THE ANNUAL REPORT OF

THE RADIATION ADVISORY COMMITTEE

FOR THE FINANCIAL YEAR ENDING JUNE 2023

RADIATION ADVISORY COMMITTEE
Melbourne, Australia

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The Hon. Mary-Anne Thomas, MP
Minister for Health

Dear Minister

Pursuant to Section 110 of the *Radiation Act 2005*, the Radiation Advisory Committee submits the 2023 annual report of the Committee for presentation to Parliament.

Yours faithfully

Dr Joanna Lia Wriedt
Chair
RADIATION ADVISORY COMMITTEE

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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 for the period from 17 August 2020 to 16 August 2023.

(i) Composition

The Committee met on 6 occasions from July 2022 to June 2023.

The members of the Committee are listed in Table 1.

Table 1	
Dr Joanna Lia Wriedt **(Chair)** Physiologist, Epidemiologist and Lawyer **Meetings attended: 5**	**Dr David Bernshaw** Consultant Radiation Oncologist Peter MacCallum Cancer Centre **Meetings attended: 4**
A/Prof Ken Karipidis Assistant Director Assessment and Advice Australian Radiation Protection and Nuclear Safety Agency **Meetings attended: 5**	**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: 5**	**Mr Geoffrey Dick** Deputy Chief Radiographer and CT Supervisor Medical Imaging Angliss Hospital Eastern Health **Meetings attended: 6**
Dr Zoe Brady Chief Physicist Alfred Radiology and Nuclear Medicine Department Alfred Health **Meetings attended: 5**	**Ms Min Ku** Professional Standards Manager Australian Society of Medical Imaging and Radiation Therapy **Meetings attended: 4**
Dr Tomas Kron Director of Physical Sciences Peter MacCallum Cancer Centre and University of Melbourne **Meetings attended: 3**	**Dr Peter Francis** Head of Nuclear Medicine / PET Royal Children's' Hospital **Meetings attended: 4**
Dr Fiona Charalambous Waste Safety Australian Radiation Protection and Nuclear Safety Agency **Meetings attended: 6**	

(ii) Responsibilities

The Committee is to advise the Minister for Health or the Secretary of the Department of Health (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) Low dose computed tomography in lung cancer screening.
    b) The implementation of the national Code for Radiation Protection in Planned Exposure Situations (2020).
    c) The implementation of the national Code for Radiation Protection in Medical Exposure.
- 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, in particular Mr Morrie Facci, for its continuing assistance and support.

2. Ionising radiation

2.1 Requirements for the treatment of skin cancer using Rhenium-188 unsealed brachytherapy compound

The committee was advised that the department had recently received an application from a molecular imaging and theranostics company for an authority to possess a rhenium 188 unsealed brachytherapy compound for treatment of non-melanoma skin cancer. The company's founder, chair, and head of clinical operations is a nuclear medicine physician. The use of rhenium-188 for the treatment of skin cancer is relatively new in Australia, with only a handful of such practices authorised across NSW, Western Australia and Queensland.

The patient pathway proposed by the company involves assessment of the patient by a GP with training in skin cancer care. The GP is employed by a skin centre that is a subsidiary of the company. The GP would then refer the patient to the nuclear medicine physician employed by the company if the GP determines that rhenium-188 treatment is appropriate. The nuclear medicine physician makes a further assessment and prescribes and administers the treatment if deemed appropriate.

The department was concerned that, under these proposed referral arrangements, the efficacy and benefits of alternative treatments options are not likely to receive sufficient consideration. The department believed that a multidisciplinary team, including a radiation oncologist, should be involved in the decision as to most appropriate form of therapy for non-melanoma skin cancers.

The nuclear medicine specialist with the company was invited to a committee meeting to present his view that general practitioners should be permitted to refer for treatment of non-melanoma skin cancers using rhenium-188. He stated that this approach was consistent with the approach taken for other medical referral pathways and with the approach taken in other Australian jurisdictions, where general practitioners are permitted to refer for the treatment of non-melanoma skin cancers using rhenium-188.

The department holds that view that the position adopted by other jurisdictions does not provide for optimum treatment of the patient.

The department advised the committee that a document *Requirements for the treatment of skin cancer using Rhenium-188 unsealed brachytherapy compound* is placed as a condition on management licences authorising such treatment. Clause 2.6a of the document requires that there be a written referral for the treatment that has been issued by a specialist dermatologist, a radiation oncologist, a plastic surgeon, or any other professional specified by the department for the purpose of this condition.

An anonymised copy of the GP's resume was provided to the committee and the committee was asked to advise the department on whether or not the GP was considered suitably qualified to be a referrer for rhenium-188 treatment. The committee believed that only a person registered by AHPRA as a dermatologist, oncologist or plastic surgeon should be a referrer for treatment of skin cancer using rhenium-188. As such, the committee believed that the GP was not appropriately qualified.

The committee was also requested to advise whether or not it supports the department's proposed position that, notwithstanding the additional training in skin

cancer care completed by the GP, no practitioner other than an individual who holds specialist registration with AHPRA in a specialty related directly to the treatment of skin cancer will be specified for the purpose of clause 2.6a. The committee supported the department's position.

2.2 Prostate cancer and PSMA imaging and PSMA theranostics

Medical staff from Peter MacCallum Cancer Centre gave a presentation to the committee on protein specific membrane antigen (PSMA), theranostics and radionuclide therapy.

Theranostics was presented as a targeted and efficient way of treating prostate cancers using ^{177}Lu-PSMA and ^{68}Ga-PSMA that held promise as a way of extending the life and improving the quality of life of prostate cancer patients. The treatment is similar to the diagnosis and treatment of thyroid cancer patients with ^{131}I. Dosimetry and delivery of appropriate doses was seen as crucial to the effectiveness of these treatments.

The success of the treatment relied on accredited theranostics specialists as part of a multidisciplinary team. The committee emphasised the importance of multidisciplinary teams and believed that adequate treatment could only be provided by large medical centres possessing such teams. The committee expressed concern over the commercialisation of the treatment and the lack of quality if the treatment were to be used by small medical centres lacking the multidisciplinary support.

The committee was also concerned about specialists using treatments where a TGA exemption occurs for a novel treatment regime.

The department believed that theranostics may be a practice for which the department needs to be more proscriptive in its regulation.

2.3 X-ray security screening of pregnant inmates at correctional facilities in Victoria

The department tabled a 2022 review paper that was an extension of a paper that was written in 2010 and presented to the committee in April 2010 for its advice regarding X-ray security screening of humans.

The update of the 2010 paper arose because, in September 2021, Corrections Victoria, Department of Justice and Community Safety, wrote to the department regarding the scanning of pregnant intakes or intakes who claimed to be pregnant and whether licence conditions could be adjusted to reflect scanning of pregnant persons. A condition applied to the management licence at that time prohibited the licence holder from scanning pregnant inmates at correctional facilities.

The 2022 review paper sought to determine if the radiation practice involving such security screening of pregnant persons, as proposed by the Department of Justice and Community Safety, is justified in accordance both with the requirements of the Radiation Act 2005 and with relevant human rights instruments. The review concluded that the benefit of the proposed radiation practice outweighed the detriment of the proposed radiation practice and so the radiation practice involving security screening using transmission X-ray technology on pregnant inmates at correctional facilities in

Victoria was considered justified. Because the justification relied at least in part, on the apparent superior efficacy of transmission X-ray technology screening in detecting contraband, and thereby minimised overall harm, pregnant inmates should be required to undergo transmission X-ray screening. The department believed that the choice between transmission X-ray scanning and other search methods should not be offered to a pregnant inmate by the Department of Justice and Community Safety. However, the decisions regarding inmate choice and the associated policy position belong to the Department of Justice and Community Safety.

The committee agreed with the department's proposal that a dose constraint of 250 µSv should apply to non-occupationally exposed persons for security screening at correctional facilities; this dose constraint would help to ensure that the screening of persons at different facilities would not result in a total exposure exceeding 1 mSv, the annual dose limit for members of the public.

2.4 Exemption for licensing stevedores for transport of radioactive material

The department advised the committee that only one stevedoring company in Victoria currently holds a management licence with the department, authorising the transport of containers from cargo ships to road/rail transport vehicles. The department sought the advice of the committee as to whether or not stevedoring companies should be exempted from the requirement of such a management licence. Such an exemption would be conditional upon certain requirements being met, such as the stevedoring companies providing appropriate training to staff. The committee pointed out that Victorian ports are already heavily regulated by the ports authority (Ports Victoria) and highly controlled by unions. The committee thought it necessary for the department to understand what degree of control, if any, would be introduced by the radiation management licence that would be in excess of that provided by existing port regulations and controls. The committee asked the department to undertake a gap analysis pertaining to the differences between radiation regulation and existing port regulation and controls. The department advised the committee that it would undertake the gap analysis in the 2023/2024 financial year.

2.5 Licensing of mammographers in Victoria

The committee was advised that there was a critical shortage of persons capable of carrying out mammography screening in Victoria. The issue of the prerequisites required to authorise a person to use a mammographic X-ray unit for mammographic screening was discussed by the committee. This discussion was brought about by an overseas radiation therapist, with training and experience in mammography, seeking employment in Victoria for mammography screening. A Graduate Diploma of Mammography conducted by Charles Sturt University was previously applied as a prerequisite for mammographers in Victoria but this course is no longer being conducted. In the absence of the Graduate Diploma of Mammography being provided by Charles Sturt University, the department would consider another prerequisite for a licence to use a mammographic X-ray unit that might include a document testifying the competency of a person to carry out mammographic radiography, signed by a radiologist supervising mammography. The department advised the committee that, under national mutual recognition requirements, a person licensed for mammography in Queensland would be permitted to carry out mammography in Victoria or use their

licence as a prerequisite towards applying for a Victorian licence. The committee noted that the Australian and New Zealand Standard Classification of Occupations (ANZSCO) would only recognise radiographers as persons qualified to carry out mammography. The position of ANZSCO, however, would not affect the ability for a person to apply for a use licence under the Radiation Act 2005 to work as a mammographer. AHPRA considers that a person who intended to work in mammography would be required to have the appropriate training and qualifications. Licensing with a state or territory radiation regulator was not seen to be a barrier to allowing persons who were not radiographers to use a mammography X-ray unit. Nevertheless, the question of appropriate prerequisites for applying for a use licence for mammography in Victoria was considered to require further deliberation by the committee and the department and would be placed as an agenda item for the August 2023 committee meeting.

2.6 IRRS follow-up mission

The Director Governance and Strategic Partnerships, Australian Radiation Protection and Nuclear Safety Agency (ARPANSA), gave a presentation on progress made in addressing the 13 recommendations and six suggestions made by the 2018 report of the Integrated Regulatory Review Service (IRRS) for Australian jurisdictions and on the IRRS follow up mission.

The Environmental Health Standing Committee (enHealth) is responsible for addressing the recommendations made by the IRRS to all jurisdictions. The progress made in addressing the recommendations will be evaluated by the IRRS in its follow up mission, scheduled to take place from 16 to 24 October 2023.

Progress in addressing the recommendations had been hindered by the COVID pandemic. Nevertheless, considerable progress has been made in the revision of the National Directory for Radiation Protection (NDRP). The NDRP represents a significant means by which all Australian jurisdictions can progress towards uniformity of radiation regulation across Australia.

2.7 Radiation Act Annual Report for the financial year ending 30 June 2022

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 2021 -2022 for information.

2.8 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 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 department is aiming to implement the system for all authorisation types in late 2023.

2.9 Safety reflections

The Committee meetings have a standing agenda item entitled Safety Reflections. This agenda item provides an opportunity for the members of the Committee to contribute reflections on broader safety considerations in order to place radiation safety considerations into a wider perspective on matters relating to safety.

3. Non-ionising radiation

3.1 Scientific Papers

The followed scientific papers were considered by the Committee during the year.

G. Castaño-Vinyals, S. Sadetzki, R. Vermeulen, F. Momoli et al. Wireless phone use in childhood and adolescence and neuroepithelial brain tumours: Results from the international MOBI-Kids study,
https://doi.org/10.1016/j.envint.2021.107069

This study compared mobile phone use between 899 cases of brain cancer and 1910 controls (aged between 10 and 24 years). The study showed a slight protective effect, which was attributed to biased recall of mobile phone use. This study showed no causal association between mobile phone use and brain cancer in children and adolescents.

Schüz J, Pirie K, Reeves GK, Floud S and Beral V. Cellular Telephone Use and the Risk of Brain Tumors: Update of the UK Million Women Study, JNCI J Natl Cancer Inst (2022) 114(5): djac042

This study followed a cohort of 1.3 million women for 14 years in the UK and found no difference in brain cancer rates between those that used a mobile phone against the head and those that did not use a phone.

3.2 SunSmart Global UV app

The committee advised the department that ARPANSA had teamed up with Cancer Council Victoria and the Australian Bureau of Meteorology to create a SunSmart Global UV app. The app aims to reduce the number of people across the world developing skin cancer and experiencing UV-related eye damage. The SunSmart Global UV app is available free of charge at both the Apple App and Google Play store.

3.3 Developments in sunscreen testing

The committee advised the department that the testing of sunscreens on humans is the current international method used to rate UV protection performance. This testing involves volunteers wearing a sunscreen and being exposed to artificial solar UV in order to measure the time taken for sunburn to occur. This raises ethical issues since volunteers are exposed to cancer causing UV radiation. ARPANSA has teamed up with RMIT University to develop human-free sunscreen testing methods and protocols by the end of this decade.

3.4 New Australian study to investigate radio waves and electromagnetic hypersensitivity

The committee advised the department that the University of Wollongong and ARPANSA will collaborate on a study investigating the causes of electromagnetic hypersensitivity. The study will be a randomised double-blind provocation study that will compare the occurrence of non-specific symptoms (e.g., headaches, body pain, lethargy, tinnitus) when subjects are exposed to electromagnetic fields or sham-exposed. In the study, saliva cortisol levels will also be measured as an objective test of stress during the exposure or sham conditions. Results are expected to be published in 2023.

3.5 ARPANSA's new radiofrequency radiation laboratory

The committee advised the department that ARPANSA officially opened its new $2.35 million anechoic chamber on 17 November 2022. The new chamber replaces ARPANSA's former anechoic chamber which was built in 1979. The 1979 chamber could only measure and calibrate equipment emitting radio waves up to 8 GHz. The new chamber will be able to calibrate equipment up to 40 GHz and be used for research on radio waves up to 100 GHz and will allow ARPANSA to undertake health research into the current 5G network and future generations of high-frequency wireless technology.

3.6 ARPANSA survey of radiofrequency fields in Melbourne

A/Prof Karipidis advised the committee that ARPANSA had conducted a survey of radiofrequency (RF) fields at fifty locations across Melbourne. All of the sites measured showed the RF levels to be much lower than the exposure limits for the general public in the Australian Standard. The results showed that broadcast radio was the largest contributor to measured RF levels at 30 locations across the suburbs, whereas mobile phone towers were the main contributor at the other 20 sites. Twenty of the sites were previously measured in 2013. A comparison between the 2013 and current measurements showed that RF levels haven't really changed in Melbourne in the last

ten years. The results of the current survey are available at https://academic.oup.com/rpd/advance-article/doi/10.1093/rpd/ncad056/7067920?login=false

3.7 Call for research into radio waves and health

The committee advised the department that a call for research into radio waves and health was announced by ARPANSA on 25 November 2022. The funding is offered to support research that addresses knowledge gaps about health effects from exposure to electromagnetic energy (EME), especially the higher frequencies now being used in wireless technologies like the 5G network. More information about ARPANSA's EME research program including how to apply for research funding is available from https://www.arpansa.gov.au/research-and-expertise/electromagnetic-energy-program/eme-program-research-framework.

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

The scientific studies considered by the Committee during the year have not altered the Committee's position that there is no substantive evidence linking exposure to radiofrequency radiation at levels below the limits of the ARPANSA *Standard for Limiting Exposure to Radiofrequency Fields – 100 kHz to 300 GHz* (2021) to an increased risk of cancer or other adverse health outcomes in humans. 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.

3.9 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 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's 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 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 distribute the minutes 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.