

NATIONAL DOSE ASSESSMENT WORKING GROUP

SUB-GROUP ON COMMUNICATIONS

1st Meeting held on 12th April 2006, Aviation House London.

1. Present

Chair	Barrie Lambert	Consultant
Regulators/agencies	Andrew Craze	NDA
	Anne Nisbet	HPA
	David Webbe-Wood	FSA
Specialists/NGOs	David Collier	Faulkland Associates
	Mike Poole	Nirex
Secretariat	Ray Kowe	HPA

2. Remit of subgroup and timescales

The chairman welcomed everyone to the meeting and explained the background and objective of this subgroup. Preliminary terms of reference for the subgroup were drawn up and agreed by members at the 8th NDAWG meeting and are:

The remit of the Communications sub-group is to consider the presentation of information on radiation doses to the public. In particular it will address:

- Who is the audience for such information, e.g. people being consulted on a proposed authorisation, local residents around a nuclear site, pressure groups.
- What kind of information people want
- How such information should be presented

Consideration should be given to retrospective and prospective dose assessments as well as to single dose estimates and probabilistic results. The group will need to review the research carried out for FSA [and others] and will need to develop their work programme with frequent reviews by the full NDAWG.

The subgroup members agreed that these terms of reference would be redrafted into a remit to be agreed upon by the subgroup.

Action 1.1 Barrie Lambert to formalise remit about aims of subgroup and members to comment upon it in time for NDAWG meeting on 27th April.

The deliverables of the subgroup are:

Recommendations on some method of communicating risk (pie charts, leaflets, dvd)

3. Need for public communication -CEDA

The need for public communication arose from CEDA (and RWMAC) which identified that there was the need for information on radiation doses to be provided to the public that they could apply to their own lives. The subject of public communication was also addressed at the 5th main NDAWG meeting.

Members agreed that there are three types of people seeking information: those who want the headlines, those who want a summary, and those who want technical details. Layering of information may be useful for people to access different degrees of information. People go to local sources of information but may want some central portal to go to.

From previous experience the public do not appear to be interested in dose, they are more interested in effects/risks. People with families tend to be more concerned about risks. When addressing the public on dose it is advised to have an expert present who can talk with some authority on the matter.

Pie charts of dose can be confusing if they are not related to a benchmark measure.

Two requirements for communicating information on dose and risks were identified: routine (passive, understandable, readily available when people look for it) and capacity building (helping SSG's and LCLC's to be better informed, raising their awareness, provision of leaflets).

The public respond to triggers (e.g. radon). New triggers may include:

- Communication itself – public think “why are they asking me about dose is there a problem”?
- New build
- NDA site authorisation
- If there is an incident
- CORWM, LLW, VLLW

4. What needs communicating

4.1 Methods of assessment

This is already carried out to some extent e.g. RIFE report and operators. In the future Nirex will need to communicate the results of performance assessments to a range of stakeholders. This will involve the communication of complex issues such as the physical and chemical processes, and the treatment of uncertainty, which underpin the calculation of doses and risks.

4.2 Dose – total risk

Total risk has not been addressed in terms of historical discharges, this needs some explanation. Total risk is only mentioned in one table in the RIFE report.

Operators present their own measurements and doses.

There was the question as to whether the subgroup should concentrate on risk from routine releases and exclude medical doses. Natural radiation is used as a benchmark by the HPA for comparison of doses from routine releases.

The subgroup needs to consider if information should be issued only if triggered, or if general information should be issued as and when it arises.

The subgroup also needs to consider how dose/risk is assessed and presented in an easy way.

5. Communication with whom

The FSA already communicate with Site Stakeholder Groups (SSG's) and Local Community Liaison Councils (LCLC's). There are often members of the local council on these groups.

Action 1.2 David Webbe-Wood to supply the subgroup with his presentation he gave to Heysham LCLC.

There was also a national stakeholder group meeting coming up shortly.

Action 1.3 Andrew Craze to ask NDA stakeholder engagement team to ask SSG's at National Stakeholders Group meeting as to what information they want.

Subgroup members agreed that one of its first tasks should be how to deliver information to SSG's.

6. Methods of communication

6.1 Progress by regulatory bodies/HPA/FSA

The FSA communicate through the RIFE report, there is a lot of information in the report but it may need to be simplified to make it more readable.

The HPA issue background information for the public (e.g. sunsense guide) and handbooks for stakeholders.

There may be experience with agencies about communicating risk from non-nuclear sources e.g. food. The subgroup considered the idea of a workshop or seminar to identify best practice on communication of risk within the agencies.

Action 1.4 Subgroup members to identify current practices of communicating technical aspects of risk within their own agencies.

A second task for the subgroup is that it should give recommendations to agencies on what dose information needs to be communicated to SSG's and in what form (e.g. short leaflet, annual summary).

6.2 Results of previous studies

David Collier informed the subgroup that there had been 4 relevant pieces of work, two sponsored by the FSA for Hinkley and Harwell, there had also been work on a method of calculating dose and to public response to ways of presenting dose.

7. Membership

It was agreed that subgroup membership should include people from organisations who give information on dose to the public e.g. EA, SEPA, operators, and HSE.

Action 1.5 Barrie Lambert to ask Steering group to invite a representative from operators and HSE onto the subgroup.

8. Date of next meeting

The next meeting will be held in early June 2006 at the FSA, Aviation house, London.

9. Summary of Actions

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Action 1.2 David Webbe-Wood to supply the subgroup with his presentation he gave to Heysham LCLC.

Action 1.3 Andrew Craze to ask NDA stakeholder engagement team to ask SSG's at National Stakeholders Group meeting as to what information they want.

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