

Rationales and frameworks for stakeholder engagement in radiation protection (WP 1)

Methodology and First results

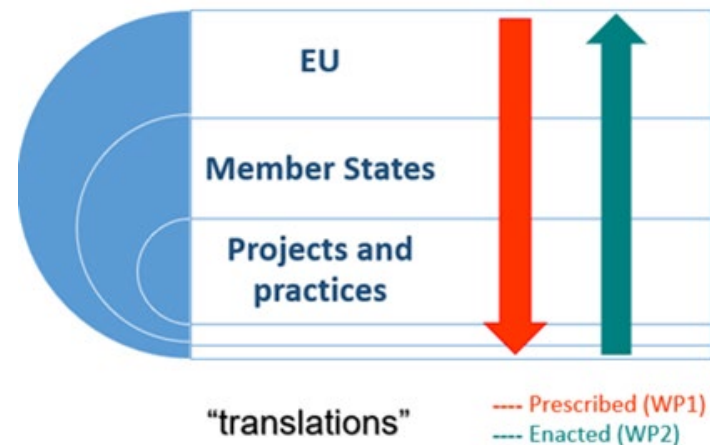
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- WP1 aims at investigating the **rationales for stakeholder engagement** in radiation protection as
 - i) formulated in EU **policy discourse** (e.g Responsible Research and Innovation)
 - ii) formulated in **legal requirements and international guidelines** related to radiation protection or related to environmental matters (EURATOM BSS and other directives, conventions (Aarhus, ESPOO,...), guidelines from ICRP, IAEA, NEA, HERCA, WHO,...;
 - iii) mobilised **by different actors at national and international level** in the radiation protection field (examples: regulatory authorities, technical RP platforms, NGOs, ...).
- **The analyses include participation** at macro-level:
 - the European and international **discourse and prescriptions for stakeholder engagement**,
 - how these prescriptions are **transposed at national level** in participating countries related to radiation protection issues,
 - the **extent of requirements** for stakeholder engagement and **the justifications** for participation.
- Based on the obtained information and analyses it will **conceptualize the frameworks in which stakeholders are engaged** in radiation protection.

- Focus of WP 1: **What are radiation protection (RP) communities being asked/expected to do?**
 - What “external” pressures, mandates, demands, and/or expectations have emerged in public venues commending the engagement of stakeholders (including wider publics) in RP?
- Mixed-method approach
 - i) **document analysis:** legal requirements and international recommendations for stakeholder engagement in radiation protection
 - ii) **interviews with relevant actors** in the participating countries and at the international level (e.g. NEA, IAEA, HERCA, Greenpeace,...).
- Deliverables
 - **overview** of requirements and provisions for all 3 fields and
 - **differences and commonalities** between different exposure contexts.

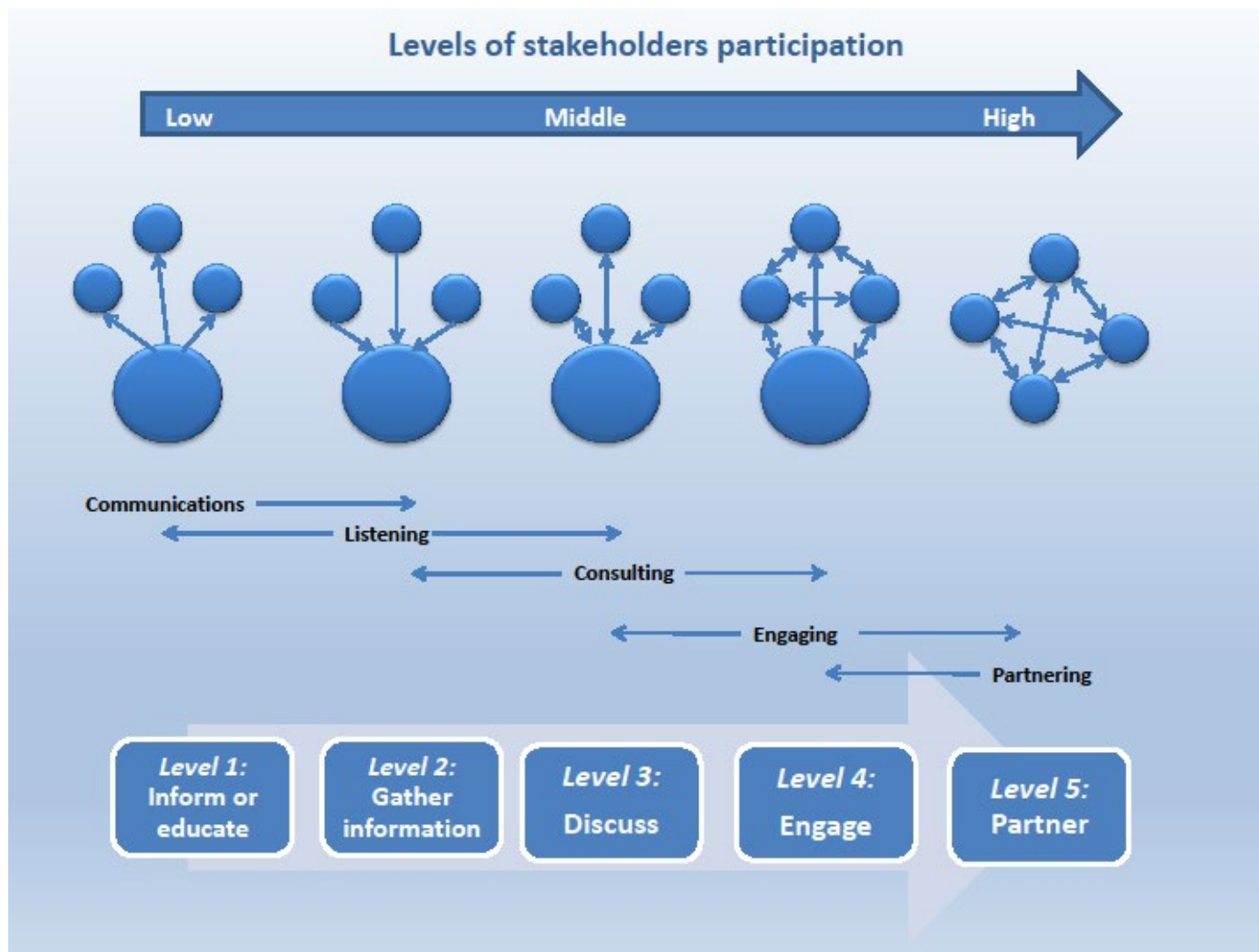


- What are radiation protection (RP) communities being asked/expected to do?
 - a) What local, regional, national or international sources **justify or prescribe stakeholder engagement and public participation in RP**? In addition to formal policies and actors, consider other formal and/or informal sources.
 - b) **Which actors (and which networks) are being summoned/expected to engage or participate in RP**, by whom, when, why and how? Are there differences between the three exposure contexts investigated?
 - c) **How do the actors define “stakeholder” and how do they understand engagement?** What are their expectations from such processes?
 - d) Can you **identify aspirations for or trends (over time) towards more or less stakeholder involvement?**
 - e) **What potential implications do these conceptions entail for RP institutes, communities, platforms, and researchers?**

- **Template for reporting:**

- **title of the document** and the institution/organisation/association which adopted it;
- **key words** – who is engaged (like ‘stakeholder’, ‘interested parties’, ‘concerned parties’, ‘engagement’, ‘involvement’, ‘participation’,...);
- **definition of ‘stakeholder’ and/or ‘stakeholder engagement’** when provided and related requirements (how the groups are interacting);
- **aspirations** for stakeholder engagement with description of the trends, contradictions and/or divergences that can be found in the document;
- **motivations** with description of the instrumental, normative and/or substantive incentive for stakeholder engagement;
- **level of stakeholder engagement** with description of models of stakeholder engagement;
- **other observations** that may be relevant.

Interaction with stakeholders and levels of influence



- **Introduction - general**
 - Socio-demographic
 - What is the role of the organisation in the field?
 - What is the role of the interviewee in the organisation?
- **TOPIC 1 Stakeholder engagement**
 - What are the situations where you encounter the need for stakeholder engagement?
 - Who is a stakeholder in each of these situations according to your organisation/institute?
 - How did you come to the definition of stakeholder?
 - Who was consulted?
- **TOPIC 2 Motivations for participation**
 - Why is stakeholder engagement needed? To what end?
 - What are the expectations?
 - What is the relationship to decision making?
 - What role do legal requirements for stakeholder engagement play?

- **TOPIC 3 Level of participation**
 - Model used?
 - Examples?
 - Success stories?
 - Challenges?
- **TOPIC 4 Arrangements or procedures for stakeholder engagement**
 - How it is organised in your organisation/institute, who is responsible for implementation, any particular additional issue: reporting, evaluation, improving)
- **Topic 5 Triggers and trends**
 - How has stakeholder engagement practiced by your organisation / institution change over time?
 - Have there been triggering events for that change?

- Analysis of directives, treaties and international guidance performed.
- National transposition of requirements and own solutions investigated.
- Some interviews with international representatives done, some still to be completed.
- Analysis of national reasoning for the solutions and understanding of needs for stakeholder engagement under preparation.

Who are the stakeholders and how are they engaged in different RP practices according to prescriptions?

- Stakeholders are mentioned only **four times in BSS directive**, in other only **members of the public**:
 - competent authority requires **records to be kept and be made available on request to all stakeholders** relating to measurements of external exposure and contamination, estimates of intakes of radionuclides, and the results of the assessment of the doses received by the representative person.
 - establish **consultation with stakeholders regarding control of exposure in contaminated areas**.
 - **involvement of stakeholders in decisions regarding the development and implementation of strategies** for managing existing exposure situations.
 - **stakeholder involvement** into the emergency management systems and emergency response plans.
- There is **no definition of stakeholder** in directives and therefore it could be used as in many other documents – so all actors.

- International Nuclear Safety Group (INSAG). 2006. Stakeholder involvement in Nuclear Issues.
 - Stakeholders are **defined as those who have a specific interest in a given issue or decision.**
 - The group **can include the general public.**
 - **Internal stakeholders** are those involved in the decision making process,
 - **External stakeholders** are most often affected by the potential outcome of the project, either directly or emotionally, and include elected representatives, authorities, organizations and individuals
- IAEA Safety Glossary, 2007. Terminology in nuclear safety and radiation protection.
 - **! The term stakeholder has disputed usages and is misleading and too all-encompassing for clear use.** In view of the potential for misunderstanding, use of the term is discouraged in favour of ‘interested parties’ or ‘concerned parties’, for example.
 - customers, owners, operators, employees, suppliers, partners, trade unions; the regulated industry or professionals; scientific bodies; governmental agencies or regulators (local, regional and national) whose responsibilities may cover nuclear energy; the media; the public (individuals, community groups and interest groups); the media; the public (individuals, community groups and interest groups); and other States (especially neighboring States).

- IAEA. 2018. GSG. Arrangements for the Termination of a Nuclear or Radiological Emergency
 - the **decision making process** will not only include emergency planners, decision makers at various governmental levels and radiation protection specialists **but will also involve consultation with the public and other interested parties**
 - Compared to the urgent response phase and, to some extent, the early response phase, the transition phase is not driven by urgency and **allows for adapting, justifying and optimizing protection strategies as the emergency evolves and for interested parties to be consulted.**
 - ensure **that interested parties are involved and are consulted**, as appropriate, **in the development of the protection strategy**. Protection strategy should cover, at least, the period from the declaration of the emergency until the termination of the emergency to support the achievement of all the goals of emergency response.
 - **Consultation with interested parties is required before the termination of the emergency** and **intended to help** increase the public trust in and the public acceptance of the decision to terminate the emergency.

- ICRP

- International Commission on Radiological Protection. 2016. ICRP Publication 126: Radiological Protection against Radon Exposure. Annals of the ICRP, 43 (3)
 - Stakeholders include **individuals who have a personal, financial, health, or legal interest in policy or recommendations that directly affect their well-being or that of their environment.**
 - In most case, the role of stakeholders is to aid and inform the decision-making process.
 - There may be situations where stakeholders have the authority and responsibility for making or recommending decisions (such as a nationally appointed board or committee).
 - **Generally, however, the operator and regulator are the decision makers, and the stakeholders are helped in the process by providing information and guidance related to decisions being made.**

- IRPA. Guiding Principles for establishing a radiation protection culture. 2014.
 - Radiation protection practitioners must be aware that **some interaction with wider stakeholders can assist in the development and application of workplace culture.**
 - Obtaining the confidence and support of stakeholders can help to develop a pride in the workplace, and hence assist in embedding an effective radiation protection culture.
 - The RP professional **should identify the main stakeholders who need to be involved** in the improvement program. Key stakeholders which should be considered (depending on context and workplace) include:
 - The workforce (at all levels) (Medical and health professionals, especially but not exclusively those who are using ionizing radiation), Senior managers and Directors, Contractors, Equipment manufacturers, vendors and suppliers, Regulators and other authorities, Functional leaders and risk managers, Patients
 - In this case, the **wider interested parties are normally all those that are involved in nuclear and radiation affairs**, including:
 - authorities of different levels, regulatory bodies, competent authorities for special fields of application of ionizing radiation, local or national politicians, news media, academics/researchers, citizens, special and public interest groups, consumer groups, other non-governmental groups, informal opinion makers.

- NEA-OECD. 2017. NEA Workshop on Stakeholder Involvement in Nuclear Decision Making. Summary Report. OECD
 - “Stakeholders are not only the ones who support your organisation and its objectives or who express confidence in what you do, but also those who are deeply sceptical, who offer critiques, constructive and otherwise, and even those who are largely indifferent, except when [organisations] receive media attention.”
 - “stakeholder” as “one who is involved in or affected by a course of action.”
 - those who live near or work in nuclear facilities
 - own or run the facilities
 - govern at the national, regional or local level
 - manufacture the components or the fuel
 - regulate the output or use of the facility
 - benefit from the use of radiological material and nuclear installations
 - and those who might be adversely affected in any way by materials or facilities
 - Stakeholders also include the media who convey information to others, and the nongovernmental organisations that represent the views of many individuals.

● Aspirations

- Engagement of stakeholders and members of the public is mainly considered as **one way communication with provision of information by the responsible institutions**. The **consultation is also mentioned related to existing exposure situations**. In the context of preparing the national action plan to address long-term risks from **radon** exposures, a **strategy for communication to increase public awareness** shall be considered.

● Motivations

- In the BSS directive the **communication with the public is basic** with some provision of information on the key topics, and in addition to some communication/consultation for the limited areas. The engagement of members of public is very basic, and not specified. **The motivation of the participation is mainly instrumental**, as it is applied to secure the end point.

● Level of stakeholder engagement

- The level of **stakeholders' engagement is mainly limited** to provision of different information for topics like estimation of doses from authorized practices (this is part of the planned exposure situations) and partly in the emergency and existing information by responsible authorities. In addition, for some activities the consultation is foreseen. For managing existing exposure situations member states shall provide as appropriate for the involvement of stakeholders in decisions regarding the development and implementation of management strategies.

● Aspirations

- The Aarhus Convention is based on the premise that greater public awareness of and involvement in environmental matters will improve environmental protection.
- Engagement of stakeholders and members of the public is considered as a basic right
- It is designed to help protect the right of every person of present and future generations to live in an environment adequate to his or her health and well-being.

● Motivations

- **The motivation of the participation is instrumental** and defined as much as possible to secure the end point (protect current and future generations), **but also normative** (“basic right”), **and substantive** (improve environmental protection).

● Level of stakeholder engagement

- **Provision of different information for environmental issues, participation of public and concerned public in decision making on environmental matter and access to justice.**
- Detailed implementation is however left to the states (governments).
- Sets the framework for the communication with provision of information on the all environmental information, also relevant to radiation. It also sets participation procedures for public concerned in case of some nuclear installations and radioactive facilities.

“The public” means one or more natural or legal persons, and, in accordance with national legislation or practice, their associations, organizations or groups;

“The public concerned” means the public affected or likely to be affected by, or having an interest in, the environmental decision-making;
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● Aspirations:

- In the BSS engagement is mainly considered as one-way communication with provision of information by the responsible institutions.
- Opening for higher level of engagement (e.g. consultation) related to existing exposure situations.
- International guidelines are proposing more interactions with citizens and incorporation of their inputs (ICRP, IAEA, OECD, WHO, also platforms).

● Motivations:

- In the BSS, the motivation of participation is mainly instrumental, e.g. “to establish arrangements”, “to establish living conditions that can be considered as normal”.
- In the Aarhus convention and guidelines from international organisations also as “basic right”, or contributing to “sustainable long term decisions”

● Level of stakeholder engagement

- In the BSS, mainly limited to provision of different information for topics like the emergency planning and response.
 - For managing existing exposure situations Member States shall “provide as appropriate for the involvement of stakeholders in decisions regarding the development and implementation of management strategies”.
- Other documents: “dialogue”, “informed decision-making”, “involvement”

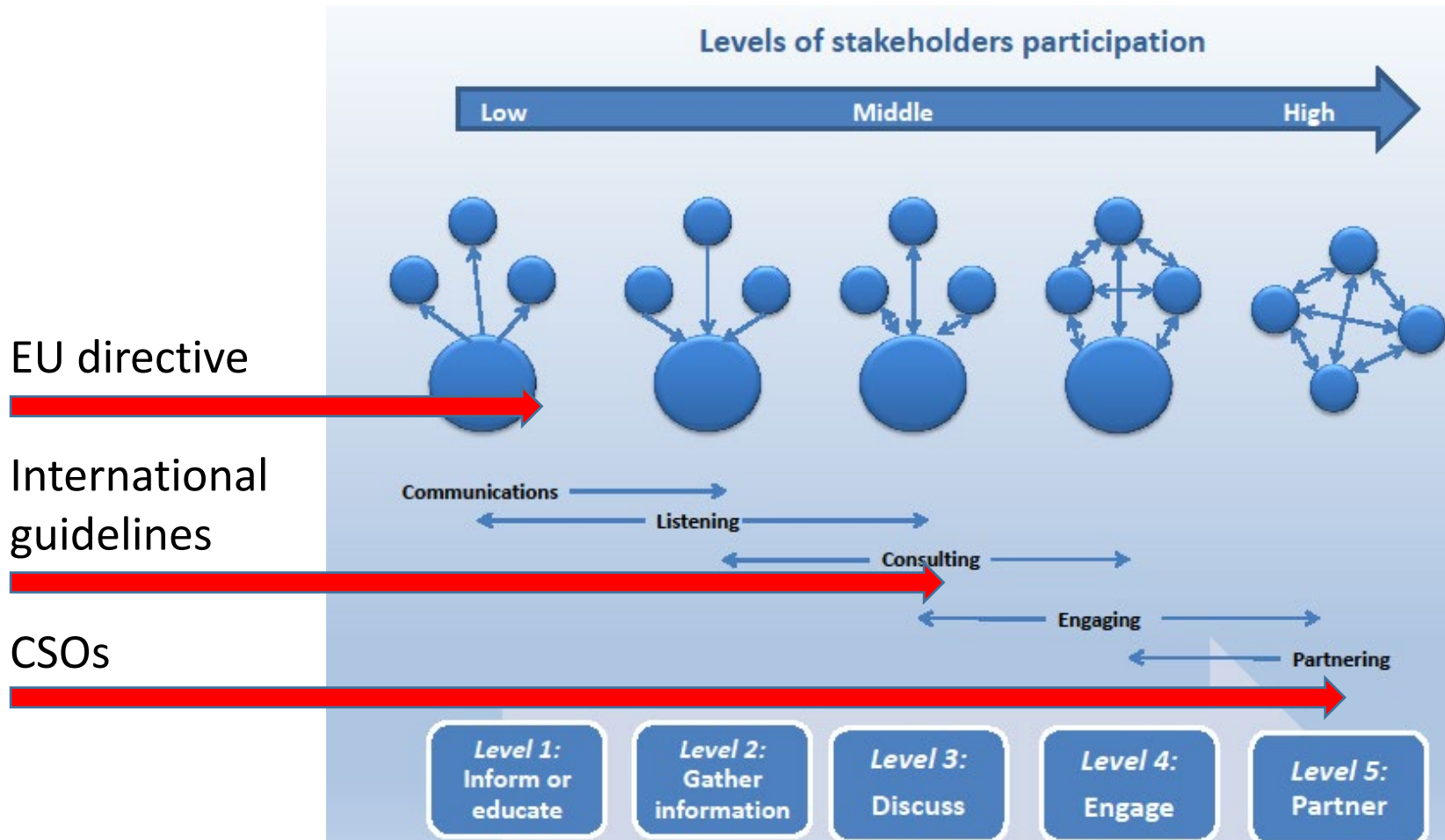
- **Aspiration:**
 - Legal requirements focus on provision of information to public, occupational exposed, relevant parties – EU BSS
 - Target groups: the public, local stakeholders, decision makers, and building professionals - IAEA 2017
- **Motivations: not expressed.**
 - Instrumental motivation for “information”: public awareness should be raised by information.
 - Mostly (assumed) instrumental or normative
- **Level of SE: mostly information**
 - Sometimes, involvement, raising self-help-ability (ICRP 126)
 - WHO 2009: Involvement, information, elaborating national action plans together.
 - EU BSS 2013: information has to be “made available”, not “to be provided” → higher level of engagement?
 - EU BSS 2013: Strategy for communication to increase public awareness and inform local decision makers, employers and employees of the risks of radon, including in relation to smoking.

Medical use of ionizing radiation: BSS directive

- **Members of the public in case they are exposed in medical treatment are excluded from public exposure.**
- There is a special "**clinical responsibility**" which means **responsibility of a practitioner** (medical doctor, dentist or other health professional) **for individual medical exposures**, in particular, **justification; optimisation**; clinical evaluation of the outcome; cooperation with other specialists and staff, as appropriate, regarding practical aspects of medical radiological procedures; **obtaining information, if appropriate, on previous examinations; providing existing medical radiological information and/or records to other practitioners and/or the referrer**, as required; and **giving information on the risk of ionising radiation to patients and other individuals involved**, as appropriate.
- Also **carers and comforters** are defined as individuals knowingly and willingly incurring an exposure to ionising radiation by helping, other than as part of their occupation, in the support and **comfort of individuals undergoing or having undergone medical exposure**.
- Doses for patients due to medical exposures are not limited (but ALARA principle should apply), dose constraints shall be established for the exposure of carers and comforters.
- In the case of a **patient undergoing treatment or diagnosis with radionuclides**, the **practitioner shall provide the patient or their representative with information on the risks of ionising radiation and appropriate instructions with a view to restricting doses to persons in contact with the patient as far as reasonably achievable**.
- For therapeutic procedures these **shall be written instructions**. These instructions shall be handed out before leaving the hospital or clinic or a similar institution.

- The Bonn Call for Action: **Joint Position Statement by the IAEA and WHO** seeks to **foster coordinated work** to address issues arising in **radiation protection in medicine**. The 2012 conference aimed to:
 1. strengthen the radiation protection of patients and health workers overall;
 2. attain the highest benefit with the least possible risk to all patients by the safe and appropriate use of ionizing radiation in medicine;
 3. aid the full integration of radiation protection into health care systems;
 4. help improve the benefit/risk-dialogue with patients and the public;
 5. enhance the safety and quality of radiological procedures in medicine.
- An important outcome of the conference was **the identification of responsibilities and a proposal for priorities for stakeholders regarding radiation protection in medicine for the next decade.**

Current framework



- The results of analyses suggest that the **legal requirements for stakeholder engagement 3 fields are mainly basic** and assure provision of information from responsible to the relevant stakeholders.
 - The motivation for participation is **primarily instrumental**, applied to secure the end points, with some evidences to be also normative, e.g. “it is the right thing to do”, it responds to a certain principle.
 - The level of participation is **mainly provision of information**, participation is not really prescribed for any of field, but it is suggested in some specific cases (emergency recovery, radon national plan, ...) “as appropriate”
- **Other documents**, which are not part of the legal framework, like recommendations and guidelines of international organisations or associations, **address stakeholder engagement broader and provide evidences that it is important to maximize the interactions** with different groups of stakeholders.

Thank you for your attention!

Questions?

