

Summary of the consultation on the new EPA approval model for Radiation Protection Adviser's

Introduction

The EPA has published the new the approval model for Radiation Protection Adviser's. Details of the new model, application forms and templates can be found on the EPA website. This document summarises the results of the stakeholder consultation which was conducted during the development of the new model.

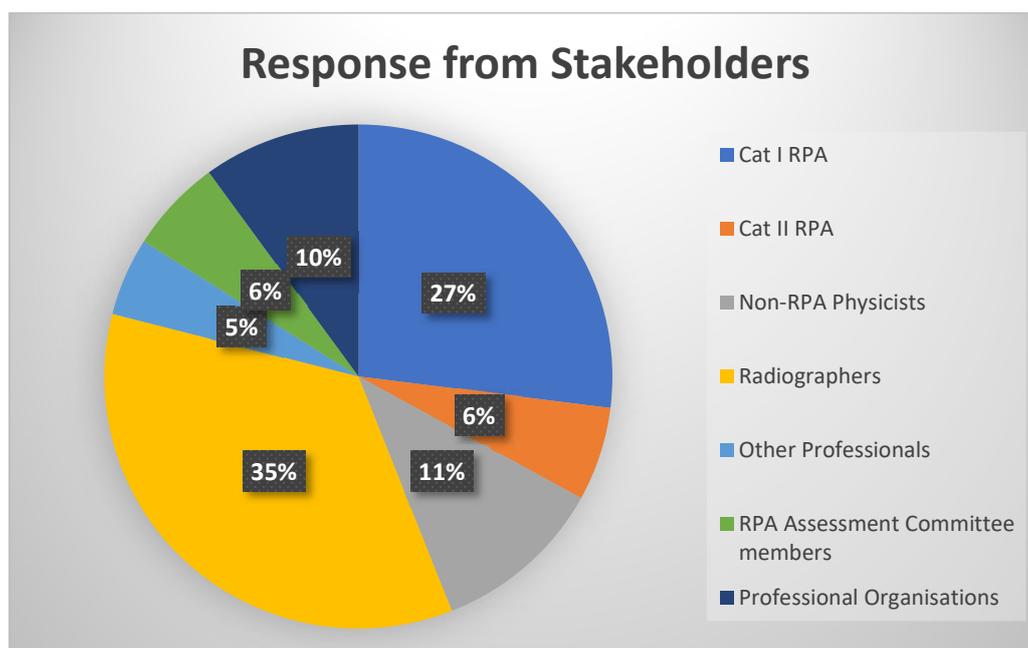
Consultation process

The consultation process included:

- Bilateral discussions with current RPAs and other stakeholders operating in the medical, industrial, education, dental and veterinary sectors in 2020.
- Paper to the EPA's Radiation Protection Advisory Committee (RPAC) setting out the broad scope of the proposed changes (November 2020).
- Publication of a broad stakeholder consultation paper (March 2021).
- On-line stakeholder meeting (March 2021).

A total of 48 written submissions were received as part of the consultation process. The majority of the responses were from current RPA's, physicists and radiographers in the medical sector, with submissions also received from the dental & industrial sectors. 90% of respondents did so in a personal capacity, with 10% responding on behalf of an organisation.

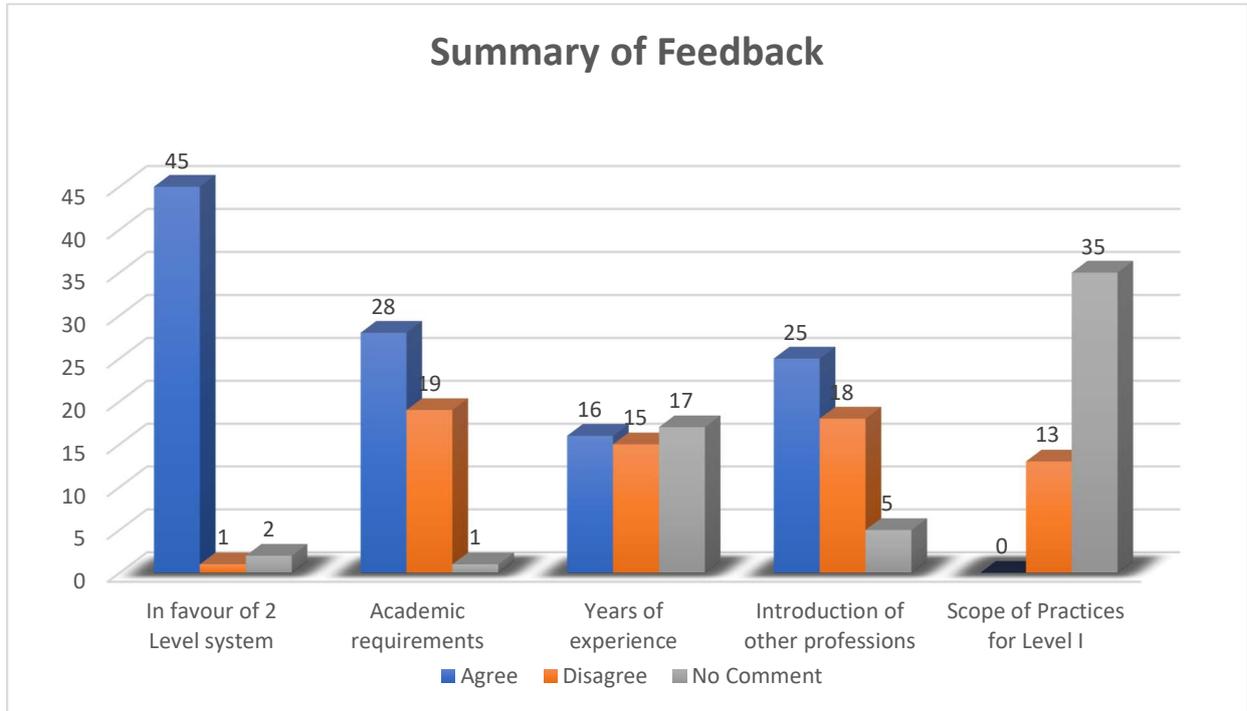
Figure 1: Overall percentage response from stakeholders



Summary of feedback from consultation

Overall comments were positive and the majority welcomed the review of the existing RPA model. The main comments/ issues raised in the feedback are summarised in Figure 2.

Figure 2: Summary of feedback



The outcomes of the consultation are summarised in Table 1. For each of the topics listed, the feedback received from stakeholders and the final outcome and rationale are detailed.

Table 2: Outcomes of consultation

Topic	Stakeholder feedback	Outcome
<p>Scope of practices on which an RPA can advise</p>	<p>The change from categorisation by sector to categorisation by level of risk was positively received.</p> <p>Concern was raised over aligning the model directly with graded authorisation (Level 1 for registered practices and Level 2 for licensed practices).</p> <p>It was argued that some practices subject to registration (such as mammography) may need a Level 2 RPA. Conversely it was pointed out that a Level 1 RPA could effectively advise on some of the less complex licensed practices such as handheld dental x-ray. In addition, it was felt that the model could cause difficulties for dentists and vets that have a mixture of registered and licensed practices.</p>	<p>The model was changed so that the two levels (1 & 2) do not automatically align with registration and licensing. Instead the guidance includes a list of practices on which a Level 1 RPA can advise. (Level 2 RPAs can advise all on radiological practices within their area of competence.) This gives the flexibility to assess the requirements for individual practices regardless of whether they require registration or licensing.</p>
<p>Experience</p>	<p>There was some divergence of opinion on the number of years' experience required at both Levels.</p> <p>Some respondents felt that the existing requirement for seven years' experience should be retained while others expressed the view that it is the quality and not the length of experience that matters.</p>	<p>Guidance documents from ENETRAP, HERCA AND IRPA all indicate a minimum requirement for RPA's of three years. The EPA have reflected this minimum requirement at Level 1.</p> <p>Level 2 requires a minimum of three years' experience at a Senior level. It should be noted that physicists generally need 3-5 years' experience before they obtain a Senior position.</p>

Topic	Stakeholder feedback	Outcome
Academic requirements	There was a divergence of opinion in relation to the proposal to open the Level 1 RPA approval process to candidates with qualifications in relevant clinical areas. Concern was expressed by some that candidates without a physics degree would not have the fundamental mathematical and analytical skills that underpin RPA tasks. On the other hand, the proposal was positively received by others who felt that relevant clinical backgrounds would bring value to the development of the role of the RPA.	Level 1 RPA is open to candidates with a relevant clinical background. The EPA is satisfied that: <ol style="list-style-type: none"> 1. The wider definition of suitable academic background is consistent with Irish and European legislation and with the recommendations of relevant international bodies. 2. Regardless of academic background, all candidates will be required to meet the level of competency required to act as an RPA. Clear understanding of fundamental physical principles underpinning radiation protection is part of the Competency Matrix. It is our view that a candidate's primary degree should not be a barrier to becoming an RPA. Post-graduate courses, training and work experience related to radiation protection are often more relevant. 3. There is no legal basis for restricting entry qualifications to physics. 4. Combining clinical & radiation protection knowledge in the medical, dental and veterinary sectors can improve overall radiation protection practice. Experience shows, for example, that allowing clinical veterinary radiology experts to act as RPAs in the past worked well in that sector.
Application process	There was strong stakeholder support for the proposed changes to the application process.	No significant change to the model as described in the consultation document.
Renewal process	There was strong stakeholder support for the proposed changes to the renewal process.	No significant change to the model as described in the consultation document.

Conclusion

The primary goal of the EPA in developing the new RPA Approval model has been to maintain and enhance the high standards of radiation safety amongst our regulated community. There has been a high level of engagement from stakeholders during the development of the model which we believe has contributed positively to the quality of the outcome.

The EPA would like to thank all those who participated in the consultation.