

Report of the 136th Session

of the

**National Health and Medical Research
Council**

31 July - 1 August 2000

Canberra

CONTENTS:

General and attendance	2
Opening	4
Introduction to Principal Committees	
: Australian Health Ethics Committee	3
: Strategic Research Development Committee	5
: Health Advisory Committee	6
: Research Committee	6
Carry over work program from previous triennium	7
Budgets for 2000-2001	8
Health and Medical Research Strategic Review	9
Strategic Plan 2000-2003	9
Communications Issues	
: Development of a Communication Plan	9
: Potential for NHMRC Awards Scheme	10
Report of the 135th Session	11
Business arising from the 135th Session	11
: Development of a consumer document – effectiveness of nasal continuous positive airway pressure (nCPAP) in obstructive sleep apnoea in adults	
: Establishment of a Food and Nutrition Standing Committee	
: Guidelines for the use of blood and blood products in clinical settings	
Reports for endorsement	
: Joint statement and Recommendations on vitamin K administration to newborn infants to prevent vitamin K deficiency bleeding in infancy	12
: Nutrition in Aboriginal and Torres Strait Islander Peoples	13
: Postnatal Depression – a systematic review of published literature 1980-1999	14
Establishment of Expert Advisory Group on Antibiotics	14
Commissioner of Complaints – 2000-2002 Triennium	16
Operational issues for NHMRC	
: The National Health and Medical Research Council Act 1992	16
: Committee procedures	16
: Out of session endorsement	16
: Frequency and venue of Council Sessions	17

Contents (continued)

: Delegations	17
: Executive Committee of Council – appointments, delegations and procedures	17
Representation at a variety of forums	
: Representation of Council on other committees, boards and organisations	18
: Invitations to attend/speak at conferences	18
Joint Statement on Consumers in Research	19
Information items	
: Council’s publishing program	19
: Independent Members on Animal Ethics Committees	19
: Approval process for development and release of documents of Joint Ministerial Council interest	19
: Gene Technology Bill 2000	19
: Submission to the Senate Environment, Information-Technology and the Arts Reference Committee – Electromagnetic Radiation Inquiry.	20
Close and next meeting	20

General

The meeting was held at Rydges on London Circuit, Canberra 31st July and 1st August 2000. The following were present.

Professor Nicholas Saunders (Chairman)	Faculty of Medicine, Monash University
Professor Warwick Anderson	Chair, Research Committee
Dr Jack Best	Chair, Strategic Research Development Committee
Professor Adele Green	Chair, Health Advisory Committee
Dr Kerry Breen	Chair Australian Health Ethics Committee
Dr Shirley Bowen	Chief Health Officer, ACT Department of Health and Community Care
Ms Prudence Ford	Executive General Manager, Finance and Infrastructure, Health Department of WA
Dr Steven Guthridge	General Manager – Public Health, Territory Health Services, Northern Territory
Professor Brendan Kearney	Executive Director, Department of Human Services, South Australia
Professor Bryan Campbell	Chief Health Officer, Department of Health, Queensland
Dr John Sparrow	Chief Medical Officer, Department of Community and Health Services, Tasmania
Dr Michael Bollen	person with background in, and knowledge of, the medical profession
Professor Kerin O’Dea	person with a background in, and knowledge of, public health issues
Professor Lesley Barclay	person with a background in, and knowledge of, the nursing profession
Professor Ken Bowman	person with expertise in health care training
Dr Jennifer Thomson	person with knowledge of professional medical standards and expertise in post-graduate medical training
Dr Bronwyn Kingwell	person with expertise relevant to the functions of the Council
Mr John Delaney	person nominated by the Aboriginal and Torres Strait Islander Commissioner and having knowledge of the health needs of Aboriginal persons or Torres strait Islanders
Professor Geoffrey Duggin	person with a background in, and knowledge of, the trade union movement
Ms Celia Kemp	Person with expertise relevant to the functions of the Council
Ms Michele Kosky	person with a background in, and knowledge of consumer issues
Professor Trang Thomas	person with knowledge of the needs of users of social welfare services

Attendance Continued

Professor John Young

eminent scientist with knowledge of public health research and medical research issues, and who has no current connection with Council

Professor Christine Ewan

person with knowledge of environmental issues

Apologies

Dr A. Wilson

Chief Health Officer, Department of Health, New South Wales

Observers

Dr R. Madden

Australian Institute of Health and Welfare

Opening

Professor Nicholas Saunders, Chairman, opened the 136th Session and welcomed all members to the first Session of the new triennium. The Chairman noted apologies from Dr Andrew Wilson, Dr Shirley Bowen (for part of the Session), and Professor Elspeth McLachlan.

In welcoming members, the Chair asked those who had been unable to attend the Strategic Planning Day on 26 June 2000 to introduce themselves to the Council. The Chairman reminded members that meetings of Council are open sessions and hence representatives of the media could be in attendance at any time.

Introduction to Principal Committees

The Chairman reminded members that at the Strategic Planning Day there was discussion about improving linkages within the organisation both between the Committees and between the Committees and Council. A number of members indicated their interest in participating in the work of the Principal Committees.

The Acting CEO advised that the Health Advisory Committee (HAC) and the Strategic Research Development (SRDC) have been appointed in full, and whilst the majority of the Research Committee (RC) and Australian Health Ethics Committee (AHEC) have been appointed there are still some appointments outstanding.

Council agreed that, at the end of the triennium, there should be a recommendation to the Minister suggesting that Council members be taken into account when membership of Principal Committees is being settled.

The Chairman welcomed members' involvement in the work of the Principal Committees and noted several options for this involvement including receipt of agenda papers and minutes, membership on working committees, and attendance as observers.

The Chairs of Principal Committees indicated their willingness for members to be involved in an affordable way. This could be dependent on the Committee's budget.

Australian Health Ethics Committee (AHEC)

Dr Kerry Breen, Chair of AHEC, acknowledged his predecessor who chaired the Committee for two terms. He stated that Professor Don Chalmers was a very effective and outstanding chairperson.

There are three areas of work that AHEC will continue, namely:

- Interim guidelines for ethical standards in research involving Aboriginal and Torres Strait Islander people. The interim guidelines are now 13 years old and AHEC has undertaken to perform a review of those;

- Handbook for human research ethics committees. Some work was carried out over the past 18 months. Further consultation is needed in order to complete handbook;
- Review of section 95 privacy guidelines and input into the Privacy (Private Sector) Amendment Bill.

Issues for the AHEC over the next triennium include the implementation of the new *National Statement*. There are pressures on human research ethics committees to finalise consideration of research proposals quickly as well as pressures on researchers to complete work and achieve results quickly. Support for and understanding of these committees will be important for AHEC.

The Chairman asked whether it would be appropriate to issue a clarifying statement on the complex issues surrounding genetics, cloning of human beings and xenotransplantation. It was agreed that AHEC would develop a consumer information brochure.

Strategic Research Development Committee (SRDC)

Dr John Best, Chair SRDC, advised that the first meeting of SRDC will be held on 14-15 August. There has been a retention of ten of the previous committee. The committee now has added to it a country general practitioner, Deputy Chancellor of a University of a small State, a Professor of Psychiatry, a rural based Clinical Dean and one of the young Tall Poppies.

In addressing areas for future focus the Chair noted:

- it was important to have a good ongoing partnership with the Department.
- in reviewing the priority health areas at the end of the last triennium, it was decided to look carefully at mental health as the next area for research.
- the evidence-based clinical practice research program yielded some very interesting results. There were fourteen demonstration projects which included projects tested a clinical situation. It was shown that many of those projects had a substantial impact on areas of health systems.

The Chair of SRDC explained how the committee sets priorities and how these are transformed into a work program. Current issues include:

- Aboriginal health
- Health system research
- Health economics
- Epidemiology

After discussion it was decided that the priorities areas for effective functioning of SRDC and NHMRC should include:

- Relationships with other key bodies;
- Research coordination within the Department;
- Access to sources of information to help set priorities.

These areas are to be discussed at the next Council Meeting.

Health Advisory Committee (HAC)

The first Committee meeting for the Health Advisory Committee will be held in Melbourne on 9 August which will be followed a month later by a strategic planning day. The work plan for the next three years will be discussed at the strategic planning day.

The Chair of the HAC, Professor Adele Green, acknowledged the work of the previous committee. The new committee would like to continue the practice set by the previous committee in establishing a very limited number of standing committees on advice from the Minister or from Council and to work through subject-specific working parties constituted with a finite life.

The Chair advised that priorities for this triennium should include:

- importance of the translation of research into practice and policy. This requires effective management and communication with the Department on policy, and also to health practitioners and to the public consumers to improve health;
- further development of implementation of these guidelines, which would maximise the effectiveness of the communication with policy makers. The Chair of the Committee recognises that there needs to be a synergy with shared partnerships to avoid overlapping, or duplication of, services;
- importance of prioritising and recognising the significance of problems and provide practical advice in a timely manner.

It was agreed that the Council needed to be responsive for continued relevance and effectiveness.

Research Committee (RC)

The Chair of the Research Committee (RC), Professor Warwick Anderson, stated the focus for the next triennium would include:

- increased knowledge;
- new and better treatments and interventions, preventative measures and policies
- translation of research finding into better health;
- need for research across the spectrum;
- growth of knowledge-base industries, especially biotechnology
- need for specific partnerships.

The Chair of RC indicated that to achieve both a healthier Australia and a knowledge-based industry, research across the entire spectrum of health and medical research is needed. An effective interface between Australian research and the rest of the world will require establishment of specific partnerships.

The Chair of the RC stated that there needed to be a continuation of the program of reconfiguration of grant and fellowship programs. This includes a renewal of the way in which the committee supports research including peer review and a more contemporary granting system as well as a strategic approach to research and partnerships.

To address these issues, the Committee is working towards:

- supporting research – either specific projects or broader programs of research and research teams;
- supporting research fellows and developing future researchers. This includes thinking nationally about developing capacity in Australia and would require consideration of issues relating to people, infrastructure, equipment, information systems and partnerships.

The Chairman noted that there are several priority issues receiving attention including:

- The new discipline panels started to meet early August. There is a vast amount of work being undertaken with these committees;
- During July agreement has been reached with the block-funded institutes to phase out block-funding;
- New practitioner health fellowships, for people working clinically or in public health;
- New flexible program grants, which begin in 2001;
- Aims to complete a paper on the capacity for clinical research and public health system research;
- Sub-committee on industry to be established this triennium;
- Intellectual property – negotiations have been carried out with universities sector, Department of Education Training and Youth Affairs, and Department of Industry Science and Resources;
- Partnership grants – injury and diabetes. NHMRC will be working with the Juvenile Diabetes Foundation International with some new initiatives. This will include a vaccine or immunotherapy program. Mental health has also been identified as a likely priority.
- A new system has been set up for program grants for Aboriginal Health for this year.
- A new system for granting of research fellowship has been developed comprising three interview panels, one for public health and health services research and two in biomedical/clinical.

Carry over work program from previous triennium

Australian Health Ethics Committee

Although AHEC has not yet met for the first time this triennium, there is likely to be work in:

- therapeutic cloning and the cloning of human beings;
- genetics and genetic testing;
- formulation of policy of xenotransplantation.

Research Committee

The key issues for the triennium are:

- completion of the restructuring process and forging links with industry;
- encouraging clustering and development of a critical mass;
- further developing the SRDC/RC relationship;
- internationalising research and competitiveness;
- genomics, which is affecting all research not just molecular biology but health systems research and public health research;
- continuing to remove inflexibilities within the system (loosening the program grants system and the block funding).

Health Advisory Committee

This committee is developing an agenda for its first meeting, due to be held in early August. Items for consideration include, but are not limited to:

- Consumer information on the effectiveness of nasal continuous positive airway pressure in obstructive sleep apnoea in adults;
- Possible establishment of a Nutrition and Food Working Group;
- Guidelines for the use of blood and blood products in clinical settings;
- Establishment of an expert advisory group on antibiotics.

In summing up discussions relating to the Principal Committees, Council agreed that the following issues need to be referred to the 137th Session:

1. Each Principal Committee to bring forward a work program including resource needs.
2. Each Principal Committee should identify key bodies and should identify how the links will be established, the process involved, and what the links might produce in terms of outcomes.

Budgets for 2000-2001

A presentation was given on the budget for 2000-2001. This was divided into:

- The Medical Research Endowment Account;
- Administered funds; and
- Departmental costs, including secretariat costs and salaries.

There was some discussion about the Council's fiduciary responsibilities. The Council has no money appropriated to it and therefore is not accountable for the financial status of NHMRC including the MREF (Medical Research Endowment Fund). However, the Chief Executive Officer is accountable for those funds. There will be a Memorandum of Understanding between the

Secretary of the Department of Health and Aged Care and the CEO specifying accountability and working relationships. The CEO would have delegations from the Minister or the Secretary of the Department, depending on the nature of the delegation, to spend those monies in accordance with the NHMRC Act or the Financial Management Act, which is the general financial responsibility framework within the Commonwealth.

The MREA contains funds that are dispersed by the Minister on the advice of Council under the Act. Traditionally Council has delegated the detail of that advice to the Research Committee. Over the last triennium it was the practice for the Research Committee to approach the Council with a broad direction. Council agreed that the Research Committee should bring forward for discussion a five-year plan for grants management including anticipated funding levels for endorsement.

Health and Medical Research Strategic Review

Members noted that the final report to Ministers on implementation of the recommendations of the Review is due by the end of August 2000. It was agreed that the Executive Committee should finalise the report on behalf of Council.

Strategic Plan 2000-2003

The Chairman stated that there had been a new section added to the Strategic Plan under the title of Immediate Priorities with the aim of giving an immediate focus to some of the work that the Council will undertake.

There was general discussion on workplans and strategic priorities for the various committees as well as organisations which may have an interest in, or overlapping responsibilities, with the NHMRC.

Council agreed that the Chair of Council should undertake a series of meetings with key bodies to facilitate understanding and co-operation. This action is a priority and should be well advanced before the next Session.

Communication Issues

Development of a communication plan

Members noted the importance of having a communication plan that tailored communications to the particular audience and ensures that Council outputs are disseminated widely and appropriately. There was general discussion that communication was not simply a point of making people aware that something is happening, but that awareness leads to an outcome – in this case improved health for Australians.

Members discussed the NHMRC News as a communication strategy and agreed that General Practitioners are a difficult audience because of the sheer volume of information arriving in practices. For this reason it was thought that NHMRC News may not be an appropriate vehicle. In this context it was agreed that any communication plan should consider whether General

Practitioners are reading the NHMRC News or whether a more effective way of communicating could be found.

A number of suggestions were offered as means of providing information to General Practitioners. These included using Divisions of General Practice and broadsheets like Australian Doctor and Medical Observer. Communication with consumers and researchers needs to be similarly tailored.

Council agreed to establish a Communications Working Committee to identify the issues and develop a plan. The Working Committee will comprise:

- Dr Michael Bollen
- Professor Adele Green
- Ms Michelle Kosky
- Dr Bronwyn Kingwell
- Dr Jenny Thomson
- Mrs Cathy Clutton
- Mr Brett Heffernan

Council asked that a progress report be brought to the next Executive Committee meeting including comment on strategies and resources available. (Dr Bollen subsequently agreed to Chair this Working Committee)

Potential NHMRC Awards Program

A short presentation was given on a suggestion for a schools-based award program to be targeted at all secondary schools in the country. The program would serve to raise the profile of NHMRC in the community by rewarding quality work in science, social science, health and related subjects.

The program would not be a competition but would provide schools with an opportunity to recognise all students for their achievements in science, health and related topics. The recognition would take the form of a certificate from NHMRC, publicly presented (for example at a school assembly). The costs would be minimal and so there would be no limit to the number of students who could be nominated or at what intervals nominations should be made.

There was discussion about some issues that would need to be taken into account in developing any such program namely the different educational systems in each State, possible cost of the program, and duplication of existing schools programs such as those run by CSIRO/Double Helix.

Council agreed the suggestion had merit but that it would require more research to provide comment on the issues raised and a clear understanding of the work that may ensue as well as any benefits that might accrue to Council. In addition, there will need to be a clear definition of the product as the 12-17 age group is vast and difficult to target with a 'one size fits all' program.

It was further agreed that the Communications Committee should consider this issue and report to the next Council Session with a framework for development of the program which would include considerations about brand-marketing, increasing public awareness of the NHMRC, as well as recommendations for a specific targeted program. A pilot program would probably be necessary.

Report of the 135th Session of Council

This report was for information only as the previous Council members had endorsed this Report.

Business arising from the 135th Session

Termination of Pregnancy Information Paper

The Chairman asked the Chair of the Health Advisory Committee to expedite action to ensure that the Information Paper is referred to the 137th Session.

Consumer document for nasal continuous positive airway pressure therapy

Following a recommendation by the outgoing Council at the 135th Session, it was agreed that the Health Advisory Committee should develop a consumer document on this subject.

Establishment of a Food and Nutrition Standing Committee

Members noted that there had been a decision at the 135th Session supporting the establishment of a food and nutrition standing committee under the Health Advisory Committee.

Professor Green, Chairperson of HAC, commented that there are issues still unaddressed for Australians in terms of particular niches in the food and nutrition sector, such as advice to the public on a range of issues. For example, NHMRC could provide a resource in expert technical assessment of food and nutrition issues. It was noted that legislation, which established the Australia New Zealand Food Authority (ANZFA), has as one of its requirements that all safety and health issues relating to food be referred to NHMRC for advice. NHMRC needs to have a mechanism in place to ensure effective communication.

Council asked the Health Advisory Committee to examine the gaps, consult with interested organisations, and provide a recommendation to Council on the best way to address food and nutrition issues.

Guidelines - Blood and blood products in clinical settings

Council members were given a briefing on the current situation vis-a-vis blood and blood products and issues arising as a result of the emergence of new variant Creutzfeld-Jakob Disease (vCJD). Two issues were considered: the potential impact of vCJD and the need for best practice guidelines for the use of blood and blood products. Council was informed that the Australian Health Ministers Advisory Council (AHMAC) has been considering the issue of vCJD and its possible threat to the safety of Australia's blood supply, in the light of a request by the Board of the

Australian Red Cross Blood Service that Australia defer blood donors who have spent 6 months or more in the UK between 1980 and 1996.

The AHMAC's Donor Deferral Working Group has recommended that NHMRC develop best practice guidelines for the use of blood and blood products in a clinical setting.

Members agreed that Council needs to be responsive to this important issues, especially because of the recommendation from AHMAC. HAC will develop guidelines and will commence with a review of the literature on minimising wastage and maximising all resources in terms of blood products. It was noted that NSW Health have commissioned a research based examination of the use of blood products and levels at which they need to be used which would contribute to these guidelines. The guidelines will include an evidence-based discussion on effective use of blood products including transfusions, as well as the issue of infection control. The Terms of Reference of the Working Party will include development of advice on dissemination and implementation.

Reports for Endorsement

Joint statement and Recommendations on vitamin K administration to newborn infants to prevent vitamin K deficiency bleeding in infancy

Council noted this report is the first time that interim guidelines have been issued under the urgency provisions of the National Health and Medical Research Council Act 1992. The current stores of Vitamin K will run out in October and new guidelines relating to the use of a new formulation of Vitamin K are urgently required.

The Chairman advised members that the provisions of the Act require the Council, in using this mechanism of the urgency provisions, to release the guidelines within 30 days of this meeting and to set a deadline for consultation to complete this process. Following completion of public consultation Council must confirm, vary or revoke the interim guidelines within 30 days.

Professor David Henderson-Smart who is Chair of the NHMRC working party on the Administration of Vitamin K to Newborns, and expert in this field, gave a presentation.

Professor Henderson-Smart stated that Vitamin K administration to the newborn infants prevents a rare but serious disorder, previously known as Haemorrhagic Disease (Vitamin K deficiency bleeding). The concern is that there could be as many as 50 babies a year in Australia who might have severe bleeding, about a third of which might have inter-cranial haemorrhage and brain damage. Giving prophylaxis at birth can prevent this haemorrhage. Since the 1950s prophylaxis has been given to babies, usually by intramuscular injection, of Konakion. As this product is no longer manufactured, supplies will run out soon.

An alternative product made by Roche Australia, Konakion MM Paediatric, is currently undergoing the usual regulatory checks prior to registration. The Australian Drug Evaluation Committee (ADEC) requested that NHMRC review the dosing recommendations for the use of Vitamin K in the prevention of Vitamin K deficiency as a priority, noting that ADEC would be pleased to review the product information on receipt of NHMRC advice. This product is to be approved for both oral and intra-muscular use. Professor Henderson-Smart advised that the revised guidelines are

very similar to the existing guidelines with the main difference being in the type of preparation and dosage regime.

Professor Henderson-Smart advised Council that there has been wide consultation with the obstetric and paediatric communities in Australia. In addition, international experts in the field of Vitamin K have also been consulted to see if there were any changes that needed to be noted.

Council endorsed:

- the interim guidelines;
- commencement of public consultation on the interim guidelines; and
- release of the accompanying information pamphlet for parents.

These guidelines need to be made available to practitioners immediately and it was suggested that, given the urgency of implementation, numerous avenues of communication be used including Australian Doctor, the ANF journal, Midwifery Matters, as well as journals that reach GPs, midwives, early childhood nurses. It should be made quite clear that this is an interim process.

The Chairman thanked Professor Henderson-Smart and his working committee for the speed and completeness of its work.

Nutrition in Aboriginal and Torres Strait Islander Peoples

This paper was presented at the 135th Session and was endorsed by the previous Council subject to amendments. The report is re-presented to Council because a considerable amount of work has been undertaken in completing the amendments.

Professor Kerin O'Day, a member of the working group, presented a brief history of the development of the report and noted that the format of the report is:

- Section 1 – Nutrition and Indigenous health
- Section 2 – Maternal and child health ie pregnancy and foetal growth, infancy and early childhood growth, iron-deficiency anaemia; and
- Section 3 – Nutrition-related conditions ie obesity, diabetes, cardiovascular disease, renal disease, and dental health.

The key issues to emerge in developing the report were:

- Very high rates of nutrition-related diseases in indigenous Australians;
- Associated health conditions - burden of infectious disease and physical inactivity, smoking, and;
- Difficulties with food supply, especially in remote areas ie high cost of living and low income (transport of perishable items, very high cost of vegetables and fruit and policy implications of these).

In endorsing the report Council noted that a whole of government approach to implementation would be essential to ensure progress. Several actions were agreed as follows:

1. The Health Advisory Committee should consider a communication strategy tailored to the appropriate audience and the purpose in reaching that audience;
2. The Health Advisory Committee should identify opportunities for advocacy to inform policy development;
3. The Research Committee should consider implementation, intervention, action research and evaluation research;
4. The Strategic Research Development Committee should consider opportunities for implementation through the Research Agenda Working Group; and
5. The Executive Committee of Council will consider this issues as a high priority agenda item and shape a program of work which might be undertaken over the next three or four months.

Council further agreed that Professor Saunders and Mr Delaney should meet with the Office of Aboriginal and Torres Strait Islander Health (OATSIH) and subsequently with the Aboriginal and Torres Strait Islander Commission (ATSIC) to discuss opportunities for implementation.

Postnatal Depression – a review of the scientific literature 1980-1999

This information paper was presented to the 135th Session, and endorsed subject to amendments.

Professor Barclay advised Council that this report was initiated by a request from the Commonwealth Department of Health and Aged Care that NHMRC develop guidelines for GPs in the issue of postnatal depression in relation to prescribing and other issues. After commissioning a literature review the working party had concerns that there was insufficient evidence to inform guideline development. In agreeing with this, HAC had agreed to publication of the literature review as a means of informing health professionals.

Council members endorsed publication and distribution of *An Information Paper. Postnatal Depression: systematic review of published scientific literature 1980 to 1999.*

Establishment of Expert Advisory Group on Antibiotics

AHMAC Consideration of JETACAR Report

The Australian Health Ministers' Advisory Council had sought advice from NHMRC about whether the Report of the Joint Expert Technical Advisory Committee on Antibiotic Resistance (JETACAR) provided a balanced view of the human and animal implications of the issue. NHMRC's advice was provided to the June meeting of AHMAC and accepted.

Implementation of the JETACAR Report

This report has 22 recommendations, approximately half of which relate to establishment of an expert working party on antibiotics. The current Working Party, managed by the Therapeutic Goods Administration, is limited in its scope and expertise to the issue of risk assessment for development of antibiotic resistance in bacteria. The recommendations are broader than that and

include issues such as the need for monitoring, development of guidelines, and the provision of advice on how to reduce the risk of antibiotic resistance development.

In October 1999 the Minister for Health and Aged Care wrote to the Chair of NHMRC requesting that the NHMRC take on the Working Party on Antibiotics. This request has been built into the draft government response which is currently being finalised.

Council agreed that an Expert Advisory Group on Antibiotics be established under the Health Advisory Committee with a broad membership to enable the Advisory Group to cover the breadth of issues contained in the JETACAR report.

Commissioner of Complaints 2000-2002

The Chairman advised the appointment of the National Health and Medical Research Council (NHMRC) Commissioner of Complaints for the 2000-2002 Triennium.

The Chairman familiarised the Council with the procedures of the Commissioner of Complaints who handles complaints relating to the research arm of the NHMRC. The Chair of the Research Committee noted that it is important that his Committee be kept informed of the conduct of investigations, and have an opportunity to provide input to the Commissioner, in order to ensure that difficulties are addressed as early as possible.

Council noted that the Commissioner has completed his investigation into one complaint, two others remain active.

The recommendation by the Commissioner on the first complaint is that part of the matter has been upheld. The part of the complaint that was upheld related to a report emanating from the interviewing committee which included a reason for rejecting the application that had not been raised at interview with the applicant. However the Commissioner of Complaints does not believe that the granting process should be re-opened as the assessment given was such that the applicant would have been unlikely to have been successful.

The process of interviewing has now stopped, but this issue has been raised with the Discipline Panels. The Discipline Panel process will now take this into account and will not prepare reports based on matters which have not been raised by assessors and to which the applicant has not had a chance to respond

Operational Issues

The NHMRC Act 1992

Members noted recent amendments to the Act and the impact on public consultation requirements.

Committee Procedures

Council endorsed the Committee Procedures, as amended, and agreed that the procedures should be applied equally to Principal Committees, the Executive Committee of Council and Working Committees.

After brief discussion the Chairman asked that declarations of Conflict of Interest should be a standing item on committee agendas and that the Guidelines should be drawn to members' attention.

Out of Session Endorsement

Council endorsed procedures for handling urgent and non-urgent issues out of session.

Frequency and Venue of Sessions

Members agreed that it was important to be able to spend time informally as well as formally to ensure full participation and sharing of ideas. For this reason it was agreed that four meetings of 2 days each would be held at least for the first year of Council's operations.

It was agreed that part of each 2 day meeting would be devoted to exploration of major issues such as gene technology and xenotransplantation.

There was discussion about whether Council Sessions could be held either in Perth, Darwin or in regional areas. For budgetary reasons this is difficult, but the Chairman stated that at least the Executive would try to meet outside Sydney, Canberra or Melbourne.

Delegations

Council agreed to the following delegations:

- Approval to undertake publication consultation under sections 12 and 13 - delegated to each Principal Committee;
- Advice to the Minister on Medical Research Endowment Account grants to be made and on the conditions of grant under paragraph 7(1)(c)(ii) and subsection 52(2) – delegated to the Research Committee;
- Recommendations to the Commonwealth on public health research and training expenditure under paragraph 7(1)(c)(i) – delegated to the Research Committee;
- Commissioner of Complaints reports to Council at the commencement of each investigation under section 62 - delegated to the Executive Committee of Council;
- Engagement of consultants under section 46 – authority delegated to the Chief Executive Officer; and
- Provision of facilities under section 47 – delegated to the Chief Executive Officer.

Executive Committee of Council

The Chairman noted that the Health and Medical Research Strategic Review had suggested an expanded Executive Committee to include representatives of industry, consumers, and the States and Territories. Members agreed that this would be useful, whilst noting that the business appointment to Council has not yet been made.

After discussion it was agreed that the Council Executive Committee would comprise:

- The Chair of Council and of each Principal Committee
- The Chief Executive Officer
- Three State/Territory representatives - Professor Catford, Professor Campbell, Ms Ford
- One Commonwealth Representative - Professor Smallwood
- One consumer representative - Ms Michele Kosky
- One other Council member - Professor Bowman

This latter position is for 12 months and will be offered to other Council members in rotation to provide further opportunities for participation.

The first meeting of the Executive will be held on 30 August 2000.

Representation at a variety of forums

Representation of Council on other committees, boards and organisations

Council is often asked to provide representatives to sit on committees and boards of related organisations. On some occasions this is by way of sharing information, and on others it is a requirement of funding or other legislative conditions.

The Research Committee and the Health Advisory Committee are currently updating their nominees and will provide an updated list to the next Executive meeting. The Chair of Council will represent NHMRC at:

- : PM's Science Engineering and Innovation Council;
- : Aboriginal and Torres Strait Islander Health Council;
- : Australian Health Ministers' Advisory Council;
- : Committee of Presidents of Medical Colleges;
- : Advisory Group on International Health (AusAID).

The EnHealth Council has asked for a Council nominee and it was agreed that Professor Ewan, who is also Chair of the EnHealth Council, could fulfil that role.

Council agreed a format for reporting by nominees to Council and asked that a consolidated annual report be presented to ensure accountability.

Invitations to attend/speak at conferences etc

Council agreed procedures to be adopted by Principal Committees and the Secretariat when deciding whether to accept invitations. Council also agreed a report-back format.

In this context it was recommended that any visual presentations should include a logo to identify NHMRC.

Joint Statement on consumer participation in research

Council noted progress to date and that further reports would be presented as the project progressed.

Information Items

Council's publishing program

Members were provided with information on NHMRC publishing procedures.

Independent members on Animal Welfare Committees

Members were provided with a pamphlet explaining the role of independent members on Animal Welfare Committees.

Approval Process for Development and Release of Documents of Joint Ministerial Council Interest

NHMRC has been approached by the Australia and New Zealand Environment and Conservation Council (ANZECC) with a process for streamlining Joint Ministerial Council approvals of documents. This process in the past has been time-consuming. In addition, NHMRC has been asked to support the establishment of a Memorandum of Understanding between NHMRC and the Agriculture and Resource Management Council of Australia and New Zealand (ARMCANZ). The intention is that these mechanisms will simplify and improve the efficiency of procedures when seeking Joint Ministerial Council agreement for release of joint guidelines.

Members agreed that it would be useful to streamline procedures to ensure that unnecessary delays are not experienced. The recently approved fact sheets on *Cryptosporidium* and *Giardia* are two examples of such delays. These fact sheets were endorsed by Council in February 2000 but remain unpublished because ARMCANZ approval has not yet been given. ARMCANZ meets only once each year.

However, members expressed the view that Council should not enter into a Memorandum of Understanding without first considering all issues that might be covered by such an MOU, and before careful consideration of whether an MOU is the best way of resolving the difficulties currently faced in this area.

The Chairman asked the CEO to clarify this situation and explore with ARMCANZ and ANZECC ways in which NHMRC might be able to meet their requirements without delaying publication of NHMRC endorsed guidelines.

Gene Technology Bill 2000

Given the importance of the Bill, there will be a full briefing for Council at the 137th Session.

Submission to the Senate Environment, Communications, Information-Technology and the Arts References Committee - Electro-magnetic Radiation Inquiry

Members noted the Submission made to the Senate Inquiry on behalf of the NHMRC and its Radiofrequency (RF) Electromagnetic Energy (EME) Expert Committee.

Next Meeting

The next meeting will be held in Adelaide on 12 – 13 October 2000 and will coincide with the presentation of the Faulding Florey Medal.