewed. An annual review is a requirement of the ARPANSA Corporate Plan. The review is no longer issued as a newsletter; the summary was only published online. The annual review was previously a senate reporting requirement but this requirement has lapsed. As such the summary document can be produced more efficiently.

2.2	ANRDR Data Assimilation Project	Cameron Lawrence	10 minutes	Yes

CL (Cmth):
All DSPs have agreed to providing the ANRDR with dose records. DSPs were engaged to develop the data transfer specification document that defines the format of data to be submitted.

The project is ready for roll out by ARPANSA's DTS team who are awaiting resourcing with Azure experience to deploy.

2.3	ANRDR DSP Pilot Program (Workshop)	Cameron Lawrence	5 minutes	Nil

CL (Cmth):
An ARPANSA/DSP workshop was held on 28 November 2022 to discuss any final concerns with the Data Assimilation Project.

Feedback from the workshop was that two DSPs are ready to submit as soon as possible after the project is deployed and the other two will be ready to submit by the time any accreditation requirements are implemented.

See presentation 'ANRDR Advisory Board Update'.

Questions & comments

GR (Vic):
Is the regulator portal operational?

CL (Cmth):
It's sitting as a future piece of work in the ANRDR Strategic Directions document. Listed for 2024-2025 as Regulator access, high priority.

To begin the register will receive submissions from DSPs. Manual reports can be produced for regulators. ARPANSA are happy to manage regulator reports on request before the portal is available. We are committed to building a portal. We want to get the data first.

BF (NT):
Regarding the regulator portal. Has it been canvassed with the regulators what the portal is aiming to do? Jurisdictional snapshot or individual's doses?

CL (Cmth):
We do have some idea of what it will be. The portal will allow regulators to view individual's doses as well as look at aggregated data.

However, the initial priority has been to get data; there is no point building a portal until we have data.

It envisaged that the portal would be like the administrator portal with permissions allocated according to the user's jurisdiction.

BF (NT):
Is there a plan to approach the jurisdictions for funding?

CL (Cmth):
Yes. 50% ARPANSA then 50% from the jurisdictions. There is an existing NHMRC model for funding which would likely be followed and has previously been proposed to the RHC. Final funding has not been agreed.

Also, this is a conversation for the future. Costs may depend on the access and functionality that is requested.

HU (WA):
--Similar to the above—Different jurisdictions might want different things from the regulator portal. Funding might depend on what the regulators want.

CL (Cmth):
As the project kicks off there will be engagement with the regulators to build a picture of what everyone wants. This will identify commonalities between what the portal will need to be able to do. This is a piece of work for the future.

GR (Vic):
The regulator portal is fundamentally about having visibility on the doses in the jurisdiction. If we require them (the DSPs) to upload dose records to the ANRDR then we (the regulators) need to have visibility on the doses. There is a disconnect if we require the upload but can't see it all. The notification of high doses is something that I imagine all regulators would want. Now, notifications of high doses come in from numerous sources.

CL (Cmth):
I can ask about bringing the regulator portal forward. At the start of next year we go through our budget process. I can put discussion about funding the portal on the table. There may be alternative agreements/processes rather than going through a request model.

Separate to the regulator portal we (ARPANSA) can commit to providing notifications/reports to regulators. I.e., we can make commitments to provide certain types of reports in set timeframes.

AM (Cmth):
Given that there is a lot of data from CSIRO and ANSTO that is already in the current register, maybe we could start thinking about what a regulator portal looks like using the data that we already have.

CL (Cmth):
The ANRDR already have a portal that could be a model for what the regulator portal would look like. We could start with something ARPANSA focussed. We just need to be careful not to have to retrofit to the requirements of other regulators if we start with an ARPANSA focused portal

GR (Vic):
That portal could be used as an example to bring to the advisory board and we could discuss what we want for our own jurisdictions.

GR (Vic):
Did the DSPs give an indication of whether they would offer the data upload as a service or are they waiting until regulators mandate it.

CL (Cmth):
PRMS are keen. Two DSPs said that they need to do more work and work out how to incorporate the required changes. They are all committed to providing their data. The two DSPs that need to do more work on satisfying the data submission requirements have said that once we're live they won't be far behind submitting.

2.4	DSP Accreditation Program	Cameron Lawrence/Glenn Riley	5 minutes	Nil

GR (Vic):
The idea to accredit DSPs originally came from the RHC more than a decade ago.

The current work has been on hold but recently went to enHealth for direction to proceed. Came back down at the last RHC meeting. The current draft has been amended with inclusions and changes. A major change is that the word accreditation has been dropped from the standard. The document is a technical standard. It describes what a DSP must do to be accredited by a regulator. The RHC is only producing a technical standard.

Over the next few months it will go out for consultation. Not sure what consultation will be but that will be decided by the RHC.

It is important for all regulators to apply this standard. Note that currently, no regulators have a way to licence DSPs; they will be able to use this standard to licence DSPs.

We (in Vic) will need some sort of accreditation programme for applications of the standard to get licenced.

If we're going to include a requirement that DSPs upload to the ANRDR, state regulators need to be confident that the ANRDR is a reliable repository for this data.

This body of work is to make the ANRDR the central location for verifiable records. The portal would assist with compliance and reporting.

Questions & comments

AM (Cmth):
Are you (GR) envisaging that each jurisdiction authorises the DSPs.

GR (Vic):
Yes.

AM (Cmth):

Is Victoria going to be able to regulate for those DSPs outside Victoria.

GR (Vic):
Can we regulate outside Victoria? Yes, we can. If they are operating within Victoria, we will be able to apply regulation.

AM (Cmth):
What about other states. Will you be able to regulate this model?

MC (NSW):
Yes, if the service is being supplied here, we can regulate them. Within the scope of our legislation.

2.5	Strategic Review	Cameron Lawrence	5 minutes	Yes

CL (Cmth):
Review of outstanding items from the Strategic Directions. Specifically:

- Worker data integrity analysis tool. This project relates to the current ANRDR and will be restarted in the new year.
- Worker dose history reports. Theses reports need to be updated with an eye to a report that works for the current ANRDR as well as ANRDR 2.

#	Agenda item	Presenter		Papers
3.	**Any other business**			
3.1	Other business	All	10 minutes	Nil

MC (NSW):
I'm not completely sold on the regulator portal yet. For regulatory purposes we have dose limits. Obviously, we want reports of high doses within the limits. It would be agreed as to the constraints and what triggers notification for doses that are high but are not over the limits. These things could be managed without the ANRDR. The case for the regulator portal needs to be bolstered.

Also, regarding trends, we are such a small population, occupational doses are so low, we would rely on a national assessment of trends.

The portal idea needs development.

In terms of pushing this out, we would do the same as Glenn says. We would accredit the provider against the standard that is produced. This would require a change in the Act. Currently, only the devices are regulated, not the dosimetry service providers. Accreditation would be incorporated into the Act and not the Regulations.

HU (WA):
We currently recognise certain providers that provide dosimetry, they are called 'approved provider'. We would assume that once the standard is produced, they will need to show that they can meet the standard and thus, they will be able to remain an 'approved provider'.

WA had a dosimetry service until 1999.

We were hopeful that with the portal we will be able to do some of the analysis that we used to do. Comparing hospitals for example. We would like to do those sorts of things again. With the technical document, I am concerned with the DPSPs putting all their data into the ANRDR, they will think that they can skip the regulators, who they currently provide reports to. Need to beef up the bit about conforming with local regulator requirements. Talking about compliance, inspections are not the only thing in compliance, dose and dose trends is another way. These trend identification tools are very useful.

GR (Vic):
On record keeping, there is something in the standard that is being produced about record keeping. There is still a question about where to keep the records. Will the ANRDR be thing that keeps at all the dosimetry records?

CL (Cmth):
Yes. The ANRDR will be the store of all records. The ANRDR has a Records Authority thus ensuring ARPANSA maintains resources to manage the records, if the register becomes redundant, the data will go to the National Archives. ARPANSA is committed to the register.

MC (NSW):
Just noting that Glenn touches on a really important point. Also, thanks to Glenn.

Our legislation requires employers to keep records. We will need confidence in the reliability of the records. We need to be confident that the records will be maintained with integrity.

CL (Cmth):
Yes, that ties in with the Records Authority. The records will be kept, their integrity will be maintained, and they will be secure.

3.2	Next meeting	All	5 minutes	Nil

CL (Cmth):
I propose that once the DSP portal is open and running and once it has received some submissions, we (ARPANSA) can provide the board an update. This is likely to occur around March/April.

The proposed update meeting will help to feed the discussion about what a portal will look like. Tentatively propose something in April.