

# **HARMONISATION OF RISK BASED REGULATORY CONTROL REGIMES**

by

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## **INTRODUCTION**

Harmonisation appears at first sight an easy concept but it is not always clear why harmonisation is needed, what form it might take and how it might be achieved. Indeed the underpinning principles of the European Union recognise subsidiarity – that is the need to place legislative action at the right level. Not everything needs legislation at the community level, nor necessarily at the member state level.

Harmonisation of risk based regulatory control has to be looked at in a similar critical way. What are the drivers for harmonisation? What do we mean by harmonisation and what forms might it take? I will draw particularly on UK experience.

This presentation is not about the control of nuclear risk: that is not my field of expertise. It is about broad approaches to health and safety risks with some cross-references to other fields of risk such as food safety or environmental risk.

## **HARMONISATION**

So what do we mean by harmonisation. Let me give my interpretation. Many years ago, I worked in Brussels and part of my portfolio of responsibilities was work on removing technical barriers to trade – in other words product specifications put in place

for technical reasons (often in fact for safety purposes) which in effect readily become barriers to products from other countries entering that country. Some were undoubtedly necessary but there was a strong suspicion that some were aimed more at protecting domestic products. The need was to determine at the European level which were essential, how tightly the specification might be drawn and what flexibility might be allowed. The aim was to allow and indeed promote free trade within Europe of safe products. As an example of the absurdity of some of the barriers, my own case of importing a car from the UK to Belgium was a case in point; it was almost refused homologation because it has rivets in the wrong place holding the number plate on. The Belgian and British versions of the same car – everything else the same - had rivets in different places. I got the car registered but only after considerable time, anger and frustration.

The essential aspect of harmonisation is that it is not about everything being the same. Again going back to my Brussels experience, I still remember a colleague saying to me that when orchestras are playing in harmony, that did not necessarily mean they were all playing the same note. Harmony could and does involve different notes – but in a cohesive and structured ie harmonised approach. I think we do well to bear that in mind. As I see it harmonisation is about consistency rather than uniformity.

I intend to take that interpretation of harmonisation as the basis for this presentation. It will be about cohesive, consistent and structured approaches to the control of risks. And in particular it will be about a harmonised approach across risk groups, as much as within such groups.

## **DRIVERS FOR HARMONISATION**

National or international authorities find themselves pursuing harmonisation in various forms for a variety of reasons. I want to look at some of the key drivers for this.

The primary reason for health and safety controls – as, for example for those on food safety – is obviously to protect people. That is all relatively easy to say – and to set out general overarching principles. The challenges begin – as ever – when we start to look at the detail.

At the EU and indeed national level, the preference is if possible for the law to set goals rather than more prescriptive rules. The Framework Directive requires

employers to protect the health and safety of their workers; it requires them to do risk assessments and to put controls in place. But it avoids going into great detail; and it certainly says nothing about the practical level of protection that should be afforded to people – or if you prefer, the level of risk to which they can be exposed. Nor does it say anything about the consequences of controlling risks.

For those and other reasons, a whole range of other drivers can come into play which influence how risks are, or should be, controlled. The main drivers are:

- Comparability of risks – how far should regulatory systems go to ensure similar levels of protection for individuals across different types of risk?
- Risk trade offs and risk transfer. Risks do not exist in isolation. Action in one area can change things elsewhere. How does the risk management framework handle those?
- The use of a precautionary approach (or even the precautionary principle). Is there sufficient of a common approach and understanding to avoid distortion?
- The form of regulatory control and the extent to which it places an unproductive burden on businesses. Differential regimes can distort business; and the management of risks.
- The impact on other policies – and
- Judicial review and other challenges.

I want to look at some of these.

## **COMPARABILITY OF RISKS**

Much as the overall aim of health and safety law and practice is to protect people, it is a fact of life that some activities are inherently more risky than others; and it is frequently difficult to objectively compare the risks involved in two disparate activities. There are English expressions about comparing “apples and pears” or “chalk and cheese” – in other words, there cannot be a strict comparison.

So we cannot readily compare the risk of, say, erecting the steel structure of a new high rise building with the risk of, say, exposure to a new chemical – or even to many existing chemicals. We have considerable human data on the risks in the construction

industry; we have little or no human data on new chemicals or, indeed, on many existing chemicals, although we may have animal toxicological data (but that raises other considerations including how much of a precautionary approach is needed in translating that data into findings relevant to humans).

Yet there is an inherent belief in society that workers and others should not unwittingly be exposed to significantly different levels of risk. So how do we harmonise our approaches – in other words, how do we get a degree of coherence of approach. One answer is to have a framework which puts our approaches to different risks into some cohesive structure that allows some comparability. I will expand on this later.

## **RISK TRADE OFFS**

Risks are not controlled in isolation – you all know this. Actions in one area can have consequences. Activities are undertaken for a purpose; they provide some form of economic or social good. Prevent or change an activity because a risk needs to be controlled and people may well then choose an alternative activity and that can present or generate different risks.

Railway safety is a case in point – and can generate a range of very pertinent examples:

- Improving rail safety requires investment and investment has to be paid for. This may raise rail fares; EU competition rules may prevent such investment being paid for from taxes. For some people those increased fares may tip the balance between the cost and convenience of rail travel and the cost and convenience of travelling by car; more people may move onto the road. Road travel by car is riskier than rail travel – so promoting rail safety could make rail travel safer but paradoxically could increase travelling risks to the public as a whole.
- We faced a similar dilemma with rail over plans to introduce the first version (Level 1) of the European Rail Traffic Management System (ERTMS). The first version could be installed over the next few years; an improved version would be available in around 10 years time. There were a range of issues around whether to install the first version or to wait for the second, one of which is an important safety consideration. The form of automated braking in the first version would improve

safety but at the price of reducing capacity on the lines. Fewer trains could be run and that would lead to overcrowding on key routes. That, it is believed, would move people from rail onto the roads and collectively would increase the risk to the travelling public. This is a complicated issue to which this summary does not do justice. But it illustrates how safety considerations in one area can increase risk in a broader context. And it raises further questions about how broadly the scope should be set for consideration of trade-offs of different kinds of costs and benefits (eg safety vs convenience).

- A separate example comes from the field of chemicals. In the late 80's and early 90's, the Montreal Protocol on the control of ozone depleting chemicals came into force. One chemical that had to be phased out was trichloroethane which had extensive use as a degreasing agent. The most obvious replacement was 1-1-1 trichloroethylene which was an effective degreasing agent but was then a suspected carcinogen (now confirmed). The need, with hindsight, is to have a better framework to allow early identification of (undesirable) consequentials to enable these to be tackled before they become a problem

So risk control options can pose risk trade off questions. The challenge for the administrator and the regulator is again to have a framework which supports looking across a range of related risks – which means at times looking across the boundaries between different regulatory systems. Decisions on safety investment in rail and road are managed separately in the UK, as I expect they are in most countries. Similarly the Montreal Protocol and controls on workplace chemicals (in the EU, the Chemical Agents Directive) derive from different regimes. How do we promote a common understanding – a harmonised approach to decision making?

## **RISK TRANSFERS**

Equity suggests that those who face the risks from an activity should also participate in the benefits of that activity. And in many workplaces, that, to a large extent, is the case. Workers face risks but benefit from employment (and possible social and economic benefits such as subsidised services, social standing etc); health and safety law and worker compensation law is there to improve the protection for workers and to ensure that if things go wrong adequate compensation is available.

But often risks extend beyond work places. The risks – health and safety, and environmental – from major hazard plant are a case in point. Historically, towns grew up in response to industrialisation. It may not have been perfect: too much pollution, too many people killed or injured at work. But there was a form of balance – the plant provided local employment and local wealth and so these to an extent offset the risk. Risks and benefits were directly associated and achieved a rough sort of equity.

Major plant these days are much leaner in terms of employment. Those who work there are often drawn from a much wider community. The risks from the plant are certainly less than in the past – although such plant can bring new costs to the local communities eg making housing less desirable and changing the overall social mix in the area with possible impact on services such as medical care and schools. And if there were to be a serious failure it would be the local community that would suffer disproportionately. Some employers may take their social and environmental responsibilities very seriously and contribute significantly to the local community (as well as to national wealth creation and the quality of life overall in the country). Nevertheless, in my view, the balance between accepting such plant and having local benefits seems to be much weaker now than in the past. Local people now incur disbenefits from the plant – in terms not just of local “blight” but also risks if there were to be an accident with off site consequences – but they seem to gain few benefits, over and above the population as a whole, from having the site there.

Another form of risk transfer is that between the generations. An issue for your industry certainly but for other industries too. What legacy is left for the future – whether in terms of management of hazards and risks over long periods of time of risks, from environmental change, or of risks from inheritable disorders?

The issue of risk transfer is particularly difficult. It is clearly about the level of protection to be afforded to people who face risks but are not major sharers in the benefit. It is also about the nature of decision making, about how to involve those facing risks in decision making, about what approach should underpin their involvement. Issues such as societal risk and societal concerns emerge; and questions of how these are measured and what weight is placed on them.

And the need for harmonisation? Very important for Governments where differences and disparities in their approaches can be subject to review and challenge. And for

those affected more generally who demand transparency in how risks are presented, so that options and risk management processes are open and clear.

## **UNCERTAINTY AND THE PRECAUTIONAL PRINCIPLE**

The Precautionary Principle deals with what we don't know. Donald Rumsfeldt had his own version of the Precautionary Principle – and I paraphrase: “There are knowns that we know and there are knowns that we don't know. Then there are unknowns that we know. And then there are unknowns that we don't know”.

This statement was made in the context of the war on terrorism but it is a very succinct statement of our dilemma. The Precautionary Principle deals with what we don't know or are uncertain about scientifically.

Dealing with uncertainty has to be part of any risk control strategy. Human society advances by taking risks. But how much risk can we take – which in turn means we have to ask how well we can measure or estimate the risk; how do we control these risks – and again with what degree of knowledge and confidence; and all this raised the question of what degree of precaution should we should build into our approach.

These questions straddle a whole range of situations: at one end, high technology

- bio technology
- release of new chemicals
- Y2K threat to information technology

and at the other, more mundane but none the less risky situations such as

- crowd control where our appreciation of crowd dynamics etc is still relatively poor.

Increasingly Governments are using the Precautionary Principle, first formulated in the context of the 1992 Rio World Environment Conference. The EU approach on GMO food reflects the Precautionary Principle – although that may well be challenged in the WTO. Our approach to the controls of carcinogens often reflects the Precautionary Principle – especially where the evidence is essentially from animal toxicology rather than human data.

The use of the Precautionary Principle has to be well based and broadly consistent. Otherwise we distort decision-making and, even more so, the consequences of decision making such as investment decisions, competitiveness etc.

## **FORM OF REGULATORY CONTROL**

Risk control regimes are generally set out in the law in one form or another. The type of legal instruments used and the form in which duties are set can vary, both within specific regimes and between different risk regimes. For example,

- the designation of the duty holder may vary between regimes (employer, supervisor, site owner etc); the nature of the duty (qualified or unqualified protection, how records are kept, use of competent people) may vary;
- and the penalties may also be significantly different between different regimes.

In some ways this is not too surprising since the detailed legal approaches tend to emerge separately for different risks; but the practical reality is that they come together with the people who have to apply all those regimes in their business.

The drivers for a degree of convergence of approach are therefore:

- a concern for equality of protection; differences may put an undue emphasis on one control regime as opposed to another, with a detriment on the overall level of protection afforded.
- Distortion of investment – of resources and effort – with consequent economic distortions, not justified by the risks.
- a view that businesses should face similar legal duties where possible; this would simplify management of the business and in practice would probably be more effective in terms of controlling risk across the piece.
- the risk of challenge in the courts (eg by judicial review) of a particular regime if it were to be seen to be unnecessarily burdensome in comparison with other risk control approaches.

A key challenge in developing regulatory regimes to control risks is to understand how we achieve actual change in behaviour and lasting improvements in health and safety,

as opposed to just imposing duties through laws and taking no account of the consequences.

We need some common understanding across risks and regimes as to the types of legal or other instruments we can use – and of their effectiveness – if we are to control risks effectively, to avoid overburdening industry and avoid the risks of legal challenge.

Factors that need to be taken into account include

- ensuring responsibility is placed on appropriate persons ie those in control and with the authority to act and be taken seriously
- asking how far the duties can be enforced – the law needs to frame enforceable duties asking whether the detail of the duty is proportionate to the risk – for example, a licensing regime in our view should be reserved to serious risks where society needs assurance that the regulatory approach is being applied. So we licence nuclear plant and we licence asbestos stripping. But we don't licence general health and safety consultants; the market and professional bodies can do that.

I want to bring into consideration at this stage the idea of governance. Governance is not a new idea – even if the word is. At its basics, it is about good government and management. In the context of risk, I would suggest – as indeed has the emerging work by the fledgling International Risk Governance Council – that good governance of risk involves tackling

- Inefficiency – poorly made decisions can distort investment nationally or internationally. Sometimes such decisions are dominated by emotional rather than scientific or analytical concerns. That is not to say that emotion or perceptions are not proper factors to consider but only in balance with other more objective considerations. There is an ethical dimension to risk decision making which we ignore at our peril.
- Inconsistency – different technologies generating equivalent levels of risk but not being treated in a similar fashion by the risk regulators.
- Unfairness – an unequal distribution of risks and benefits.
- Lack of transparency – which leads to mistrust between regulators and the public.

It may not always be possible to resolve all of the above but there is great merit in simply articulating and airing differences and their underlying rationales.

## **A FRAMEWORK FOR HARMONISATION**

If as I have suggested, harmonisation is much more about a coherent and cohesive approach to risk regulation – rather than rigid prescriptive roles with everyone “playing the same note on the same instrument” - such an approach implies some framework or convention is needed within which to place the various elements of risk regulation.

Of course the reality is that we do not start with such a framework and then produce the risk regulation. The regulation of specific risks comes first – in response to need; risk regulation grows and extends as society recognises the need for better control and as technologies develop. What I want to describe is some work that we have done in the UK to codify our approach to the regulation of risk. This is essentially in the health and safety field and does not cover, for example food safety or environmental risks.

However it is relevant to note that as a result of our work in the health and safety field, the British Government has asked departments and agencies more generally to set out the frameworks within which they address risk. And the Government centrally produced a report last year about improving its capability to handle risk and uncertainty. There is clearly an appetite in the UK for better and more consistent management of risks. And the relatively new Food Standards Agency in the UK is largely modelled on the approach taken to occupational health and safety regulation.

In the UK, health and safety is regulated by the Health and Safety Executive (HSE). HSE has responsibility for regulating all work related risks except those concerning ships at sea and aircraft in the air. So we cover not just direct worker health and safety but also the safety regulation of the nuclear industry, the offshore industry, onshore major hazard plant and pipelines. We are concerned with public safety if affected directly by work activity – so we regulate fairgrounds and the railways. In addition we licence asbestos contractors and non-agricultural pesticides – and, although we question whether we should, activity centres for young people.

We are a very broad church and as you might guess this breadth of responsibility presents very serious challenges – not least in terms of consistency of approach and enforcement. Our approach is increasingly scrutinised and challenged by the public

and at times in the courts. It became more and more obvious in the 1990s that we need an underpinning framework within which to set our approach.

Of course we did not construct our framework from scratch, that is from a blank sheet of paper. We worked from the established principles and approaches that already underpinned aspects of our work and we sought to see how they could be extended more widely – and what that meant for how we operated.

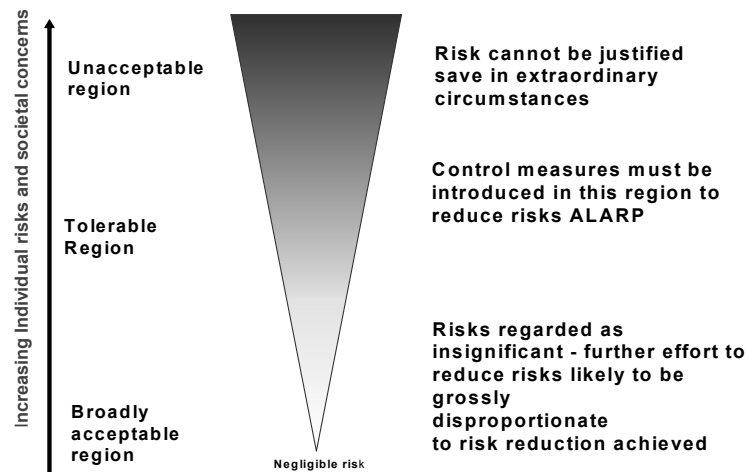
First, we recognised that there are certain key and essential elements in our approach and these were rooted in risk assessment. They are:

- the risk creator whom we call the duty holder has essential responsibility for preventing or controlling risks
- the duty holder should do a suitable and sufficient risk assessment to determine what the risks are and the measures needed to control the risk
- the duty holder should put suitable controls in place and those controls should achieve at a minimum appropriate or relevant good practice (if it exists).

You will recognise many of these components; they are, for example, key elements of the EU Health and Safety Framework Directive.

The next step in our work was to build on what we call the Tolerability of Risk model. This was originally developed in response to a proposal in the report by Sir Frank Layfield who was chaired a public enquiry into a new nuclear power station (Sizewell B) in the 1980s. He proposed that HSE should formulate and publish guidelines on the tolerable levels of individual and social risk to workers and the public from nuclear power stations. By the 1990s that model had extended to underpin much of our approach to major hazard work.

The tolerability approach is often represented by this diagram



The underpinning thinking is relatively straightforward.

- There are unacceptable risks. That is there are activities for which society judges a level of risk unacceptable and that activity has to stop until the risk is reduced.
- There are risks that are broadly acceptable. If you like, the risks are very much equivalent to everyday risks that we do not seek to control further (unless an obvious and normally inexpensive means of further risk reduction becomes available).
- Our model then says that the risks between the “unacceptable” and “broadly acceptable” are “tolerable”. Note this does not mean a passive acceptance of those risks. It means rather more that we – acting as a regulator on behalf of society - are prepared to live with those risks because of the benefits of the associated activity. There has to be a confidence that the risks are being properly controlled. And there has to be confidence that we have properly taken the pulse of society.

In the UK, there is, in effect, an expectation that risks in the tolerable region will be reduced unless it is grossly disproportionate to reduce that risk any further. That expectation is underpinned by binding legal precedents, developed particularly through civil litigation.

Of course the challenge is in determining what is meant by “unacceptable” and “broadly acceptable”. In the major hazard and nuclear industry, where more quantified risk assessment is well established (and is feasible), we have established broad criteria – relating to risk to individuals, to groups of people etc. And I suggest that many of you will be familiar with those benchmarks. In many other cases, a more qualitative judgement has to be used.

But even where risks can be quantified, that, in our view, is not the only factor to take into account. Human factors are critical – especially where catastrophic risks are possible – and our framework recognises this. And indeed HSE as the regulator has powers if it is dissatisfied with human factors (eg management aspects) to close down activities.

The model applies well elsewhere where quantification is not possible. Exposure limits for chemicals are a case in point. In our system and indeed in the EU system, there are two types of limits – control limits and exposure standards (or in the EU language “indicative limit values”).

Control limits – usually used for carcinogens and substances of similar concern – set upper limits for exposure: ie exposure above that limit is unacceptable. And the law further requires that exposure below the control level is reduced as far as possible. These limits in European law are usually set in individual directives agreed by the Council of Ministers.

Indicative limit values (or exposure standards) are very different. They effectively say that there is no scientific evidence that exposure below that level is harmful. In other words, exposure below that level is broadly acceptable (since there is no evidence to the contrary). Certainly in UK law, the legal obligation is to reduce exposure to the chemical to below the limit value but with no obligation to keep reducing exposure once the limit value is reached. In European law, indicative limit values are set in Commission Directives. And in a sense although I doubt the European Commission would have had that in mind, that process for agreeing the limits reflects their position on the tolerability diagram ie control limits defining what is unacceptable are set in directives agreed by the Council of Ministers and the European Parliament while indicative limits define what is acceptable are agreed in directives made by the European Commission under delegated authority from the council and the Parliament.

The tolerability of risk model is central to our framework but it is supported within the framework by a structuring of our approach to a range of related issues. I will deal particularly with societal concerns and openness.

## **SOCIETAL CONCERN/SOCIETAL RISK**

The framework for risk regulation has to understand and to an extent reflect the way that society more broadly sees risk.

In one sense the regulators approach to risk assessment should be a scientific approach – based on established facts and scientific knowledge. But it is a reality that society does not always react in a way that is rational and scientific. We know from reactions to rail crashes that single events involving multiple fatalities cause more concern than multiple events concerning single fatalities. We know that the public have less concern over risks that they believe they have some control over than those over which they see themselves having no control.

The regulator cannot ignore these and similar concerns; we need to understand why people think like this. And we need to build it into our approach.

And we need to recognise that the need to maintain confidence in the regulator and in government more generally may on occasions result in a higher degree of regulation than a strict application of the purely scientific and objective approach would merit.

In the UK, the tolerability model suggests that licensing as a tool of the regulator should be restricted to those activities that could otherwise approach the unacceptable region. So we operate licensing or permissioning regimes for the nuclear and major hazard industries; and we license asbestos strippers because we know that without licensing that industry we would have too many irresponsible or “cowboy” operators who would put the public (and their own workers) seriously at risk.

Some years ago, six teenagers died in a canoeing accident at Lyme Bay in Dorset. They were at an activity centre and were taken out to sea in conditions which were unsuitable. There had been no prior risk assessment; the instructors were not sufficiently competent; and there was poor if not non-existent management of the risks. The Managing Director at the Activity Centre was subsequently convicted of manslaughter and imprisoned. In Parliament there was clamour for better control of youth activity centres. Our advice was that the current regulatory structure was

sufficient although more effort on explaining and enforcing the law with those centres was needed; and privately Ministers agreed. But when a Member of Parliament had the chance to introduce a Private Members Bill – that is a non-government Bill - to licence activity centres, Ministers were not prepared to oppose that approach in Parliament. Logic might have said no need for this change; political reality dictated otherwise. We live in a democratic society and this is an example of that in operation.

So my point is we need to recognise societal concern and seek to build it into our thinking. One way that we seek to do this in the UK is to establish how much hypothetically people are prepared to pay in investment to save a life. Some people, I know, have great difficulty with this approach but the reality is we all make marginal safety cost judgements. For example, judgements on whether to spend an extra hundred or thousand euros when we buy a car to include an optional safety feature?

There are established ways of assessing how much the public believe governments should invest to prevent a hypothetical fatality; HSE and other parts of the UK government have done work in this area. The approach does not involve asking people directly how much they will pay to prevent a fatality; it rather more involves looking at what they will pay for small safety benefits and extrapolating that to obtain a figure for a fatality as such; there are recognised methodologies for doing this. What is interesting is that the figures that emerge for safety risks are remarkably consistent – currently around £1m for preventing a fatality. We are still looking at health risks – and given the dread associated with cancer we suspect that people may be prepared to spend more to prevent a cancer fatality than a death in an accident but we will not know until the research reports.

The Value of Preventing a Fatality has a value in assisting governments in analysing safety investment and in company allocation of resources. It is a benchmark and a comparator. It enables comparisons to be made between safety investment in rail and road for example. But I have to emphasise that it does not dictate decisions; it can only help inform them. Currently in the UK, safety investment in rail reflects a value of preventing a fatality of £3m or more; that is a political decision, possibly associated with Ministerial and political perceptions of societal concerns about multiple fatalities.

## **OPENNESS/INVOLVEMENT**

Regulation in society today cannot just be about controlling risks; it also has to address confidence and trust in the regulator. People need to know what is being done to protect them; they need to feel that they can influence the regulator – or at least that the regulator understands them.

And society needs trusted regulators. This is particularly the case in relation to major hazards industries since otherwise society will lose confidence in the safety of those industries and may press for them to be closed or further investment to be banned – with all the consequences for our modern way of life.

There is a need therefore increasingly for openness and transparency both in the making of risk regulation and in its application. I feel that we have come a long way in recent years – not least in the UK because our failures (Piper Alpha, a number of rail crashes, BSE etc) have been the subject of intensive public investigation and report; and those reports have made very significant proposals for the future control by industry and regulation by Government of those risks which have been absorbed into our health and safety system.

In terms of openness and transparency, in the UK, we are now committed to

- formal consultation on all new proposals for regulation – and we are aiming to make this more inclusive and to engage those we had not traditionally engaged.
- public statements on our approach to making regulations and in our approach to enforcement. We have an enforcement policy statement and an enforcement model which governs how we use the enforcement tools available to us.
- public engagement with people affected by our decisions eg concerning major hazard plant.

This openness means that not only are individual actions open to scrutiny but more and more our overall approach can be scrutinised for consistency and coherence.

Participative decision making is not easy and it can become hugely expensive and laborious. If it is to be successful, it needs to satisfy the following:

- It needs to be vested in a clear and publically declared decision making framework and associated conventions, processes and judgement criteria; these need to command wide stakeholder and public understanding and acceptance.
- It needs to be clear as to when public participation, in full or in part, is to be invoked and when the regulator alone can properly represent the interests of the public
- It needs to set out the means, ways and extent to which public views and perceptions will be taken into account and the arrangements whereby feedback on the decisions taken and their underlying rationale will be provided.
- It needs a commitment to on-going review so that all elements of the decision making process remain appropriate, relevant and fit for purpose in the eyes of all stakeholders.

Work such as that taking place in the UK and in conjunction with European colleagues through the TRUSTNET programme of work is designed to elaborate and “road test” the principles, tools and techniques for effective and efficient inclusive decision making.

## **CONCLUSION**

If we are dealing with products then harmonisation generally has to be prescriptive but in the arena of health and safety the approach is, I believe, necessarily more subtle. As I hope I have shown, harmonisation in this area should be more about cohesion and consistency of approach to enable good governance – within government and within business. It is about ensuring as far as we can achieve it that there are common standards of protection, that approaches to risk control are comparable so that investment (and thereby public protection) is not distorted; and it has to be about the acceptability of the decision making process – we cannot be selective in terms of openness and transparency. We work in a much more sophisticated environment now; people expect to be involved and to understand and to see a consistent and coherent approach to the assessment and control of risks.

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