THE ANNUAL REPORT OF

THE RADIATION ADVISORY COMMITTEE

FOR THE FINANCIAL YEAR ENDING JUNE 2020

RADIATION ADVISORY COMMITTEE
Melbourne, Australia

© State of Victoria 2020

ISBN 1035-7912

This document is available on-line at:
https://www2.health.vic.gov.au/public-health/radiation/

The Hon Jenny Mikakos MLC
Minister for Health
Minister for Ambulance Services

Dear Minister

Pursuant to Section 110 of the *Radiation Act 2005*, the Radiation Advisory Committee submits the 2020 annual report of the Committee for presentation to Parliament.

Yours faithfully

Dr Joanna Lia Wriedt
Chair
RADIATION ADVISORY COMMITTEE

CONTENTS

RADIATION ADVISORY COMMITTEE

The Radiation Advisory Committee (the Committee) is established under Part 10 of the *Radiation Act 2005*. The term of appointment for the Committee is the period 17 August 2017 to 16 August 2020.

(i) Composition

The Committee met on 5 occasions from July 2019 to June 2020.

The members of the Committee were:

Dr Joanna Lia Wriedt **(Chair)** Physiologist, Epidemiologist and Lawyer **Meetings attended: 4**	**Dr David Bernshaw** Consultant Radiation Oncologist Peter MacCallum Cancer Centre **Meetings attended: 4**
Dr Ken Joyner Director Joyner and Associates Telecommunications Consultancy **Meetings attended: 4**	**Dr Roslyn Drummond** Radiation Oncologist Peter MacCallum Cancer Centre **Meetings attended: 5**
Associate Professor Eddie Lau Radiologist and Nuclear Medicine Specialist Austin Health **Meetings attended: 4**	**Mr Geoffrey Dick** Deputy Chief Radiographer and CT Supervisor Medical Imaging Angliss Hospital Eastern Health **Meetings attended: 5**
Dr Zoe Brady Chief Physicist Alfred Radiology and Nuclear Medicine Department Alfred Health **Meetings attended: 4**	**Ms Min Ku** Professional Standards Manager Australian Society of Medical Imaging and Radiation Therapy **Meetings attended: 3**
Dr Stephanie Keehan Medical Physics Registrar Alfred Radiation Oncology Department Alfred Health **Meetings attended: 2**	**Mr Simon Toomey** Business Manager/Consultant Health Physicist SGS Australia Pty Ltd **Meetings attended: 4**
Dr Fiona Charalambous Waste Safety Australian Radiation Protection and Nuclear Safety Agency **Meetings attended: 4**	**Dr Tomas Kron** Director of Physical Sciences Peter MacCallum Cancer Centre and University of Melbourne **Meetings attended: 4**

(ii) Responsibilities

The Committee is to advise the Minister for Health or the Secretary of the Department of Health and Human Services (the Department), on any matters relating to the administration of the *Radiation Act 2005*, referred to it by the Minister or the Secretary including the following:

(a) The promotion of radiation safety procedures and practices.

(b) Recommendation of the criteria for the licensing of persons and the qualifications, training or experience required for licensing.

(c) Recommendation of which radiation sources should be prescribed as prescribed radiation sources.

(d) Recommendation of the nature, extent and frequency of tests to be conducted on radiation apparatus and sealed radioactive sources.

(e) Codes of practice, standards or guidelines with respect to particular radiation sources, radiation practices or uses.

Section 110 of the Radiation Act requires that the Committee must give the Minister a report on its activities during a financial year no later than 1 November following that year.

The terms of reference for the Committee are provided in Appendix 1.

1. Introduction

Throughout the year a number of issues were considered by the Committee including:

- National uniformity of radiation legislation in Australia.
- The regulatory requirements for various ionising radiation practices, including:
    a) Disposal of smoke detectors and electronic waste (e-waste).
    b) Regulation of lasers and intense pulsed light (IPL) sources.
    c) Licensing requirements in relation to computed radiography based baggage scanners.
- Non-ionising radiation matters.

The Committee continues to pay close attention to the use of and developments in the use of ionising radiation in the medical and the non-medical fields due to the risks associated with exposure to ionising radiation. These risks need to be balanced by the positive benefits associated with the use of ionising radiation.

The Committee would like to thank the Radiation Team of the Department of Health and Human Services, in particular Mr Morrie Facci, for its continuing assistance and support.

2. Ionising radiation

2.1 Terms of reference of the Committee

The Committee revised its terms of reference as they had been developed in 2012. The Committee will review the terms of reference at least every three years (the term of the Committee). The revised terms of reference are included as Appendix 1 of this report. The Committee considered that it should conduct an evaluation of its performance with respect to the terms of reference and indicated that it would undertake to carry out the evaluation in the 2020-2021 financial year.

2.2 Radiation safety requirements for CT based baggage scanners

The Department presented a draft standard, *Requirements for CT based units for security or quality control purposes,* to the Committee in April 2019 for comment. A revised version of the standard, in which consideration had been given to the comments made by Committee. was sent out to stakeholders for comment. Several minor comments were received from the stakeholders and were addressed in the final document.

The final version of the Standard was tabled for the information of the Committee. The Standard has been placed on the Department's website and is imposed as a condition of licence on management licences authorising the possession of CT based units for security or quality control purposes.

The Committee questioned the possibility of remote operation of the scanner and the likelihood of a person climbing on to a baggage conveyor belt whilst the scanner is in operation. The Department advised the Committee that remote operation of the scanner would not be permitted under the staffing requirements of the new standard. Incidents such as a person climbing on to a baggage conveyor belt and going through an X-ray baggage scanner would be unlikely as there are requirements in the standard for increased supervision and for emergency stop buttons.

The standard is available at:
https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Radiation-safety-requirements-for-CT-based-units-for-security-or-quality-control-purposes

2.3 Dosimetry service provider requirements

The Department developed a draft document of requirements that personal dosimetry service providers would need to comply with. The Department tabled the document for the Committee's comment. The Committee noted the requirement that the dosimetry laboratory must implement a procedure for investigation of abnormal dose analysis results. The Committee felt that this is not a responsibility of the dosimetry laboratory. The dosimetry laboratory could ensure that a system is put in place to notify the service user of abnormal doses.

The Committee felt that the sections on the uploading of dose results to the Australian National Radiation Dose Register (ANRDR) and the section on the reporting of results should be merged and that this merged section should contain a requirement for a quality management system for dose reports. The Committee considered that the format for all reports issued by a service provider should be covered by the quality management system requirements to ensure consistent reporting of data. The Committee also felt that there should be more clarity regarding the terms

used in the document. For example, is a company acting as an agent for an overseas service provider a local service provider or a supplier? The Committee suggested that the IAEA Safety General Safety Guide GSG-7 should be consulted for wording of the Department's dosimetry service provider requirements document.

The Department took into consideration the comments and suggestions of the Committee in the next draft of the document. When finalised, the Department will need to determine how the document can be made mandatory for personal dosimetry service providers.

2.4 Code for Radiation Protection in Medical Exposure (2019)

Dr Peter Thomas, Director Medical Imaging, Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) gave a presentation to the Committee on the new ARPANSA *Code for Radiation Protection in Medical Exposure, Radiation Protection Series C-5* (the Medical Code). ARPANSA published the Medical Code in July 2019. This Code, used in conjunction with the Code on Radiation Protection in Planned Exposure Situations, replaces the ARPANSA *Code of Practice for Radiation Protection in the Medical Applications of Ionizing Radiation* (2008). The Medical Code sets out the requirements in Australia for the radiation protection of patients, their carers and comforters, and volunteers in biomedical research projects. The Medical Code was developed having regard to the requirements relating to medical exposure described in the International Atomic Energy Agency's (IAEA) Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards, General Safety Requirements (GSR) Part 3 (IAEA 2014).

Dr Thomas pointed out the main points of difference between the old and new medical codes. In general, the differences were not very significant.

The relevant sections of the Medical Code would eventually be imposed as conditions of licence for management licences authorising medical diagnostic and therapeutic practices.

The standard is available at:
https://www.arpansa.gov.au/sites/default/files/medical-exposure-code-rps-c-5.pdf

2.5 Smoke detectors and e-waste

The Department advised the Committee that ionisation chamber smoke detectors, which contain a small amount (40 kBq) of Americium-241, are declared by a Government Gazette not to be a sealed source apparatus for the purposes of the Radiation Act 2005. The position of the Department is that the best disposal option is disposal in domestic trash.

An Order in Council published in the Government Gazette declared a waste management policy for e-waste, including smoke detectors, under the Environment Protection Act 1970. The enforcement of the policy commenced on 1 July 2019. The policy creates a prohibition on allowing e-waste in the general (landfill) waste stream. The EPA, DELWP, Sustainability Victoria and MFB websites all reflected the new arrangements and directed that smoke detectors be disposed of at e waste collection points. Disposal of smoke detectors as e-waste would have meant that the detectors would be shredded with the possible dispersion of the Am 241.

The Department worked with the Environment Protection Authority to arrive at a solution that ensured that smoke detectors containing Am-241 would be disposed of in domestic trash.

2.6 Integrated Regulatory Review Service mission of International Atomic Energy Agency (IAEA)

The Committee was reminded that the IAEA Integrated Regulatory Review Service (IRRS) mission visited Australia during 5–16 November 2018. IRRS reviewed the legal and governmental framework of Australian States and Territories and the Commonwealth for nuclear and radiation safety against the IAEA's Safety Standards. A follow-up mission will be conducted in 2021-22.

The IRRS report on the mission has been published on ARPANSA's website and is available at: https://www.arpansa.gov.au/sites/default/files/irrs_australia_report_2018.pdf

Ms Tone Doyle, Chief of Staff, Office of the CEO, ARPANSA gave a presentation to the Committee on the IRRS mission report. Ms Doyle summarised the IRRS mission report and the recommendations made in the report and discussed the implications for the federal and state/territory radiation regulators. Ms Doyle observed that the report stresses the importance of national uniformity of radiation regulation. Edition 2 of the National Directory for Radiation Protection (NDRP2) would be instrumental in addressing some of the recommendations in the IRRS report. The governance structure required to progress and implement NDRP2 will be a challenge.

The Department advised the Committee that Australia's Environmental Health Standing Committee (enHealth), a standing committee of the Australian Health Protection Principal Committee, would need to work to ensure that a nationally consistent approach to addressing the IRRS recommendations.

The Department advised the Committee that it expected that Australian jurisdictions would have substantially addressed the observations, recommendations and suggestions in the IRRS mission report by the time of the follow-up IRRS mission in 2021-22.

The Department proposed to develop discussion papers for some of the items which impact on Victoria. The Department will seek the Committee's comments on these as it formulates a preferred policy approach both at the Victorian level and nationally.

The first discussion paper that would be developed relates to the recommendation that the Commonwealth Government, in conjunction with State and Territory Governments, should ensure that financial provisions are provided to enable the management of disused radioactive sources. The Committee asked that discussion of the paper on financial assurance be placed on the agenda for a future meeting.

2.7 National Directory for Radiation Protection (NDRP)

The Department advised the Committee that the draft National Directory for Radiation Protection (2nd Edition) has been endorsed by the Australian Health Ministers' Advisory Council (AHMAC). Endorsement by the Council of Australian Governments (COAG) Health Council has been put on hold as a result of the COVID-19 pandemic. The purpose of the NDRP is to provide an overall agreed framework for radiation safety, for both ionising and non-ionising radiation, together with clear regulatory statements to be adopted by the Commonwealth, states and territories.

2.8 Competency standards for medical practitioners

The Department advised the Committee that, at a meeting of the Radiation Health Committee of ARPANSA, an item relating to competency standards for medical practitioners was discussed, in the context of wider discussions about competency standards for individuals in general. It was agreed that Victoria would lead a small project to document each jurisdiction's current licensing prerequisites for medical practitioners who wish to use ionising radiation.

The Guidelines on radiation protection education and training of medical professionals in the European Union was tabled for the Committee and the Department asked the Committee to provide comment on the approach taken in the EU guidelines and its suitability as a starting point for future discussions. The Department advised that it would select the sections of the EU guidelines that it particularly wanted the Committee to consider.

The Committee will further review the EU guidelines.

2.9 Radiation incident reporting

The Department outlined the categories of incidents required to be reported according to the Department's requirements, the NDRP and the Australian Radiation Incident Register (ARIR). Near misses are not reported in any of these three systems and that the reporting criteria for radiotherapy incidents could be improved.

Dr Brady stated that the reporting of incidents involving CT scanners in therapy planning were not captured by any of the three systems and consideration should be given to inclusion of these incidents. Dr Kron advised that the ICRP had set up a task group that will develop guidance on radiological protection aspects in the use of imaging in radiotherapy.

The importance of incident reporting in relation to benchmarking was stressed by the Committee. It was felt that it was important that hospitals and medical imaging practices should have some means of knowing how the rates of incidents compared amongst themselves.

The Department presented four options for ways in which the Department could take ways to improve the reporting of incidents, including the direct entering by licence holders of incidents into the ARIR database. The committee considered it important that incidents be reported directly to the Department, as radiation regulator, rather than to ARPANSA via the ARIR.

The option preferred by the Department is to recommend, via the enHealth RHERP and the Radiation Health Committee, that a comprehensive review of the NDRP incident reporting requirements and the ARIR be undertaken. The aims of the review should be reaching national agreement on the types and details of incidents that should be reported, the mechanism for reporting to regulatory bodies, trend analysis and the development of regulatory or educational actions. The issue of incident reporting will be brought to a future meeting of the Committee.

2.10 Draft ARPANSA codes and guides

The Committee was advised that the Code for Maximum Exposure to Radiofrequency Fields – 100kHz to 300GHz (RPS3) was being revised.

2.11 Radiation Act Annual Report for the financial year ending 30 June 2019

Section 134 of the Radiation Act requires that the Secretary publish a report for each financial year that:

- describes the activities of the Secretary under the Radiation Act 2005
- includes a summary of all authorities issued, renewed, suspended, cancelled, varied, transferred or surrendered during that year
- includes all radiation incidents investigated in that year
- includes a summary of all prosecutions for offences against the Radiation Act or the Radiation Regulations commenced in that year.

The Committee was provided with a copy of the Radiation Act Annual Report for the financial year 2018 -2019 for information.

2.12 The Department's new radiation licensing database

The Committee was updated on the Department's new radiation licensing database, RALPH. The new database was launched in October 2019. Currently it is only used for use licences, approved testers and approved assessors but is being developed to include management licences.

The system verifies the details of licence holders, approved testers and approve assessors when they are registered. They are then be able to:

- Download a copy of their licence.
- Apply for variations to an existing licence or approval.
- Make credit card payments.
- Update their contact details.

The development of RALPH to include management licences has been delayed as a result of the COVID-19 pandemic.

2.13 Alleged contraventions of the Radiation Act 2005 by a radiation oncologist

The Committee was advised by the Department about an investigation into alleged contraventions of the Radiation Act 2005 by a radiation oncologist. The alleged contraventions included use of a superficial therapy X-ray unit without a use licence, conduct of medical radiation procedures without appropriate justification and failure to optimise medical radiation procedures. The Committee noted that appropriate enforcement action was being undertaken in relation to the practice.

2.14 Safety reflections

In the last financial year, Safety Reflections was made a standing agenda item for Committee meetings. It is an opportunity for the members of the Committee to contribute a reflection on broader safety considerations so as to place radiation safety considerations into the perspective of a wider picture of safety.

3. Non-ionising radiation

3.1 Regulation of lasers and intense pulse light (IPL) sources

The Department advised the Committee that it was examining the possibility of the regulation of lasers and intense pulse light (IPL) sources. The Department was initiating this project as a result of a number of media reports on skin damage in persons treated with IPL sources. Regulation of lasers and IPL sources would involve the development of a regulatory impact statement (RIS). The RIS would examine the costs and benefits of the proposed regulation. The Department, therefore, initially wished to examine the numbers and types of incidents that have occurred in Victoria, Australia and in other countries so as to have a better idea of the risks that would be averted by legislation.

The Department tabled its paper *Safety procedures and Incident reporting - lasers and Intense light sources (ILS)* and asked the Committee members about their experience with the use of laser and intense light sources, the safety procedures used when operating these devices and incidents that have occurred during their use.

Dr Drummond stated that the Radiation Health Committee (RHC) ARPANSA had found it very difficult to obtain data on laser and IPL injury when it was looking at the regulation of these devices. Dr Joyner stated that he could provide some published papers on laser injury to the eye to the Department. Dr Kron stated that he would provide the name of an appropriate contact at the Eye and Ear Hospital to the Department.

The Department would take on board the suggestions of the Committee in progressing this project.

The project was put on hold as a result of the diversion of departmental staff to duties in relation to the Department's response to the COVID-19 pandemic.

3.2 Enforcement action taken by the Department of Health and Human Services in relation to illegal use of commercial tanning units in Victoria

The Committee noted that, on 1 January 2015, the Department had cancelled all radiation management licences that authorised the possession of commercial tanning units. It is now an offence to possess or sell a commercial tanning unit (solarium) or conduct a commercial tanning practice. A person must not provide, or offer to provide the use of, a tanning unit, or operate or offer to operate a tanning unit for fee or reward.

The Department continues to investigate the illegal use of commercial tanning units in Victoria with a view to prosecution of serious offenders.

3.3 ICNIRP guidelines for limiting exposure to electromagnetic fields (100 kHz TO 300 GHz)

The Committee was advised that the International Commission on Non-Ionizing Radiation Protection (ICNIRP) had released new guidelines for the protection of humans exposed to radiofrequency electromagnetic fields. The guidelines cover 5G technologies, as well as AM and

DAB radio, WiFi, Bluetooth and 3G/4G mobile phones.

The new electromagnetic field guidelines took seven years to develop and are more appropriate than the 1998 guidelines for the higher frequencies that will be used for 5G in the future. The guidelines were developed after a thorough review of all relevant scientific literature, scientific workshops and an extensive public consultation process. They provide protection against all scientifically substantiated adverse health effects due to electromagnetic field (EMF) exposure in the 100 kHz to 300 GHz range.

The new guidelines provide better and more detailed exposure guidance in particular for the higher frequency range, above 6 GHz, which is of importance to 5G and future technologies using these higher frequencies.

The guidelines can be accessed at:
https://www.icnirp.org/cms/upload/publications/ICNIRPrfgdl2020.pdf

3.4 The Committee's view on possible health effects of radiofrequency radiation

The publication of the new ICNIRP guidelines has not altered the Committee's position that there is no substantive evidence linking exposure to radiofrequency radiation to an increased risk of cancer or other adverse health events. In light of ongoing public interest and concerns over mobile phones, base stations, smart meters and 5G technology, the Committee will continue to maintain a watching brief.

3.5 The Committee's view on possible health effects of power frequency electromagnetic fields.

The Committee's position, based on its scrutiny of the literature, is that epidemiological evidence is lacking for a consistent and reproducible association between exposure to power frequency electromagnetic fields and adverse health outcomes in humans. Research in this area is complex in regard to exposure measurement and disease type studied and, as a result, the research outcomes can vary from study to study. The Committee will continue to maintain a watching brief.

Appendix 1 - Terms of reference of the Radiation Advisory Committee

Role

The Radiation Advisory Committee is established under the Radiation Act 2005 (the Act). The committee's function is to consider, advise and report to the Minister for Health or the Secretary of the department on any matters relating to the administration of the Act and Radiation Regulations 2017, including:

a) the promotion of radiation safety procedures and practices;

b) recommending the criteria for the licensing of persons to use radiation sources and the qualifications, training or experience required by those persons to do so;

c) recommending which radiation sources should be prescribed as prescribed radiation sources;

d) the radiation safety standards to be specified under section 29 of the Act;

e) the nature, extent and frequency of tests to be conducted on prescribed radiation sources and the specification of radiation safety tests under section 30 of the Act;

f) codes of practice, standards or guidelines with respect to particular radiation sources, radiation practices or uses.

Responsibilities and functions

The Committee may provide advice to the Department in relation to:

- the administration and amendments of the Radiation Act 2005 and the Radiation Regulations 2017;
- the licensing of persons and companies to use radiation sources and conduct radiation practices;
- the inspection and testing of radiation sources;
- new radiation sources and technologies;
- the development, implementation and review of state and national codes, standards and guidelines;
- the transportation, storage and disposal of radioactive materials;
- the security of radioactive sources;
- radiation incidents;
- non-ionising radiation matters including:
    - health effects of radiofrequency electromagnetic fields (including mobile communications);
    - health effects of extremely low frequency (ELF) electromagnetic fields (including power frequency fields); and
    - lasers and intense pulsed light (IPL) sources.
- the promotion and improvement of radiation safety in Victoria;
- developments that impact on best practice for radiation safety; and
- any other matter put to it by the Minister.

In addition to this the Committee may deliberate on other matters that are relevant to its objectives. This includes identifying opportunities, issues of concern including resource constraints and research needs.

Membership

Requirements

Under the Radiation Act 2005, the Committee will consist of at least 5 members appointed by the Minister for Health.

It is government policy that the membership of committees accurately reflect the composition of the Victorian community, including gender balance.

A member is appointed for the term, not exceeding 3 years, specified in the instrument of appointment, but is eligible for re-appointment.

Expressions of interest are sought towards the end of the outgoing Committee's three-year term from persons wishing to apply for membership of the Committee for the next three years.

Chairperson

The Chairperson is elected by the consensus of the Committee. A Chairperson is appointed for the term, not exceeding 3 years, specified in the instrument of appointment, but is eligible for re-appointment.

Expressions of interest are sought towards the end of the outgoing Committee's three-year term from members wishing to apply for Chairperson of the Committee for the next three years.

Conduct

Members will act in accordance with legal requirements, ethical standards, relevant policies including conflict of interest, codes of conduct and the Department of Health and Human Services' values.

Induction of new members

The Chairperson, supported by the Secretariat, will provide newly appointed members with all necessary and relevant information regarding the Committee's responsibilities and any other background information to enable them to understand the scope of operations and duties and responsibilities. This includes the Terms of Reference as well as the minutes of the past three meetings.

Observers

The Chairperson or the Minister may invite any person who is not appointed as a member to attend meetings to act as an observer and who may participate in discussions. Such a person may include a technical subject expert.

Observers are to receive all relevant information provided to members of the Committee except that designated confidential.

Removal and resignation from office

A member may resign from office by notice in writing signed by that person and delivered to the Minister and the Department.

The Minister and the Department may remove a member from office at any time for any reason.

Acting appointments

The Minister may appoint a person to act in the place of a member who is absent from duty or who, for any other reason, is unable to perform the duties of the office.

An acting member is appointed for the term, and on such other terms and conditions, as are specified in the instrument of appointment and may perform all the duties, of the member for whom he or she is acting.

The Minister may at any time terminate an acting appointment.

Conflict of interest

Committee members have a responsibility to avoid conflicts of interest and to notify other members when a conflict arises.

A conflict of interest occurs when a person's interests conflict with their responsibility to act in the best interests of the Committee.

A conflict of interest may be actual, potential, or perceived, and may be financial or non-financial. A conflict in itself does not imply wrongdoing but managing conflicts of interest is essential to maintain the integrity of the Committee. Management of a conflict of interest will be on a case by case basis but may at times require a member to recuse themselves from a discussion and/or decision.

The onus for declaration of any conflict of interest rests with each member.

If members are in doubt as to whether they have a conflict of interest, they should speak with the Chairperson prior to any meetings, discussions or decisions on the relevant issue.

Meeting procedure

Frequency of meetings

Meetings will be scheduled for the first Thursday of every second month, starting February. If required, additional meetings will be scheduled as determined by the Department.

Attendance and quorum requirements

A minimum of five members constitutes a quorum for meetings of the Committee. Members are expected to commit the required time and attend a minimum attendance of 75% of meetings. Members may participate in the meeting by telephone or video links.

Committee recommendations and decision making

A decision as to a recommendation to be made by the Committee is determined by a majority of votes of members who are present and voting on the question. In the event of a deadlock, the Chairperson shall have a casting vote. Prior to making a decision, the Committee will give due consideration to all the relevant information, issues, options and implications.

Members may be required to provide advice to the Department out-of-session.

Sub-committees

The Committee may, with the consent of the Minister, request a person to assist the Committee with the Committee's work or a sub-committee of the Committee with the sub-committee's work.

The Department selects and appoints members to the sub-committees.

The Chairperson of the sub-committee will provide regular reports to the Committee and refer matters of relevant importance to the Committee.

Secretariat support

Secretariat support to the Committee and any sub-committees is provided by the Department. The Secretariat is nominated and overseen by the Manager, Environmental Health Regulation and Compliance Unit within the Department of Health and Human Services Victoria.

Agenda, papers and minutes

Agendas and meeting papers will be prepared by the secretariat of the Committee in consultation with the Chairperson and distributed no later than one week prior to the meeting.

Agendas and papers may be circulated to members of the Committee by hard copy or electronic methods.

The Secretariat will minute all meetings and will distributed to the Committee within three weeks following the meeting. Minutes will be ratified at the next Committee meeting.

Confidentiality

Members of the Committee must not discuss any deliberations or circulate any meeting agendas, minutes, papers or other materials publicly, or in any other forum, without the consent from the Minister for Health.

Communication with the media

Committee members must not communicate with the media regarding discussions held in committee meetings. Media enquiries regarding such matters must be directed to the Department.

Remuneration

A Committee member is entitled to be paid the fees and allowances from time to time determined by the Governor in Council. Under the *Appointment and Remuneration Guidelines for Victorian Government Boards, Statutory Bodies and Advisory Committees* (2018), the Committee is classified as a group C organisation, band 1 and Committee members are entitled to receive remuneration consistent with the guidelines. This also applies to any sub-committees of the Committee

A person who assists the Committee or a subcommittee of the Committee is entitled to be paid the fees and allowances from time to time determined by the Governor in Council.

Evaluation

Annual Report of the Committee

The Committee must give the Minister a report on its activities during a financial year no later than1 November following that year.

Committee performance

The Committee will conduct an annual collective and individual evaluation of its performance (performance metrics to be determined). The evaluation will be presented to the Committee and to the Department.

The purpose of performance assessment is to enable performance areas that require improvement to be identified and addressed.

Review process for Terms of Reference

The Terms of Reference will be reviewed by the Committee at least every three years or as required jointly lead by the Committee and the Department. Changes to the Terms of Reference will be put to the Committee after considering any recommendations that come forward after a review.