



MINUTES OF MEETING  
8-9 AUGUST 2013

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Council met at the Miranda offices of ARPANSA on 8-9 August 2013. The following were present:

**Members:**

Ms Sylvia Kidziak AM (Chair)

Dr Roger Allison, Mr Keith Baldry, Assoc Professor Brad Cassels, Mr Simon Critchley, Ms Jill Fitch, Mr Frank Harris, Ms Melissa Holzberger, Professor Ray Kemp, Dr Carl-Magnus Larsson (CEO of ARPANSA), Dr Steven Skov and Dr Denise Wheeler. Em Professor Ian Lowe had tendered his apologies.

**Speakers and Invited Guests:**

Captain Ian Getley (PhD), Qantas Airways (Item 5)

Dr Ian Hosegood, Director, Qantas Medical (Item 5);

Ms Sarsha Collett, ARPANSA (Item 5)

Professor Rodney Croft, Australian Centre for Electromagnetic Bioeffects Research, NHMRC Centre of Research Excellence (Item 8)

Dr Ken Karipidis, ARPANSA (Item 8)

**Observers:**

Dr Stephen Solomon, Radiation Health Services, ARPANSA, Mr Martin Dwyer, Regulatory Services, ARPANSA, Professor Peter Johnston, Medical Radiations Branch, ARPANSA (Day 1) and Ms Brenna Lindsay, Office of the CEO, ARPANSA (Day 2 - PM)

**Secretariat:**

Mr Keith Dessent and Dr Gillian Hirth

**1. Opening of meeting – Welcome and apologies**

The Chair opened the meeting at 13:00 and welcomed members and guests. Ms Kidziak noted the meeting provided Council a valuable opportunity to discuss the issues related to radiation exposure in the airline industry and how this relates to the consideration of existing exposure situations.

**2. Confirmation of Minutes of 18-19 April 2013 meeting**

Minor editorial changes to the Minutes were requested and the minutes were moved by Assoc. Prof. Cassels, seconded by Ms Fitch and unanimously accepted.

**3. Business arising from the minutes**

Dr Solomon provided an update on the progress of the Radon Progeny Technical Working Group (RPTWG). The RPTWG is meeting on 16 August 2013 to plan the measurement program and bring together the measurement equipment that would be utilised. Some minor delays have occurred due to recommissioning of old radon measurement equipment, and the road map was still to be addressed. A more comprehensive update will be provided at the next Council meeting. Members agreed that other actions had either been resolved or would be covered on this agenda.

**4. Correspondence**

Members noted the tabled correspondence.

**5. Radiation Exposure in the Airline Industry**

**5.1. Monitoring of aircrew, exposure levels and company policies**

Captain Ian Getley updated Council on the current monitoring of aircrew, exposure levels and company policies within the Australian airline industry. Key points from this presentation were:

- Exposure of aircrew to cosmic radiation is only of concern for jet craft that fly above 28,000 feet. The average increase in exposure is ~30% for each additional 4,000 feet in altitude and this varies from 40% at high latitudes to 25% at low latitudes.
- A system of monitoring of aircrew has been in place for approximately 15 years across Europe. In Australia, QANTAS is the only airline that has implemented a basic monitoring program for

aircrew known as PCAIRE. This program currently monitors about 10,000 staff with crew able to access their own exposure records. However education for staff on this is limited.

- Increased awareness and education about cosmic radiation exposure for company executives and staff has been identified as one strategy to encourage other Australian airlines to consider implementation of this type of monitoring program.
- Analysis of the data in PCAIRE has identified some aircrew who had received doses > 5.5 mSv/yr. Higher doses were generally associated with increased frequency on Australia – South America flight routes. These may reduce as the cabin crew fatigue management policy is implemented.
- QANTAS is developing ongoing requirements within this policy including rostering, education and awareness programs. A strategy on how to approach the issue of exposure of pregnant aircrew is also a focus for future work, as is broader engagement across OneWorld partner airlines.
- Monitoring should also be considered for corporate jet aircrew that operate at higher altitudes (well over 40,000 feet). Duration of flight, altitude, and the effect of new composite materials being used in aircraft construction should also be considered in the future.

Dr Larsson noted that when the debate was undertaken in Europe in relation to nuclear workers, exposure of pregnant aircrew was a sensitive issue with the result that nuclear workers were never obliged to disclose pregnancy, but were recommended to, and this is still the case.

Captain Getley advised Council that the Civil Aviation Safety Authority (CASA) is currently revising the *Civil Aviation Amendment Regulations 2012, Part 119.360* that prescribes the requirement for retention of records about cosmic radiation dosage for flight or cabin crew members. CASA is proposing that records need only be kept for a maximum period of 3 years after the record was created or 12 months after the day on which the crew member ceases to be employed by the operator. Comment on the proposed draft would need to be provided in the next four months.

## **5.2. ARPANSA radiation monitoring – Australian National Radiation Dose Register (ANRDR) – future developments**

Ms Sarsha Collett provided Council with a brief on the ANRDR and future developments. The key points of this presentation included:

- Radiation Protection Series No. 1 *Recommendations for Limiting Exposure to Ionizing Radiation (1995) and National Standard for Limiting Occupational Exposure to Ionizing Radiation (2002)* and international best practice for keeping exposure records as defined in the IAEA Basic Safety Standard (BSS) (2011) is that ‘*Exposure records for each worker shall be maintained during and after the worker's working life, at least until the former worker attains or would have attained the age of 75 years, and for not less than 30 years after cessation of the work in which the worker was subject to occupational exposure.*’
- The ANRDR was designed as a central database to address this issue (i.e. collection and long term storage of records) for the uranium mining and milling industry in Australia.
- An outreach program and advertising has been implemented by ARPANSA to educate and increase awareness of the ANRDR for occupationally exposed radiation workers within the uranium mining industry.
- Evaluation of a phased expansion to include workers from other industries is underway. Phase 1 – mineral sands mining and processing; phase 2 – Commonwealth licence holders; phase 3 – medical, research and industrial practices; phase 4 – may consider existing exposure situations such as aircrew.
- Expansion to include existing exposure situations will need to follow the determination at a national level, in line with IAEA General Safety Requirements Part 3 of the BSS, of whether the exposure to specific existing exposure situations is warranted.

Council discussed the two presentations and noted the following:

- The ionising radiation component of the QANTAS 3 day induction program is a very small part of the program. Improved education and awareness within the airline industry of cosmic radiation exposure is very important.
- In some countries there is a mandatory requirement for radiation workers to bring their dose histories when they move employers. The ANRDR may provide the ability for workers to meet such a requirement in Australia in the future.

- Strategies to encourage other airlines to include radiation monitoring and education as part of their safety programs need to be considered.
- Consideration needs to be given to identifying where ARPANSA can provide input and make a positive effect with regard to aircrew monitoring programs. Actively explaining the benefits of having the ANRDR to a broad range of stakeholders could be one strategy for gaining support for further development.
- Monitoring alone will not reduce doses to aircrew. Education and publicising what is being done and why, is equally important.

Dr Larsson noted that ARPANSA (and other radiation regulators in Australia) do not currently have the powers to bring existing exposure situations under regulatory control. In order to properly protect public health you need powers specified in legislation. This has been raised with the Department of Health and Ageing (DoHA) as an issue and from the perspective of the review of the ARPANS Act. Support from Council for bringing existing exposure situations under regulatory control, where necessary is important.

**Council agreed the following actions:**

- Ms Kidziak to write to the CEO recommending that ARPANSA engage with CASA and advise CASA about international best practice for maintaining radiation dose records. The correspondence should also record Council's concerns with the proposed amendments to the requirement for record keeping.
- Council will provide additional advice to the CEO with regard to existing exposure situations and whether exposure to these situations warrants regulatory control. This advice should include reference to the opportunity that the review of the ARPANS Act provides for addressing this matter.

### **5.3. Crew/passenger radiation dose and related issues**

Dr Ian Hosegood briefed Council on other potential sources of radiation exposure during flight including that arising from passengers who had recently undergone radiation therapies (typically iodine-131 therapies for thyroid cancer). Dr Hosegood outlined some of the clearance requests that QANTAS receives for passengers who have recently undergone radiation therapies and the guidelines they follow when managing these customers. Reference was also made to the ARPANSA guidance '*Discharge of patients undergoing Treatment with Radioactive Substances*' which is considered valuable advice on processes to be undertaken. Dr Hosegood commented on the scenario where some patients may discharge themselves from hospital and take early flights home, without the necessary notification to the airline of their treatment. Council discussed treatment protocols and the importance of correct notifications.

## **6. Management/Results of Thyroid Cancer Treatment**

Dr Roger Allison briefed Council on the current situation relating to the treatment and management of thyroid cancer using iodine-131. Council noted the incidence of thyroid cancer has been increasing in the past 30 years, with the greatest increase in young women where an approximate sixfold increase has been observed. While the incidence had also increased for men, the rate was lower than for women. The rate of more serious, anaplastic cancers had decreased for both sexes and the mortality rate for thyroid cancers was decreasing due to improved treatment. Dr Skov enquired about effectiveness of the current guidance on discharge noting the comments from Dr Hosegood in the previous presentation. Dr Allison considered the discharge procedures were effective using the current guidance.

Council was advised that Radiation Protection Series No. 14 *Code of Practice for Radiation Protection in the Medical Applications of Ionizing Radiation* (2008) (RPS 14), and the associated safety guides, was soon to be reviewed by Radiation Health Committee (RHC) and as part of this review the current guidance on discharge of patients following radioiodine treatments would be considered. Council noted the presentation and supported the upcoming review of RPS 14.

## 7. Overview of UNSCEAR Reports

Dr Larsson briefed Council on the two UNSCEAR reports, *Levels and Effects of radiation exposure due to the nuclear accident after the 2011 great East-Japan earthquake and tsunami* and *Effects of radiation exposures on children* which had been circulated to Council for comment. Both documents are scheduled for publication later in 2013. The 60<sup>th</sup> Session of UNSCEAR was held in May and was attended by Dr Larsson, the Chief Medical Officer (CMO) Professor Chris Baggoley, Dr Solomon and Dr Hirth.

### 7.1. Levels and effects of radiation exposure due to the nuclear accident after the 2011 great East-Japan earthquake and tsunami

The report is currently scheduled for publication and launch in October in Fukushima Prefecture. Dr Larsson will attend as UNSCEAR Chair. He acknowledged the amount of work that had been put into the Fukushima report by Dr Solomon and Dr Hirth.

Dr Larsson provided an overview of the report, noting that whilst this report is the most comprehensive to date, there is still much uncertainty around the source term and dispersion. This will continue to be an issue following the recent news reports about the ongoing discharges to the ocean. In terms of doses, the lifetime doses for the evacuated areas are estimated to be in the order of 10 mSv compared with 170 mSv lifetime dose from natural background. There are significant uncertainties associated with the assessments and there is a need to be cautious when referring to specific numbers and health implications. The combination of low doses and small cohorts makes it possible that it will be statistically difficult to demonstrate any increase in the incidence of cancer as a consequence of the accident. This difficulty also arises in the worker category. Whilst workers were exposed to doses above 100 mSv, the very small cohort will make it statistically very difficult to demonstrate any elevated incidence. The resultant health effects from the Fukushima accident are also not likely to result in anything similar to those from the Chernobyl accident, with respect to attributed thyroid cancers. However, the Fukushima accident was a very significant and serious industrial accident with enormous societal effects. 150,000 people are still displaced and the infrastructure in Japan has been severely compromised.

### 7.2. Effects of radiation exposures on children

Dr Larsson provided an overview of the report conclusions that have demonstrated the differences between children and adults are highly dependent on what malignancy is being considered and there is a need to qualify the general statement '*that children are more sensitive to radiation than adults by a factor of four to five*'. The report presents evidence for 23 different malignancies and finds there are examples where children are more sensitive than adults to radiation exposure, for example thyroid, brain, non-melanoma skin cancer and leukaemia. However there are some cancers where there was no difference in sensitivity and other cancers where children are less sensitive than adults (lung).

The Chair closed day 1 of the meeting at 5.30pm.

## 8. Non-Ionising Radiation – RF Research and Public Exposure

### 8.1. NHMRC Centre for Research Excellence for EME – ACEBR presentation

Professor Croft briefed Council on the structure and functions of the Australian Centre for Electromagnetic Bioeffects Research (ACEBR) and its involvement with research, community interactions and standards setting. This included an overview of key areas of research including cancer epidemiology, electro-hypersensitivity, mechanisms of radiofrequency (RF) and electroencephalogram (EEG) interactions, the role of individual differences in response to 'precautionary messaging' and dosimetry. A proposal for a second centre of excellence, the Centre for Population Health Research on Electromagnetic Energy (EME) to be led by Monash University has also been funded. In addition to these centres there are a number of other individual researchers and projects operating in Australia. Professor Croft noted communication with the public with respect to the risks associated with RF and electromagnetic radiation (EMR) could be improved and that there currently is no clear strategy in Australia to bring this into effect, Council was also advised that the International Commission on Non-Ionizing Radiation Protection (ICNIRP), the main international body providing recommendations on standards is currently revising their 1998 guideline which is due to be completed during 2014.

Council discussed the presentation and noted the following:

- ARPANSA may need to consider how they engage with the CMO, the Chief Scientist and DoHA in order to develop a clear strategy for managing issues related to RF and EMR.
- New standards could be much shorter documents that refer to the international recommendations whereas the science that is done in the international sphere can be covered in separate annexes and updated as and when necessary. It is important for ARPANSA to ensure when revising and updating their guidance documents that these reflect international 'best practice' in the Australian context and that ARPANSA provides the public with confidence in the international research supporting international recommendations.
- ARPANSA should also consider approaching the NHMRC to see if there are ways they can work cooperatively to improve the strategy for identification of key research areas requiring support in the Australian context.

The Chair thanked Professor Croft for his valuable input to the meeting and suggested contact be maintained as Council works through these issues further in the course of its recently developed Strategic Directions.

## **8.2. ARPANSA RF literature review – presentation on draft report**

Dr Solomon briefed Council on the background and findings of the RF literature review that had been completed by a small expert working group and thanked all the experts who had been involved in the review.

The outcomes of the expert review have been considered by ARPANSA and a strategy for addressing the review and updating the Radiation Protection Series No. 3 *Radiation Protection Standard for Maximum Exposure Levels to Radiofrequency Fields – 3 kHz to 300 GHz (2002)* (RPS3) is now being developed. ARPANSA's key findings were:

- The basic restrictions specified in RPS 3 are still valid for known effects;
- Advances in numerical dosimetry have demonstrated that the reference levels in certain situations are not as conservative as previously thought (for children/short statured adults in some frequency ranges). This is important in terms of telecommunications (far field – base station RF); and
- There is no immediate urgency to change RPS 3 but ARPANSA should consider the strategy for how these changes are addressed in the future, in line with the current revision being undertaken by ICNIRP.

Dr Ken Karipidis briefed Council on technical content of the review of epidemiological studies. Annex 3 of RPS 3 is a review of literature up to the year 2000. This current review examined studies from 2000 – 2012 and demonstrated there is still no conclusive evidence of a link between RF exposure and cancers.

Council discussed the presentations and agreed that health protection needs to be evidence based and closely following ICNIRP guidance may be the best way to have international best practice reflected into the Australia context. Council noted the follow up consultation that ARPANSA must undertake with key stakeholders prior to publishing the outcomes of the review on the website and agreed that when the review is published the accompanying public messaging needs to be very clear, as does ARPANSA's strategy for dealing with the outcomes of the review and how to reflect the update of ICNIRP in to RPS 3 as efficiently as possible.

Dr Larsson agreed the strategy will be very important and acknowledged there will be an expectation that the reference levels should be addressed quickly following its release.

Council agreed the Chair should write to the CEO recommending further discussion between ARPANSA, the DoHA and other key agencies to ensure a strategic approach is developed for dealing with the public concerns and prioritising research agendas related to RF and EMR exposures. Council agreed that adoption of the ICNIRP recommendations in an Australian context is important and that the priority in the short term is to deal with the update of the reference levels for children/short statured persons in RPS 3.

Ms Kidziak thanked all the presenters for their respective contributions and overview of the status of the RF and EMR research and the review of RPS 3.

## **9. Training – Proposed Graduate Certificate in Radiation Management**

Council noted the out of session correspondence by the Chair that was sent to support the University of Adelaide initiative. Mr Baldry advised that unfortunately the University has decided not to proceed with the course in 2014 due to concerns about insufficient graduate numbers, but will reconsider the implementation next year. Continued support from ARPANSA and other organisations is important.

## **10. Role and Expectations of Council**

Dr Larsson advised that he will prepare a comprehensive paper for the November meeting on the roles and expectations of Council. This will cover issues including support for Council and interactions between ARPANSA, Council, the RHC and the NSC

Ms Fitch enquired about the ARPANS Act review and whether there was any plan to change the structures or terms of reference of the Council and Committees. Dr Larsson advised the review terms of reference (TOR) had been fairly narrow. The TOR for the revision, which is now underway within the Department of Health and Ageing (DoHA), are still being defined. Council expressed support for the Act revisions and any expansion of the TOR's. Ms Lindsay advised that DoHA is aiming for the revised Act to be tabled during the autumn sitting in 2014.

Ms Fitch supported the proposed review of Council's interaction with the Committees noting the ability for Council to give input to RHC work and progress had been disappointing. Ms Holzberger noted the Council mandate in the Act. The Chair advised there would be out of session discussion with the CEO ARPANSA, RHC and NSC chairs to discuss the work of the various bodies.

## **11. Transport of Radioactive Material**

Ms Kidziak outlined the issues that had arisen during the preparation of the Statement and Background Paper leading to advice on the withdrawal of further work until it was discussed by all members at this meeting. Following a request for all members to provide comment and a direction for the way forward members agreed as follows:

- The Statement, while not ready in its current form for the public domain, is close to a form that could be finalised;
- The Background Paper required improved referencing and empirical information to support the Statement.
- The Documents need to state clearly that there are currently clear regulatory frameworks and infrastructure in place to guide the transport of radioactive materials in Australia.
- Council must be very clear as to why it is making a statement on this issue, who the statement has been prepared for, and how it is to be used.
- The safety versus the security issue should be emphasised clearly.

Dr Larsson responded to the key points raised by Council and particularly the purpose of the Statement as follows:

- The request originated following the release of an UNSCEAR report which highlighted that irrespective of the shape or form of radioactive material being transported there is a low number of incidents/accidents, and when there are accidents the consequences from these accidents were low.
- The Statement should be directed to the CEO, but it should be written in a manner so it can be shared with other people, including the public. It must be a completely unbiased view and Council can provide this view, based on the evaluation of the framework in Australia.
- It is important to differentiate between the security and safety around transport. Discussion with stakeholders is very important to ensure that the best decision is made about how and where transport of radioactive materials occurs.
- An authoritative statement from Council can be used to support stakeholder engagement in future developments.

Council agreed Mr Critchley would lead the re-draft with technical support from ARPANSA and assistance by Ms Holzberger and Dr Skov. Ms Kidziak will then provide an overview and consider the work at the point where it can be distributed to Council for approval. Ms Kidziak stressed the need for designated ARPANSA staff support. Dr Larsson agreed to advise what support can be provided by ARPANSA after consultation with branch heads. Progress will be assessed with a view to tabling at next Council meeting.

**12 Finalisation of work priorities** Council agreed that the outcomes identified for 2011-12 had been achieved. Members agreed the three priority areas for 2013 – 2016 would be 1. Medical radiation: 2. Radiation exposure from non regulated activities and 3. Ongoing and emerging issues in radiation science. Members also discussed:

- Medical radiation, with a focus on paediatric doses, computed tomography, breast scanning and rationalisation of diagnostic imaging. Council agreed to also keep a watching brief on diagnostic imaging PET technologies.
- Existing exposure situations including aircrew exposures, legacy sites, inadvertent importation of contaminated material and other currently non-regulated activities; and
- Ongoing and emerging issues in radiological protection science, including those associated with non-ionising radiation.

Dr Solomon noted Council may need to consider what currently unregulated activities should be considered for incorporation into the radiation protection framework. Council could also consider guidance on what we do about the radiation protection framework for existing exposure situations.

Dr Cassels noted the flow on from the meeting's discussions on non-ionising radiation and the possibility of developing a framework for non-ionising radiation that is more consistent with that taken for ionising radiation, or at least the exploration of such a concept. Dr Larsson agreed that this approach should be considered, including the development of a fundamental style document in the non-ionising radiation area, however he expressed a preference to discuss radiofrequency and electromagnetic fields rather than non-ionising radiation.

Mr Harris noted that it would be valuable to include developments relating to non-cancer effects of ionising radiation in the ongoing and emerging issues in radiological protection science.

Ms Kidziak concluded that Council decision on the priorities will provide a worthwhile framework for future work while noting that Council's work is in no way limited to the agreed Strategic Directions.

### **13 International Reports**

Council noted reports of recent international meetings and fora attended by ARPANSA staff. Ms Fitch queried the requirement for TRANSSC to meet twice a year and update the international transport guidelines every two years if there are no significant issues associated with the transport of radioactive materials. Professor Kemp enquired if there had been ARPANSA attendance at the BEMS meeting? Dr Solomon confirmed that ARPANSA staff had attended and advised this report could be circulated out of session.

Ms Fitch noted that management of radioactive waste continues to be a highly politicised issue and questioned whether Council should be expressing their concern about the lack of a national plan to deal with waste even though it is returning to Australia. It was agreed Council and ARPANSA may need to consider how this policy discussion can be improved in Australia.

### **14 Committee Reports**

#### **14.1 Radiation Health Committee (RHC) July 2013**

Mr Baldry provided an update on the discussion at the July 2013 RHC meeting and made the following key points:

- The revised framework for the Radiation Protection Series and the release of the Fundamentals document is out for public comment until the 16 August 2013. The Fundamentals would also be discussed during a special session at the ARPS conference in October.



- Work was continuing on the Code of Practice for Planned Exposures;
- The working group structure in place to progress the Safety Guide for Protection of Environment was working well and good progress had been made with drafting;
- The Code of Practice for near-surface disposal of radioactive waste has been raised as a priority and work on this Code within ARPANSA would commence imminently and Council would be kept informed on progress;
- The draft ELF guideline was delayed in the Office of Best Practice Regulation approval process; and
- The transport competent authorities' forum would no longer report to the RHC. Whilst acknowledging the benefits of this forum, RHC members agreed it should be convened at the discretion of the authorities involved.

#### **14.2 Nuclear Safety Committee (NSC) June 2013**

Council noted the web summary for the NSC.

#### **15 Other Business**

Ms Kidziak acknowledged Mr Dessent's new role and thanked him for his work over many years in supporting Council.

#### **16 Confirmation of Next Meeting Dates**

The next meeting will be held on 28-29 November 2013 in Sydney.

The meeting closed at 3.30 pm.