Radiation Regulations 2017 Sunset Review

Discussion Paper

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VICTORIA State Government | Department of Health

Radiation Regulations 2017 Sunset Review

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1. Introduction

1.1 Purpose

1. This paper is designed to generate discussion and feedback on the current regulatory framework and landscape for radiation safety in Victoria. It does this by setting out the current regulatory requirements, identified issues or opportunities and potential areas for reform. Your response to consultation questions will shape policy, Regulations and an associated Regulatory Impact Statement (RIS) that will be subject to public consultation via the Victorian Government's online consultation platform, Engage Victoria.
2. The potential areas for reform identified in this paper are not an exhaustive list of changes being considered and do not reflect endorsed government policy, with feedback generated used to shape reforms. Minor and technical changes that are aimed at improving readability of the Regulations or are not expected to have a substantive impact are not included in this paper.

1.2 Background

3. The *Radiation Act 2005* (the Act) and the Radiation Regulations 2017 (the Regulations) regulate the use of radiation to protect people and the environment from its harmful effects, by licensing users of radiation sources and managers of radiation practices.
4. Regulations under the Act were most recently reviewed and re-made in full in 2017. In accordance with the *Subordinate Legislation Act 1994*, the Regulations will expire (or 'sunset') on 8 August 2027.
5. The objectives of the current Regulations are to prescribe:

- the activity concentration and activity of material that spontaneously emits ionising radiation the prescribed circumstances for the purposes of the definition of radioactive material
- radiation dose limits
- radiation sources that require a current certificate of compliance prior to use of the source
- the date of expiry for certificates of compliance issued in respect of prescribed radiation sources
- Fees, and
- other matters required to give effect to the Act.

6. The current regulations can be downloaded via Radiation Regulations 2017 | legislation.vic.gov.au

1.3 National Radiation Landscape

7. The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) is the Australian Government's primary authority on radiation protection and nuclear safety. ARPANSA assists in the development and publication of the National Directory for Radiation Protection (NDRP). The NDRP is the national framework for radiation protection in Australia and the Victorian Government has committed to adopt relevant provisions from the NDRP and incorporate current ARPANSA Codes and Standards.
8. A number of the potential areas for reform in this paper consider the incorporation of requirements of the NDRP and ARPANSA Codes and Standards into the regulations to improve clarity and transparency.

1.4 Scope of this review

9. This review will examine the current regulations and their effectiveness, and other matters that are set out within the scope of the regulation-making powers provided by the Act, specifically in section 139. Regulation-making powers cover:

- radiation safety standards and limits
- management and control of radiation sources
- radiation facilities and equipment
- monitoring and protection of people
- testing, maintenance and certification regimes
- radiation incidents and emergency response measures
- governance and workforce roles
- information, record-keeping and reporting requirements, and
- regulatory administration and enforcement mechanisms

10. This review is intended to ensure the Regulations are:

- effective in addressing the underlying causes of harm
- cost effective
- proportionate to the harm and risk to the community, and
- appropriately administered and implemented.

11. This will ensure the new Regulations meet the requirements under the *Subordinate Legislation Act 1994* and are informed by the Victorian Guide to Regulation.

12. The implementation of any reforms will be examined in significant detail when considering changes. As such, broader reforms may be outside the remit of this review and may be deferred for future consideration. Reforms that require amendments to the Act are not within scope of this review; feedback received relating to Act reforms will be recorded for consideration for future legislative review.

1.5 How to make a submission

13. Your input is sought on the issues explored in this paper, as well as general feedback on the Regulations. To support your submission, evidence such as deidentified quantitative and qualitative data including case studies and examples are appreciated where practicable.

You may also wish to address the following general questions in your response:

- What works well in the Regulations?
- What does not work well in the Regulations?
- If the Regulations reflected best practice, how would we know?
- What is the ONE thing that would make the biggest improvement to the current Regulations?

14. Submissions can be sent by email to Legislation and Regulation Reform legandregreform@health.vic.gov.au

15. Should you wish to arrange a meeting with the team to discuss anything in more detail, please contact Cameron Haig cameron.haig@health.vic.gov.au

16. Submissions are due by **Friday 22 May 2026.** The team may contact you for further discussion following the receipt of your submission.

2. Opportunities

2.1 Prescribing Cyclotrons and Linear Accelerators as Radiation Facilities

The department is considering whether the Regulations should treat Cyclotrons and Linear Accelerators as radiation facilities. This could mean that a facility construction licence could be required before building new premises for these machines or making major changes to existing buildings. The regulator would be allowed to check design plans early—including shielding details, building layouts and safety features—to make sure all necessary protections and compliance requirements are included from the start.

17. Cyclotrons and Linear Accelerators (linacs) are high-energy radiation installations with complex shielding and engineering requirements. Under the current Regulations, these facilities are not prescribed for the purposes of requiring a facility construction licence. As a result, the department often becomes involved after construction, when the opportunity to address design flaws has passed.
18. The current regulatory framework generally introduces oversight only at the commissioning stage, allowing facilities to be built without adequate shielding, designated controlled areas or engineered barriers. This may raise risks associated with high-energy radiation that may be difficult to address after construction. Consequently, licence holders may face unexpected costs, operational delays and periods of downtime while remediation occurs. The review will consider the extent to which the Regulations can and do adopt contemporary risk management standards and best-practice expectations for high-energy radiation infrastructure.
19. Implementing regulatory assessment during the design phase could enable radiation safety measures to be incorporated from the outset. Early review of shielding, bunker configuration, interlock systems, controlled areas and engineering pathways could help ensure compliance with radiation protection requirements before construction begins. This proactive approach could minimise the risk of non-compliant builds by catching issues—such as inadequate shielding or design errors—before they escalate into costly problems during commissioning.
20. By preventing the need for post-construction remediation, which often involves extensive demolition or re-routing of critical services, early regulatory engagement may help keep projects on schedule and within budget. Clear expectations at the design stage could also facilitate smoother construction and commissioning processes, improving coordination with equipment procurement.
21. Addressing design issues early may enhance the overall efficiency of regulatory engagement, reducing protracted exchanges at the commissioning stage. Prescribing these facilities would also bring Victoria into alignment with national and international approaches for high-energy radiation installations, recognising their higher risk profile.
22. A preventative regulatory model offers confidence that complex radiation facilities are designed and constructed to best-practice standards, strengthening safety for the public and workforce. Over time, this approach could foster a consistent and robust infrastructure base across Victoria's radiation sector, reducing quality variation and supporting long-term compliance.

Consultation questions: Prescribing Cyclotrons and Linear Accelerators as Radiation Facilities

- Would you support prescribing cyclotrons and linear accelerators as radiation facilities? Why or why not?
- Are there specific challenges or considerations the department should be aware of regarding the design documentation or timeframes?
- Should any other high-risk facility types be prescribed?

2.2 Prescribing the Code for Radiation Protection in Planned Exposure Situations (2020), RPS C-1 (including radiation dose limits)

The department is considering prescribing the ARPANSA Code for Radiation Protection in Planned Exposure Situations (2020), RPS C1 (RPS C1), including regulating radiation dose-limits. Through prescribing RPS C1 in the Regulations, Victoria could align its dose limit framework with the current national position, enabling improved clarity and certainty for regulated entities, and better support the application of other ARPANSA codes and standards that rely on RPS C1 as their foundational reference point.

23. Radiation dose limits are one of the core mechanisms for protecting workers, patients and the public from the potential harms associated with ionising radiation. In Victoria, these limits are currently established through Regulation 11 and Schedule 4 of the Radiation Regulations, which define maximum permissible effective and equivalent doses for occupationally exposed persons, apprentices and students, and members of the public. These settings underpin all radiation safety decisions, including facility design, operational controls, personal monitoring, and enforcement.

24. The current Victorian dose limit settings draw from older national guidance and do not fully reflect the contemporary national benchmark established in RPS C1. RPS C1 has become the national standard used across Australian jurisdictions to regulate planned exposure situations—those in which exposures can be anticipated and controlled in advance. It provides a coherent and modern framework for dose limits, dose constraints, optimisation, worker categorisation and justification.

25. RPS C-1 reflects Australia's contemporary national approach to planned exposure situations, drawing on current scientific evidence and international best practice. If prescribed into Regulations, RPS C-1 could enable Victoria's regulatory framework to be modern, protective and aligned with other jurisdictions, providing consistency for organisations that operate across state borders.

26. Under the existing Victorian Regulations, duty holders must navigate Schedule 4 alongside national guidance and various ARPANSA documents when determining dose limit requirements. This may create ambiguity where terminology, dose categories or operational expectations differ. Prescribing RPS C-1 directly could provide a single authoritative source, ensure consistent terminology for occupational and public exposures, clarify the interaction between dose limits, constraints and optimisation, and streamline compliance and inspection activities.

27. Updated sector-specific ARPANSA codes rely on the RPS C1 framework for core concepts such as worker categorisation and optimisation of exposure. Without adopting RPS C1, Victoria cannot apply these updated national codes seamlessly. Integrating RPS C1 could therefore futureproof Victoria's framework and support consistent national implementation.
28. RPS C1 also introduces explicit protections for 16- and 17-year-old workers engaged in supervised training or early career roles—an area not currently addressed in the Victorian Regulations. Updating the Regulations to reflect these provisions could address this gap and provide appropriate safeguards for younger workers.
29. Clear, contemporary dose limit settings are essential for effective compliance monitoring and enforcement. Prescribing RPS C1 could ensure inspectors and decisionmakers have up-to-date benchmarks to support proportionate regulatory action and maintain exposures within acceptable limits.
30. While implementation may require some short-term adjustment for duty holders, the longer-term benefits could include reduced reliance on Victorian-specific guidance, fewer inconsistencies between Victorian and national standards, clearer regulatory expectations, and a more efficient regulatory environment for organisations operating across multiple jurisdictions.
31. The current Regulations prescribe dose limits directly within Schedule 4. While functional, this approach does not provide the flexibility or clarity offered by RPS C1, nor does it address newer national provisions such as those relating to younger workers. As a result, Victoria's dose limit framework is becoming increasingly misaligned with contemporary practice and with the standards used in other jurisdictions.

2.2.1 Regulatory landscape across Australia

32. Across Australia, state and territory radiation regulators are progressively adopting the most recent ARPANSA Radiation Protection Series instruments, including RPS C-1. RPS C-1 has become the nationally recognised foundation for managing planned exposure situations and is central to the modern national approach to radiation protection.
33. Most jurisdictions either already reference RPS C1 within their regulatory frameworks or are in the process of updating their legislation and supporting instruments to do so. This shift reflects a shared commitment to maintaining consistent dose limit settings, applying coherent risk management principles, and ensuring that regulatory expectations are uniform regardless of geographic location. This also supports national consistency in the application of other ARPANSA Radiation Protection Series codes, many of which rely on RPS C1 for essential concepts.
34. RPS C1 provides a comprehensive set of requirements for managing planned exposure situations, including the structure of occupational exposure categories and special considerations for 16- and 17-year-old workers who may undertake supervised training or early-career activities in radiation environments. These provisions ensure that younger workers receive appropriate protection while enabling structured participation in training programs that require potential exposure to radiation.
35. For duty holders operating across multiple jurisdictions, alignment with RPS C1 creates a more predictable regulatory environment, reduces duplication, and supports consistent safety practices nationwide. For Victoria, prescribing RPS C1 within the Regulations could provide compatibility with regulatory settings used in other states and territories, help maintain consistency with national radiation protection objectives, and strengthen the State's ability to

adopt sector-specific ARPANSA codes without requiring additional Victorian-specific adjustments.

Consultation questions: Prescribing the Code for Radiation Protection in Planned Exposure Situations (2020), RPS C-1

- Would you support prescribing RPS C-1? Why or why not?
- Should the Regulations retain dose limits directly, or refer wholly to the Code as the authoritative source?

2.3 Prescribed Radiation Sources for Human Diagnostic Purposes (including Certificates of Compliance)

Under the Act, prescribed radiation sources used for human diagnostic purposes must not be operated without a current certificate of compliance. Existing requirements originate from Regulations 12 and 13 and are specified in Schedules 5 and 6 of the Regulations, which specific classes of medical diagnostic X-ray equipment and the duration of associated certificates. These arrangements were intended to align certificate duration with the relative risk and reliability of each equipment type, with high-risk modalities receiving shorter certificate validity periods.

36. The sunset review provides an opportunity to reassess whether the list of prescribed diagnostic sources and their associated certificate durations remain appropriate considering changes in technology, clinical practice and jurisdictional efforts to harmonise regulatory settings.

37. The department is considering prescribing Cone-Beam CT (CBCT) Units and Dual-energy X-ray Absorptiometry Apparatus (DXA) as radiation sources for human diagnostic purposes.

Consultation questions: Prescribed Radiation Sources for Human Diagnostic Purposes (including Certificates of Compliance)

- Are there any additional considerations or emerging diagnostic imaging technologies that should be examined as part of the review of prescribed radiation sources?
- Do the current ‘Certificate of Compliance’ requirements appropriately reflect the risks, reliability and use-patterns of different diagnostic imaging modalities?

2.3.1 Prescribing Cone-Beam CT (CBCT) Units as a radiation source

38. Cone-Beam Computed Tomography (CBCT) is a three-dimensional imaging modality widely used in dental, orthodontic, maxillofacial, and implant planning applications. Unlike conventional two-dimensional dental radiography, CBCT provides volumetric reconstruction that enables detailed anatomical assessment, particularly of dentoalveolar structures. Its adoption has increased steadily across Victorian dental practices in recent years, driven by improvements in image quality and shorter acquisition times.

39. CBCT systems are increasingly used across dental, orthodontic and maxillofacial imaging. Their radiation dose profile is higher than conventional dental radiography but lower than medical CT imaging.

40. While the modality includes the term “CT,” CBCT is not classified as a CT scanner under Victorian regulatory settings or under most Australian jurisdictional frameworks. The reasons relate to technical, clinical, and regulatory distinctions.

41. CBCT is a three-dimensional dental imaging modality with a radiation profile and technical architecture distinct from medical CT scanners. These differences — in beam geometry, detector systems, clinical scope and risk — are the primary reasons CBCT is **not considered a CT unit for regulatory purposes**.
42. Although CBCT units present a relatively low inherent radiation hazard compared with medical CT, their increase in uptake across dental and specialist practices has materially increased the population-level risk associated with inconsistent use and variable compliance expectations. Prescribing CBCT as a radiation source could provide clearer regulatory controls, strengthen safety requirements, and better manage the growing risk emerging from widespread uptake.
43. Given their growth in use and associated higher radiation dose risk compared to conventional dental radiography, several jurisdictions have reviewed or enhanced regulatory management of CBCT.
44. In Victoria, CBCT units are currently regulated as dental X-ray apparatus unless classified otherwise. The question for this review is whether CBCT should instead be explicitly prescribed in the Regulations as a radiation source used for human diagnostic purposes, consistent with the approach already applied to CT scanners.
45. South Australia has introduced a dedicated compliance standard for dental CBCT and moved to cyclic testing every five years from 2026. Other jurisdictions acknowledge CBCT as a higher-risk modality requiring specific clinical justification controls. Consistent prescription in Victoria could provide clarity, ensure uniform application of safety requirements and support improved oversight of a modality where non-compliance has previously been detected (sealing of CBCT units[1]).

Certificate of Compliance requirements

46. As a prescribed radiation source, consideration of an appropriate ‘Certificate of Compliance’ duration for CBCT units would be required.
47. Options available to maintain consistency with current Certificate of Compliance frequency include:

- **Annual (1-year) certificates** – typically applied to equipment with high radiation output, documented compliance issues or increased likelihood of equipment safety degradation
- **Biennial or multi-year certificates** – reserved for equipment with strong reliability evidence and lower associated risk.

48. With CBCT’s intermediate dose profile, South Australia’s shift to five-year testing cycles for dental modalities from 2026 and documented compliance concerns in Victoria relating to CBCT licensing and possession, a **2-year certificate of compliance** may offer an appropriate balance between risk management, regulatory burden and national consistency.

Consultation questions: Prescribed Radiation Sources for Human Diagnostic Purposes (including Certificates of Compliance) – CBCT Units

- Do you support prescribing CBCT Units as a radiation source for human diagnostic purposes? Why or why not?
- What Certificate of Compliance duration is most appropriate for CBCT units (e.g. 1-year, 2-year, 5-year)?

[1] https://www.health.vic.gov.au/sites/default/files/2025-10/radiation-act-2005-annual-report-2024-2025.pdf

2.3.2 Prescribing X-ray Absorptiometry Apparatus (DXA) as a radiation source

49. Dual-energy X-ray absorptiometry (DXA) is a diagnostic imaging modality used to quantify bone mineral density and, increasingly, to assess body composition. DXA operates using two low-energy X-ray beams to differentiate between bone, lean tissue and adipose tissue. Its radiation doses are significantly lower than those associated with CT or fluoroscopy, and it is considered a low-risk modality when used within clinical guidelines.

50. Within Victoria, DXA has historically been regulated through broad medical imaging licensing requirements rather than as a prescribed radiation source requiring periodic compliance testing. However, its expanding use — particularly for nonclinical or quasi-clinical body composition assessments — has brought increased regulatory attention.

51. Inspection programs in recent years have focused on ensuring DXA examinations are clinically justified and appropriately authorised for body composition assessment. These programs were introduced in response to evidence that DXA was sometimes being used without clear clinical indication, resulting in unnecessary radiation exposure.[2]

52. Further, DXA practices formed part of a broader compliance monitoring agenda across medical diagnostic radiation activities in 2024–25,[3] with oversight directed at appropriate approval processes and adherence to regulatory obligations under the Radiation Act.

53. DXA is also included in the scope of the department's medical radiation oversight functions alongside CT, radiopharmacy and nuclear medicine, reflecting its status as an established modality requiring proportionate regulation.

54. DXA uses low radiation, but its growing use — particularly for body composition scans without a clear clinical need — has led to avoidable radiation exposure in Victoria.

Certificate of Compliance requirements

55. Due to their lower radiation risk profile, absence of widespread safety concerns requiring more frequent inspections and other jurisdictional practices for lower-risk modalities (e.g. SA's five-year testing cycle for dental apparatus) a **5-year certificate of compliance** for Dual-energy X-ray absorptiometry apparatus may be considered as reasonable and proportionate.

Consultation questions: Prescribed Radiation Sources for Human Diagnostic Purposes (including Certificates of Compliance) – DXA apparatus

- Do you support prescribing DXA apparatus as a radiation source for human diagnostic purposes? Why or why not?
- What Certificate of Compliance duration is most appropriate for a DXA apparatus (e.g. 2-year, 5-year)?

[2] https://www.health.vic.gov.au/sites/default/files/2023-11/radiation-act-2005-annual-report-financial-year-ending-30-june-2023_1.pdf

[3] https://www.health.vic.gov.au/sites/default/files/2025-10/radiation-act-2005-annual-report-2024-2025.pdf

2.4 Introduce an Approval framework for Personal Radiation Monitoring Service Providers

This section examines whether Victoria could introduce an approval framework for personal radiation monitoring service providers, and invites stakeholder input on the benefits, risks and practicalities of implementing such a framework.

Personal radiation monitoring is essential to ensuring that workers who use, handle or may be exposed to ionising radiation remain protected from avoidable harm. Monitoring service providers supply, process and analyse personal dosimeters to measure occupational exposure, enabling duty holders to comply with requirements in the Act and national guidance.

56. The *Radiation Protection Series S3: Requirements for Personal Radiation Monitoring Services* (ARPANSA RPS S3) sets nationally consistent performance, quality assurance and recordkeeping standards for monitoring services. While several Australian jurisdictions approve or regulate monitoring service providers, Victoria currently does not. Providers are not required to obtain approval, nor are they required to notify the department of abnormal, unexpected or high-dose readings.

57. This regulatory gap limits the Health Regulator's visibility of emerging statewide risks, constrains system-level oversight of occupational exposure trends and creates variability in service quality. Stakeholders have advised that, while some service providers voluntarily notify the department of high-dose results, this is not universal and may not be timely or consistent.

58. High dose reports are a great source of information regarding the potential for staff exceeding dose limits, evidence of practices not optimising doses and/or staff being involved in radiation incidents. Currently, two of the three major Personal Radiation Monitoring Service (PRMS) providers appear to voluntarily report high dose reports to the department.

59. A Victorian approval framework could require service providers operating in Victoria to be formally approved by the Health Regulator before supplying personal radiation monitoring services. Considerations for an approval framework can be found at **Appendix 1.**

60. Introducing an approval framework may:

- strengthen worker protection through improved accuracy, consistency and reliability of dose assessments
- enhance regulatory visibility by ensuring mandatory reporting of abnormal doses and data anomalies
- improve statewide consistency in monitoring practices
- align Victoria with national best practice
- support early detection of unsafe practices through quality assurance and intercomparison participation, and
- increase confidence among workers, health services and the broader sector.

61. Potential drawbacks may include:

- compliance costs for monitoring service providers, including quality-assurance, reporting and performance testing
- increased administrative responsibilities for the Health Regulator
- transition costs for duty holders required to change or verify providers, and

- need for clear guidance to ensure providers understand approval requirements and expectations.

2.4.1 Regulatory landscape across Australia

Jurisdictions with explicit approval or registration requirements

62. Across Australia, a number of jurisdictions impose approval or quality assurance requirements on personal radiation monitoring service providers:

- **Commonwealth (ARPANSA)** accredits monitoring services for Commonwealth entities and conducts audits consistent with RPS S-3.
- **New South Wales** requires service providers to be approved by the NSW Environmental Protection Authority,[4] with mandatory participation in intercomparison programs.
- **Queensland** requires monitoring services to comply with technical and quality requirements under the *Radiation Safety Act 1999*.
- **Western Australia** requires approval from the Radiological Council[5] and adherence to performance and calibration standards aligned with RPS S-3.

These schemes promote consistent performance and regulatory oversight.

Jurisdictions without approval schemes

63. Victoria, South Australia, Tasmania, the Northern Territory and the ACT do not currently require registration or approval of personal radiation monitoring services. Employers in these jurisdictions are responsible for selecting providers, without a regulated assurance of provider competence or compliance with RPS S-3.

Consultation questions: Approval framework for Personal Radiation Monitoring Service Providers

- Do you support prescribing an approval framework for Personal Radiation Monitoring Service Providers? Why or why not?

[4] Personal radiation monitoring | EPA

[5] Radiological Council - Common Requirements for Registrations, Microsoft Word - PRMS_requirements Dec 2025

Appendix 1: Personal Monitoring Service Provider Approval Framework

A Victorian approval framework could require service providers operating in Victoria to be formally approved by the Health Regulator before supplying personal radiation monitoring services. These are some of the aspects being considered:

Scope and standards

Regulations may specify:

- the types of monitoring services requiring approval (e.g. thermoluminescent dosimeter (TLD), optically stimulated luminescence (OSL) and electronic dosimeter services)
- mandatory compliance with ARPANSA RPS S-3
- quality assurance, calibration and performance testing requirements
- secure recordkeeping and data-protection standards
- reporting obligations, including abnormal-dose notifications and device anomalies, and
- requirements for participation in national or international intercomparison programs.

Approval and renewal processes

The framework may include:

- application requirements and technical assessments
- initial approval for a defined period (e.g. three to five years)
- renewal based on evidence of ongoing compliance
- the ability to impose conditions, including risk-based or technology-specific requirements, and
- mechanisms for suspension or cancellation of approval if safety or performance concerns arise.

Mutual-recognition pathways

To reduce duplication and regulatory burden, Victoria may recognise:

- ARPANSA accreditation
- approvals from other Australian jurisdictions, and
- relevant accreditation schemes endorsed nationally for RPS S-3 implementation

This would streamline compliance for national providers while enabling Victorian-specific conditions (e.g. reporting obligations)

Transitional arrangements

Implementation may include:

- a staged commencement period
- guidance materials and technical expectations
- communication to radiation practices outlining procurement implications, and
- support for smaller duty holders and smaller providers.

Appendix 3: Collated consultation questions

2.1 Prescribing Cyclotrons and Linear Accelerators as Radiation Facilities

- Would you support prescribing cyclotrons and linear accelerators as radiation facilities? Why or why not?
- Are there specific challenges or considerations the department should be aware of regarding the design documentation or timeframes?
- Should any other high-risk facility types be prescribed?

2.2 Prescribing the Code for Radiation Protection in Planned Exposure Situations (2020), RPS C-1

- Would you support prescribing RPS C-1? Why or why not?
- Should the Regulations retain dose limits directly, or refer wholly to the Code as the authoritative source?

2.3 Prescribed Radiation Sources for Human Diagnostic Purposes (including Certificates of Compliance)

- Are there any additional considerations or emerging diagnostic imaging technologies that should be examined as part of the review of prescribed radiation sources?
- Do the current 'Certificate of Compliance' requirements appropriately reflect the risks, reliability and use-patterns of different diagnostic imaging modalities?

2.3.1 Prescribed Radiation Sources for Human Diagnostic Purposes (including Certificates of Compliance) – CBCT Units

- Do you support prescribing CBCT Units as a radiation source for human diagnostic purposes? Why or why not?
- What Certificate of Compliance duration is most appropriate for CBCT units (e.g. 1-year, 2-year, 5-year)?

2.3.2 Prescribed Radiation Sources for Human Diagnostic Purposes (including Certificates of Compliance) – DXA apparatus

- Do you support prescribing DXA apparatus as a radiation source for human diagnostic purposes? Why or why not?
- What Certificate of Compliance duration is most appropriate for a DXA apparatus (e.g. 2-year, 5-year)?

2.4 Approval framework for Personal Radiation Monitoring Service Providers

- Do you support prescribing an approval framework for Personal Radiation Monitoring Service Providers? Why or why not?