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of the National Health and Medical Research Council

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APPENDIXES

APPENDIX I—COUNCIL

Role of Council

Appointees to Council hold positions for a period of up to three years. Consequently the work of Council is planned and reviewed on a triennial basis. All Council members, apart from the Secretary, are part-time appointees. Members may be re-appointed.

The Council meets in full session up to four times each year and publishes a report of the proceedings of each session. It undertakes its work through a network of Principal Committees, working committees and expert panels (see Figure 2). The members of the network are part-time and give much of their time and expertise without remuneration.

Priorities in 1998 were pursued through the following Council programs:

- health and medical research;
- health advice; and
- ethics.

The Council places emphasis on undertaking its functions with the assistance of appropriate consultation. Committees, working parties and expert panels are constituted to ensure that relevant professional and community interests are represented. In formulating guidelines, standards and advice, the Council consults as widely as practicable and appropriate.

Memberships of Council and its Executive Committee are listed below.

It is important that the advice of Council is widely disseminated. Therefore significant effort is devoted to a publications program. The publications released during 1998 are listed in Appendix XI. Media releases issued during the year are listed in Appendix XII.

Functions

1. To inquire into, issue guidelines on, and advise the community on matters relating to:
 - (i) the improvement of health;
 - (ii) the prevention, diagnosis and treatment of disease;
 - (iii) the provision of health care;
 - (iv) public health research and medical research; and
 - (v) ethical issues relating to health.
2. To advise, and make recommendations to, the Commonwealth, the States and Territories on the matters referred to in paragraph 1.
3. To make recommendations to the Commonwealth on expenditure:
 - (i) on public health research and training; and
 - (ii) on medical research and training, including recommendations on the application of the Medical Research Endowment Fund.
4. Any functions incidental to any of the foregoing.

Composition and membership of Council

The composition of Council is determined by Section 20 of the *NHMRC Act 1992*.

Membership in 1998 was as follows:

Professor R. Larkins
Chairperson

Mr R. Wells
Secretary of Council

Professor W. Anderson
Chairperson, Medical Research Committee (Principal Committee) (known as the Research Committee [Public Health and Medical])

Dr J. Best
Chairperson, Strategic Research Development Committee (Principal Committee)

- Professor D. Chalmers
Chairperson, Australian Health Ethics Committee (Principal Committee)
- Professor S. Leeder
Chairperson, Health Advisory Committee (Principal Committee)
- Dr A. Wilson
Nominee from NSW
- Dr C. Brook
Nominee from Victoria (resigned 18 March 1998)
- Professor J. Catford
Nominee from Victoria (from 23 March 1998)
- Dr D. Lange
Nominee from Queensland
- Dr I. Calder
Nominee from South Australia (from 6 April 1998)
- Mr A. Bansemer
Nominee from Western Australia (to 10 July 1998)
- Ms P. Ford
Nominee from Western Australia (from 11 July 1998)
- Dr J. Sparrow
Nominee from Tasmania
- Dr S. Hendy
Nominee from Northern Territory
- Dr D. Zonta
Nominee from Australian Capital Territory (resigned December 1998)
- Professor J. Whitworth
Officer of the Commonwealth Department of Health and Aged Care as nominated by the Minister
- Commissioner J. Delaney
A person nominated by the Aboriginal and Torres Strait Islander Commission, and having knowledge of the health needs of Aboriginal persons and Torres Strait Islanders
- Professor K. Bowman
A person with expertise in health care training
- Professor M. Cousins
A person with knowledge of professional medical standards and expertise in post-graduate medical training
- Dr D. Adler
A person with background in, and knowledge of, the medical profession
- Professor L. Barclay
A person with a background in, and knowledge of, the nursing profession
- Professor A. Woolcock
An eminent scientist who has knowledge of public health research and medical research issues, and who has no current connection with Council
- Professor G. Duggin
A person with a background in, and knowledge of, the trade union movement
- Dr R. Russell
A person with a background in, and knowledge of, business
- Ms M. Kosky
A person with a background in, and knowledge of, consumer needs
- The Hon. Dame Margaret Guilfoyle, DBE
A person with a knowledge of the needs of users of social welfare services
- Dr D. Weedon
A person with a knowledge of environmental issues
- Dr B. Armstrong
A person with a background in, and knowledge of, public health issues
- Dr S. Clark
- Ms C. Kemp
Two persons with expertise relevant to the functions of Council
- Gender breakdown (at December 1998)***
- 18 males
- 11 females

Executive Committee of Council

Functions

1. To act on behalf of the Council as its executive organ.
2. To keep under regular consideration the work of the Council and its Principal Committees and to ensure implementation of their decisions.
3. To advise the Council on the organisation of the work of the Council and its Principal Committees.
4. To decide to refer a matter, falling within the functions of the Council, to a Principal Committee or Committees for inquiry and for the development of guidelines, regulatory recommendations or advice, where the Executive Committee forms the opinion that, due to reasons of urgency or for a matter to be dealt with in a timely manner, the decision needs to be taken before the next session of Council.
5. To approve the issuing of guidelines, the making of regulatory recommendations and the publishing of advice, where the Executive Committee forms the opinion that, due to reasons of urgency, it is necessary for those approvals to be granted before the next session of the Council.
6. To report on its activities at each session of Council.
7. To perform any other functions that the Council may, from time to time, determine.

Composition and membership

Professor R. Larkins
Chairperson of Council

Professor D. Chalmers
Chairperson of the Australian Health Ethics Committee

Professor W. Anderson
Chairperson, Medical Research Committee (Principal Committee) (known as the Research Committee [Public Health and Medical])

Dr J. Best
Chairperson of the Strategic Research Development Committee

Professor S. Leeder
Chairperson of the Health Advisory Committee

Dr D. Zonta
Dr C. Brook (to 17 March 1998)
Dr D. Lange (from 18 May 1998)
Two members representing States/Territories

Professor J. Whitworth
One member representing the Commonwealth

Professor A. Woolcock
One other member of Council

Mr R. Wells
Secretary of Council

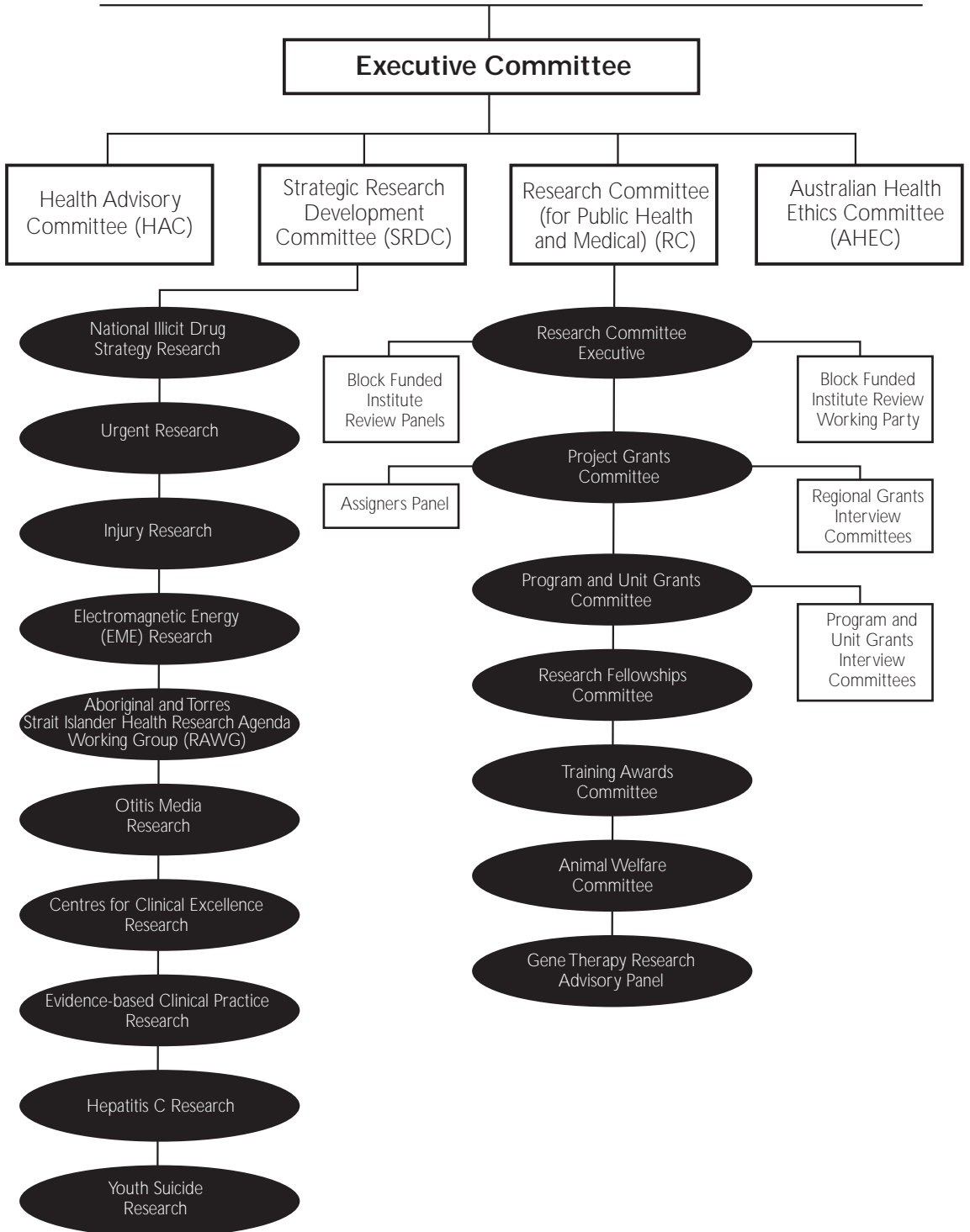
Gender breakdown (at December 1998)

6 males

4 females

Figure 2 illustrates the structure of NHMRC in 1998.

Figure 2: Structure of the National Health and Medical Research Council NHMRC



APPENDIX II—MEDICAL RESEARCH COMMITTEE [KNOWN AS THE RESEARCH COMMITTEE (PUBLIC HEALTH AND MEDICAL)] (RC)

The Research Committee (Public Health and Medical) is referred to by the shortened title of Research Committee or by the acronym RC. Its functions are those set out in the *NHMRC Act 1992* for the Medical Research Committee with additional functions that were determined by the Minister. Its functions and composition, as set out below, were gazetted in February 1997.

Functions

1. To advise and make recommendations to the Council on the application of the Medical Research Endowment Fund.
2. To monitor the use of assistance provided from that Fund.
3. To advise the Council on matters relating to medical research, including the quality and scope of such research in Australia.
4. Such other functions as the Minister from time to time determines:
 - 4.1 to monitor the outputs and outcomes of research provided from the Fund;
 - 4.2 to work with the Strategic Research Development Committee to absorb successful research initiatives into the mainstream health research effort.

Delegations

On 2 June 1993 the NHMRC delegated to the Medical Research Committee its power under S45 of the NHMRC Act to provide advice to the Minister on the assistance to be provided from the Medical Research Endowment Fund, including the conditions under which assistance is provided. The current Council confirmed this delegation on 24 June 1997 as a delegation to the Research Committee (Public Health and Medical).

Composition and membership

The RC composition, as gazetted, is required to reflect its mandate to cover the entire spectrum of health, medical and public health research. Members of the Committee are to have expertise in specific aspects of health research relevant to the operation of the Committee, from the molecular level, through cell biology, physiology, pathology etc., to clinical, epidemiological, social, behavioural, population and health services research, as well as knowledge and experience of research granting systems.

In addition, the Act requires that the Australian Health Ethics Committee has a member who is also a member of the RC.

Professor W. Anderson
Chairperson, biomedical research

Professor K. O'Dea
Deputy Chairperson, public health research

Professor V. Alder
Biomedical research

Professor R. Baxter
Biomedical/clinical research

Professor J. Finlay-Jones
Biomedical research

Dr G. van der Heide
Public health research

Professor S. Holdsworth
Biomedical/clinical research

Professor J. Mattick
Member AHEC, biomedical research

Professor F. Mendelsohn
Biomedical/clinical research

Professor N. Nicola
Biomedical research

Associate Professor T. Nolan
Public health research

Professor A. Pettigrew
Biomedical research

Professor S. Redman
Public health research

Dr D. Roder
Public health research

Professor T. Sorrell
Clinical research

Professor R. Trent
Biomedical/clinical research

Professor B. Wainwright
Biomedical research

Gender breakdown

13 males

4 females

Working committees

The RC has established a number of committees for the duration of the Triennium (1997–1999):

- Research Committee Executive
- Project Grants Committee
- Program and Unit Grants Committee
- Research Fellowships Committee
- Training Awards Committee
- Animal Welfare Committee
- Gene Therapy Research Advisory Panel.

Details of the functions, membership and subcommittees/working parties of these committees are detailed below. The membership information relates to the year 1998. Some changes were scheduled to be implemented in 1999.

Research Committee Executive

Functions

1. To act as the executive organ of the Research Committee.
2. To advise the Research Committee on the priorities and organisation of the work of the Research Committee and its committees.
3. To take action on behalf of the Research Committee in situations where urgent advice is required on matters within the competence

of the Committee, or in situations where the normal processes of the Committee are inappropriate.

4. To keep under regular review the functions, work and composition of the Research Committee and its committees.

Delegations

Delegation from RC to approve:

- changes to conditions of award of Project Grants, career awards and training awards in individual cases; and
- assistance to be provided from the MREF for activities which are consistent with Ministerial approval already given in general terms.

The Research Committee Executive also undertakes the task of determining eligibility of individual applicants to apply for NHMRC research awards, in accordance with its Access Policy.

Composition and membership

Professor W. Anderson
Chairperson of RC

Professor K. O’Dea
Deputy Chairperson of RC

Professor B. Wainwright
Professor V. Alder
Professor J. Finlay-Jones
Professor S. Holdsworth

Other members of the RC to be co-opted as required.

Gender breakdown

4 males

2 females

Project Grants Committee

Functions

1. To make recommendations to RC on policies for, and the award and administration of Project Priming, Special Initiative, Equipment and Development Grants, and Bridging Support.
2. To recommend to RC membership of the Assigners' Panel and Regional Grant Interview Committees.

Delegations

The RC has delegated the following authority to the Project Grants Committee:

1. approval of requests to vary expenditure against components or between years within a grant budget;
2. changes in Chief Investigators; and
3. transfers of grants between administering institutions.

Composition and membership

Chairperson

A member of RC appointed for an appropriate period

Members

Eight additional members

Professor B. Wainwright
Chairperson

Professor T. Sorrell

Professor C. Burrell

Professor S. Gifford

Professor L. Landau

Associate Professor B. McGrath

Professor J. McNeil

Associate Professor M. Onslow

Associate Professor J. Rostas

Gender breakdown

7 males

2 females

Subcommittees and working parties of Project Grants Committee

Assigners Panel

The Assigners Panel is appointed each year. Its function is to recommend appropriate assessors for each of the grant applications received in the annual grant round.

Assigners Panel Membership in 1998

Member	Area of expertise
Dr B. Kemp	<i>Biochemistry & Clinical Chemistry</i>
Professor P. J. Barter	<i>Biochemistry & Clinical Chemistry</i>
Professor R. T. Dean	<i>Biochemistry & Clinical Chemistry</i>
Professor P. Klinken	<i>Haematology</i>
Dr M. Berndt	<i>Haematology</i>
Professor R. Kefford	<i>Oncology, Pathology & Carcinogenesis</i>
Dr D. Ashley	<i>Oncology, Pathology & Carcinogenesis</i>
Professor N. Nicola	<i>Oncology, Pathology & Carcinogenesis</i>
Professor R. Trent	<i>Genetics</i>
Professor M. Lavin	<i>Genetics</i>
Professor D. Handlesman	<i>Endocrinology</i>
Professor F. Mendlesohn	<i>Endocrinology</i>
Professor R. Baxter	<i>Endocrinology</i>
Dr B. Leggett	<i>Gastrointestinal Diseases & Sciences, & Hepatology</i>
Associate Professor G. McCaughin	<i>Gastrointestinal Diseases & Sciences, & Hepatology</i>
Professor N. Yeomans	<i>Gastrointestinal Diseases & Sciences, & Hepatology</i>
Professor A. Basten	<i>Immunology</i>
Professor M. Vadas	<i>Immunology</i>

Dr J. Sedgwick	<i>Immunology</i>	Associate Professor C. Pollock	<i>Renal Diseases (including Urology)</i>
Professor I. Frazer	<i>Immunology</i>	Professor R. Henry	<i>Paediatrics</i>
Associate Professor A. Daniel	<i>HIV/AIDS</i>	Professor L. Landau	<i>Respiratory Diseases & Sciences</i>
Associate Professor A. Lloyd	<i>HIV/AIDS</i>	Associate Professor C. Mellis	<i>Respiratory Diseases & Sciences</i>
Associate Professor J. McNeil	<i>Rheumatology</i>	Professor J. Black	<i>Respiratory Diseases & Sciences</i>
Professor J. Hamilton	<i>Rheumatology</i>	Professor M. Cousins	<i>Anaesthetics & Intensive Care</i>
Professor P. Manning	<i>Microbiology</i>	Dr R. Summers	<i>Pharmacology & Toxicology</i>
Professor C. Burrell	<i>Microbiology</i>	Dr E. Woodcock	<i>Pharmacology & Toxicology</i>
Professor J. Pittard	<i>Microbiology</i>	Professor M. McManus	<i>Pharmacology & Toxicology</i>
Dr A. Jorm	<i>Psychiatry & Psychology</i>	Associate Professor T. Kraegen	<i>Biomedical & Biophysics</i>
Dr D. Copolov	<i>Psychiatry & Psychology</i>	Associate Professor J. Hopper	<i>Biostatistics</i>
Professor A. Jablensky	<i>Psychiatry & Psychology</i>	Associate Professor J. Carlin	<i>Biostatistics</i>
Professor G. Donnan	<i>Neurological Diseases & Sciences</i>	Professor M. Bartold	<i>Dentistry</i>
Dr M. Calford	<i>Neurological Diseases & Sciences</i>	Dr J. Rothnagel	<i>Dermatology</i>
Professor I. Gibbins	<i>Neurological Diseases & Sciences</i>	Professor D. Robertson	<i>Otorhinolaryngology</i>
Dr D. Vaney	<i>Neurological Diseases & Sciences</i>	Professor G. Donnan	<i>Radiology & Organ Imaging, & Nuclear Medicine</i>
Professor V. Alder	<i>Vision/Ophthalmology</i>	Professor W. Morrison	<i>Surgery</i>
Professor E. Lumbers	<i>Developmental Biology & Physiology, & Morphology</i>	Professor J. Pollard	<i>Surgery</i>
Professor J. S. Robinson	<i>Developmental Biology & Physiology, & Morphology</i>	Associate Professor M. Onslow	<i>Nursing & Allied Health</i>
Professor D. Healy	<i>Gynaecology</i>	Professor L. Barclay	<i>Nursing & Allied Health</i>
Professor D. Handlesman	<i>Reproduction</i>	Professor S. Gifford	<i>Community Health</i>
Professor B. McGrath	<i>Cardiovascular Diseases & Sciences</i>	Professor J. McNeil	<i>Epidemiology</i>
Professor I. Puddey	<i>Cardiovascular Diseases & Sciences</i>	Professor T. Dwyer	<i>Epidemiology</i>
Professor C. L. Gibbs	<i>Physiology</i>		
Professor B. Hall	<i>Renal Diseases (including Urology)</i>		

Professor R. Helme	<i>Gerontology</i>
Professor I. Caterson	<i>Nutrition</i>
Professor S. Redman	<i>Public Health</i>
Professor T. Nolan	<i>Public Health</i>
Professor J. Funder	<i>Endocrinology and Cardiovascular</i>

Gender breakdown

61 males

10 females

Regional Grant Interview Committees

Regional Grant Interview Committees (RGICs) are appointed each year by RC on the advice of the Project Grants Committee and have the responsibility of recommending which grant applicants should receive assessment of their grant proposal by interview, undertaking the interviews and recommending a ranking and budget for the proposal.

Membership in 1998**Brisbane**

1A—Biomedical	1B—Biomedical	2A—Clinical	3A—Public health
Dr E. Woodcock	Professor R. Dean	Professor G. Jennings	Dr J. Hopper
Dr R. Reddell	Associate Professor J. Rostas	Professor J. Touli	Dr M. Sim
Associate Professor A. Lloyd	Dr S. Wesselingh	Dr P. Tipping	Dr K. Fairley
Professor C. Burrell	Professor J. Goding	Associate Professor J. Willoughby	Professor S. Dunn
Dr D. Callen	Dr B. Walmsley	Dr R. McLachlan	Dr J. Daly

Adelaide

1A—Biomedical	2A—Clinical
Professor M. Lavin	Professor D. Chisholm
Professor R. Coppel	Professor H. Salem
Professor C. Cheers	Dr J. Rolland
Professor R. Harding	Dr A. Dart
Professor J. Furness	Professor B. Tonge

*Adelaide/Perth***3A—Public Health**

Professor T. Dwyer
 Dr D. Broome
 Dr D. Jolley
 Professor M. Hensley
 Professor B. Oldenburg

*Perth***1A—Biomedical**

Professor I. Kola
 Associate Professor
 C. Mitchell
 Dr M. Murray
 Dr E. Hardeman
 Dr D. Vaney

2A—Clinical

Professor J. Black
 Associate Professor
 R. Jeremy
 Professor A. Shulkes
 Dr L. Bach
 Professor E. J. Gowans

*Melbourne***1A—Biomedical**

Professor D. Allen
 Dr P. Jeffrey

 Dr G. Halliday
 Professor D. Robertson
 Dr P. Hogg

1B—Biomedical

Professor B. Graham
 Professor A. Saul

 Professor D. Hume
 Dr P. Gunning
 Professor A. Basten

1C—Biomedical

Professor R. Kefford
 Professor P. Schofield

 Dr F. Shannon
 Dr J. Gamble
 Dr W. Langdon

1D—Biomedical

Professor P. Barter
 Associate Professor
 N. Savage
 Dr R. Minchin
 Dr B. J. Morris
 Professor
 A. Cunningham

2A—Clinical

Dr B. Leggett
 Professor I. Caterson
 Dr I. Young

 Associate Professor
 J. Colebatch
 Dr G. Marshall

2B—Clinical

Professor B. Hall
 Professor T. Campbell
 Dr A. Jorm

 Associate Professor
 C. Pollock
 Associate Professor
 A. Sachdev

3A—Public health

Professor J. Ward
 Dr D. Weller
 Associate Professor
 J. Lowe
 Dr J. Butler

 Dr D. English

**4A—Clinical /
biomedical**

Professor J. Finlay-Jones
 Dr W. Jessup
 Professor J. Whitworth

 Dr G. Mann

 Dr G. Muscat

*Sydney***1A—Biomedical**

Professor I. Frazer
 Professor P. Beart
 Professor D. Alcorn
 Dr B. Key
 Dr D. Hilton

1B—Biomedical

Professor B. Kemp
 Dr M. J. O'Connell
 Dr L. Corcoran
 Dr L. Schofield
 Dr B. Livett

1C—Biomedical

Professor J. Pittard
 Professor A. Kelso
 Dr G. Chevenix-Trench
 Dr P. Bartlett
 Dr G. Baldwin

2A—Clinical

Associate Professor
 P. Fuller
 Associate Professor
 J. Bornstein
 Professor R. Helme
 Associate Professor P. Sly
 Dr S. Jane

2B—Clinical

Professor D. de Kretser
 Dr F. Cicuttini
 Professor P. Phillips
 Professor A. Jablensky
 Professor W. Blessing

3A—Public health

Professor T. Nolan
 Dr N. Owen
 Professor D. Holman
 Professor D. Rosenthal
 Professor P. Burton
 Professor J. Richardson

4A—Basic science

Dr M. Berndt
 Professor R.
 Robins-Browne
 Dr D. Power
 Professor A. Carmichael
 Professor B. Robinson

*Melbourne/Sydney***3A—Public health**

Dr A. Plant
 Dr P. Ryan
 Associate Professor K. Jamrozik
 Professor D. Gray
 Dr W. Brown

*Darwin Aboriginal Health Research***DARAH—Aboriginal health**

Professor A. Green
 Dr B. Crabb
 Dr B. Sibthorpe
 Dr I. Anderson
 Dr J. Hanna

Supplementary RGICs***Melbourne*****5A—Clinical**

Professor I. Gibbins
 Dr D. Pow
 Professor H. Rasmussen
 Professor K. Kirk
 Professor D. James

5B—Clinical/Basic science

Professor J. Mattick
 Professor J. Hancock
 Professor M. Clarke
 Professor D. Moss
 Dr H. O'Neill

6A—Basic science

Professor L. Beilin
 Professor B. Robinson
 Professor C. Mellis
 Professor T. Nicholas
 Professor
 G. McCaughan

7A—Public health

Professor R. Douglas
 Dr J. Byles
 Dr G. Huon
 Dr P. Hawe
 Associate Professor
 J. Lowe

7B—Public health

Professor T. Sorrell
 Associate Professor M. Onslow
 Professor C. Tennant
 Associate Professor G. Stewart
 Associate Professor J. Simpson

Sydney**5A—Basic science**

Professor J. Hamilton
 Professor A. Lopez
 Dr L. Tilley
 Dr P. Gleeson
 Professor L. Beazley

6A—Clinical/Basic science

Professor G. Donnan
 Professor E. Reynolds
 Professor B. Singh
 Dr P. Smith
 Professor S. Brennecke

7A—Public health

Professor J. Mathews
 Associate Professor J. Carlin
 Dr J. Fitzgerald
 Dr A. Venn
 Associate Professor D. Dunt

Gender breakdown

161 males
 46 females

Program and Unit Grants Committee

Functions

1. To make recommendations to the Research Committee on policies for Program, Unit and Diabetes Collaborative Research Grants.
2. To make recommendations to the Research Committee on the award and administration of these grants, including establishment of relevant Interviewing Committees and the development of Conditions of Award.
3. To monitor the use of funds provided from the Medical Research Endowment Fund for the above grants.
4. Other functions referred to it by Research Committee.

Composition and membership

Chairperson

A member of Research Committee

One other member of Research Committee plus a minimum of two additional members, all of whom would normally be required to serve as Chairperson of Interviewing Committee/s

Professor S. Holdsworth
Chairperson

Professor J. Dawes

Professor S. Redman

Associate Professor M. Abramson

Professor M. Vadas

Gender breakdown

3 males

2 females

Program and Unit Grants (Interviewing) ad hoc subcommittees

Functions

1. To interview persons applying for these grants and/or working with the support of funds from the NHMRC for them.
2. In the assessment of each application, to take into consideration the following:

- (a) the scientific merit of the application in the light of assessor reports and the needs and priorities in medical research, as determined by the Strategic Research Development Committee and the Research Committee;
 - (b) the criteria for award of these grants; and
 - (c) the justification of the funds requested in each application.
3. Informed by the above, to recommend on support for grant applications and provide a ranking of these applications for Research Committee.

Composition and membership

Members are appointed as required, with the endorsement of the Research Committee.

Program Grant Interview Committee Members for Specific Program Grants

- (1) Dr D. Hilton
Associate Professor G. Werther
Dr L. Read
- (2) Professor R. Harding
Professor M. Waters
Professor R. Smith
- (3) Mr A. Shiell
Associate Professor D. Roder
Professor D. Lewis
Professor C. Ewan
- (4) Professor S. McFarlane
Professor J. Tiller
Professor A. Jablensky
- (5) Professor T. Basten
Professor H. Zola
Professor B. Kemp
- (6) Professor I. Dawes
Dr J. Adams
Professor G. Sutherland
- (7) Professor R. Mark
Professor J. Stone
Dr M. Calford

Gender breakdown

20 males

2 females

Research Fellowships Committee***Functions***

1. To advise the Research Committee (RC) on policy matters relating to the award of:
 - (a) NHMRC Research Fellowships (RF) associated with Project, Program, Unit and Centre grants;
 - (b) Research Fellowships associated with institutions in receipt of Institute Grants;
 - (c) R. Douglas Wright Awards; and
 - (d) Burnet Fellowships and Eccles Awards.
2. To make recommendations on the method of appointment, review of progress, promotion, tenure of appointment and Conditions of Award for the above.

Composition and membership

Professor J. Finlay-Jones

Chairperson

Professor D. Alcorn

Deputy Chairperson

Professor P. Brooks

Professor M. D. Esler

Professor S. C. Gandevia

Dr E. Handman

Professor I. Kotlarski

Associate Professor D. Roder

Associate Professor J. Ward

Gender breakdown

5 males

4 females

Training Awards Committee***Functions***

1. The Committee shall rank applicants for all NHMRC scholarship categories and post-doctoral fellowships by methods recommended to and accepted by the Research Committee and advise on the rankings and suitability for an offer of award.
2. The Committee shall advise on the administration of all training awards including variations to the timing of an award.

Composition and membership

Professor V. Alder

Chairperson

Associate Professor J. Morris

Deputy Chairperson

Associate Professor F. Baum

Professor R. Day

Professor G. Donnan

Associate Professor P. Fuller

Associate Professor I. Puddey

Dr G. van der Heide

Professor G. Seymour

Associate Professor A. Lloyd

Associate Professor S. Tett

Associate Professor J. Hopper

Gender breakdown

8 males

4 females

Animal Welfare Committee

Functions

1. To advise the Research Committee of NHMRC on all matters pertaining to the conduct and ethics of animal experimentation in research.
2. To be responsible to Council, through the Research Committee, for the regular revision of the *Australian Code of Practice for the Care and Use of Animals for Scientific Purposes*.
3. With the approval of Council, to develop and implement ways of ensuring that all animal experimentation funded by NHMRC is in accord with the current Code of Practice.

Composition and membership

Dr M. Calford
Chairperson

Dr B. Burke
Dr C. Webb
Ms J. Reilly
Mrs E. Grant
Mrs M. Mayo
Associate Professor G. Jenkin
Ms R. Sullivan

Gender breakdown

3 males
5 females

Gene Therapy Research Advisory Panel

Functions

1. Act as an advisory body to Institutional Ethics Committees and the Research Committee of the NHMRC.
2. Provide advice to researchers to facilitate the design of protocols for gene therapy.
3. Act as a source of information to the community.
4. Maintain a register of human gene therapy trials undertaken in Australia.

Composition and membership

Professor R. Trent
Chairperson

Professor J. Pittard
Dr A. Dunn
Dr E. Haan
Dr C. Morris
Ms L. Skene
Professor C. J. Burrell
Dr I. Alexander
Sister R. M. Dunne, RSM
Associate Professor D. Roder

Gender breakdown

8 males
2 females

Block Funded Institute Review Working Party

Functions

To make recommendations to the Research Committee on policies for the award and administration of NHMRC Block Funded Institute grants.

Composition and membership

Convenor
*A previous Chairperson of one of the 1997
Quinquennial Reviews of Block-funded Institutes*

Members
*Four additional members drawn from the 1997
Block Funded Committees Quinquennial Review
Committees and the RC*

Professor L. Beazley
Convenor

Professor A. Pettigrew
Professor J. Martin
Professor S. Holdsworth
Professor S. Redman

Gender breakdown

3 males
2 females

APPENDIX III—STRATEGIC RESEARCH DEVELOPMENT COMMITTEE (SRDC)

The Strategic Research Development Committee and the Research Committee (Public Health and Medical) are complementary research funding mechanisms.

The SRDC's role is:

1. To define a research and research training agenda based on identified gaps in knowledge and skills.
2. To enhance the national research capacity, skills and institutional capability to respond in a focused and timely fashion to emerging health research needs.
3. To develop the national capacity to identify, target, generate and link research-based knowledge which is applicable to programs policies and interventions.
4. To foster the ability to evaluate the application of research-based knowledge to programs, policies and interventions in medicine and public health.

Composition and membership

Dr J. Best

Chairperson

Health policy, public health & population health

Dr P. Allen

Health management

Professor J. Black

Pharmacology

Dr C. Brook

Health policy, quality assurance

Dr D. Cameron

Endocrinology

Ms G. Cantwell

Service and program development implementation

Dr M. Davy

Gynaecological oncology

Professor J. Greeley

Psychology

Professor R. Officer

Economics and finance

Professor P. Phillips

Medical and clinical research

Dr A. Plant

Infectious disease epidemiology

Professor J. Sloan

Economics, industrial relations and political science

Mr M. Suich

Media

Captain C. Thomson

Aeromedical services, rural and remote health services

Dr M. McKinnon

Public health

Dr I. Anderson

Aboriginal & Torres Strait Islander health

Dr K.J. Breen

Member in common with AHEC

Gender breakdown

9 males

7 females

Subcommittees of SRDC

In 1998, there were ten working groups/committees that implemented program components and advised the SRDC. These were:

1. National Illicit Drug Strategy Research Committee
2. Urgent Research Committee
3. Injury Research Committee
4. Electromagnetic Energy (EME) Expert Committee
5. Aboriginal and Torres Strait Islander Health Research Agenda Working Group (RAWG)
6. Otitis Media Research Committee
7. Centres of Clinical Excellence Research Committee
8. Evidence-based Clinical Practice Research Committee
9. Hepatitis C Research Committee
10. Youth Suicide Research Committee.

National Illicit Drug Strategy Research Committee

Functions

The aim of the National Illicit Drug Strategy Research Committee is to identify suitable research projects for funding by the National Illicit Drug Strategy that will have a positive impact on illicit drug use in Australia.

The Committee will identify and fund research which:

- focuses on illicit drugs;
- reduces health-related harm and examines related social issues;
- informs national health policy;
- is multi-disciplinary and collaborative in nature; and
- applies any of a number of different research methods.

Composition and membership

Professor J. Greeley
Co-convenor

Mr. M. Suich
Co-convenor

Dr R. Ali

Dr J. Best

Professor M. Hamilton

Professor J. Najman

Associate Professor D. Roder (RC nominee)

Professor I. Webster

Gender breakdown

6 males

2 females

Urgent Research Committee

The SRDC has recognised that on occasions research must be undertaken rapidly in response to a threat to public health, and that mechanisms are required to provide expert research-based advice to expedite decision making.

Professor Judith Black, a member of the SRDC, developed a paper that recommended a procedure for dealing with requests for urgent research. This paper was endorsed by SRDC. The aim of the Urgent Research Committee is to put Professor Black's Urgent Research paper into practice and to provide a mechanism to consider future urgent research submissions.

Initially the Committee's role will be to:

- (a) put into practice the Urgent Research Paper and agree on procedures for assessing and processing urgent research applications;
- (b) road-test these procedures and report to the SRDC on outstanding projects which have been funded as urgent research in the past; and
- (c) go into abeyance after it has reported to the SRDC on these matters and be reconstituted in response to future urgent research requests.

The ongoing role will be to constitute and consider urgent research proposals as and when they arise.

Composition and membership

Professor J. Black
Chairperson

Dr D. Cameron
Deputy Chairperson

Dr A. Plant

Dr C. Mead

Professor I. Gust

Professor M. Rickard

Dr G. Rouch

Dr G. Murray

Professor T. Sorrell (RC nominee)

Dr L. Selvey

Gender breakdown

5 males

5 females

Injury Research Committee

In late 1997, the SRDC agreed to investigate the status of injury research in Australia. Injury is one of the six national health priority areas, but has received very little attention to date.

Early in 1998, SRDC commissioned a report to examine the current state of injury research in Australia and barriers to future progress. The report was tabled at the August 1998 meeting of the SRDC, where it was agreed that an Injury Research Committee would be established to promote injury research in Australia. The Injury Research Committee is scheduled to hold its first meeting in February 1999.

The terms of reference of the Committee will be finalised at the first meeting in 1999.

Composition and membership

Ms G. Cantwell
Chairperson

Professor J. Greeley
Associate Professor T. Nolan (RC nominee)
Associate Professor D. Roder (RC nominee)
Mr J. Moller

Gender breakdown

3 males
2 females

Electromagnetic Energy (EME) Expert Committee

The Government's EME Program was announced in late 1996. It provides \$4.5 million for research, public information and participation in the World Health Organisation WHO EMF project. The Program is run jointly by the NHMRC (allocated \$3.15 million for the research component), and the Committee on Electromagnetic Energy Public Health Issues (CEMEPHI—currently coordinated by the Australian Radiation Protection and Nuclear Safety Agency—ARPANSA). ARPANSA is responsible for the public dissemination of

information, identification of major public concerns re EME, and participation in the WHO's EME Program with the remaining funds.

Functions

The Committee will:

- survey the current research proposals from WHO, the European Community and the US to identify areas of strategic importance for further research to which Australia can contribute;
- define the scientific questions for research into the health and biological effects of radiofrequency electromagnetic emissions (EME), taking into account the research strategy developed by the CEMEPHI after community consultation;
- develop and implement a process for soliciting research proposals, in line with the identified research priorities;
- arrange independent peer review of applications, which may involve scientific reviewers from overseas;
- make recommendations to the SRDC on those proposals to receive funding;
- oversee periodic reporting from funded chief investigators;
- ensure that research into exposure to radiofrequency EME funded under this program is first published in peer reviewed journals, with notification of results to EME expert committee through ONHMRC at least one month prior to publication;
- provide reports of research to SRDC at regular and agreed intervals; and
- provide a final report at the end of the NHMRC triennium to SRDC.

Composition and membership

Professor J. Black Dr D. Cameron
Co-chairperson Co-chairperson

Dr C. Bain
 Professor T. Basten
 Professor A. Dobson
 Professor K. Ellem
 Dr A. Harris
 Dr F. Khafagi
 Ms. M. Kosky
 Professor C. Thompson
 Dr K. Joyner (observer)
 Dr K. Lokan (observer)

Gender breakdown

9 males
 3 female

Aboriginal and Torres Strait Islander Health Research Agenda Working Group (RAWG)

The Aboriginal and Torres Strait Islander Health Research Agenda Working Group (RAWG) is a joint working group of the Strategic Research Development Committee (SRDC) and the Office of Aboriginal and Torres Strait Islander Health (OATSIH) of the Commonwealth Department of Health and Aged Care. It was established to develop and implement evidence-based mechanisms for priority setting of research activity between different health issues and types of research in Aboriginal and Torres Strait Islander health.

RAWG's terms of reference are as follows:

1. developing and implementing evidence-based mechanisms for priority setting of research activity among different health issues and types of research in Aboriginal and Torres Strait Islander health;
2. identifying areas requiring in-depth investigation and research by NHMRC, OATSIH and key stakeholders;

3. determining the method of resource allocation for and evaluation of such research and the implementation of the recommendation arising from such research; and
4. establishing funding requirements for Aboriginal and Torres Strait Islander health research.

RAWG provides the umbrella under which the SRDC identifies areas requiring in depth investigation and research in Aboriginal and Torres Strait Islander health; and determines the method of resource allocation for, and evaluation of, such research.

In the first half of the current NHMRC triennium, RAWG has undertaken a number of important pieces of work as part of the process of developing a strategic research capacity. These include:

- a preliminary analysis of the Aboriginal and Torres Strait Islander health research funded by OATSIH and by the NHMRC;
- the development of a methodology for strategic research; and
- piloting of the methodology in the health priority area of otitis media.

Composition and membership

Dr J. Best
Chairperson
 Dr I. Anderson
 Mr D. Clarkson
 Commissioner J. Delaney
 Ms H. Evans
 Ms B. Flick
 Mr S. Larkin
 Ms R. Malcolm
 Dr M. McKinnon
 Mr P. Mills
 Professor K. O'Dea

Gender breakdown

6 males
 5 females

Otitis Media Research Committee

The purpose of the Otitis Media Research Committee is to develop, implement and evaluate a research methodology for the distribution and monitoring of funding for otitis media research in Aboriginal and Torres Strait Islander populations.

A draft methodology for strategic research has been developed, and trialed on the issue of otitis media. A committee has been established, through RAWG, to oversee the otitis media research.

The steps identified in the strategic research process, and the status of these steps in relation to otitis media are:

- a review of the existing evidence base;
- a systematic review of existing evidence and primary care guidelines on the prevention, diagnosis and management of otitis media and its associated complications in Aboriginal and Torres Strait Islander peoples;
- an analysis of current programs and approaches;
- identification of the priority research questions that need to be answered to achieve health gain;
- calling for research; and
- implementation of the results of the research into action via policy and programs.

Composition and membership

Dr M. McKinnon
Chairperson

Dr I. Anderson
Dr J. Daniels
Dr G. Hunter
Mr T. Lea
Ms F. Nelson
Professor K. O’Dea
Dr P. Torzillo

Gender breakdown

5 males
3 females

Centres of Clinical Excellence Research Committee

The Centres for Clinical Excellence in Hospital-based Research initiative arose as part of the Government’s ‘Health throughout Life’ election commitment. It received funding of \$1.5 million in each of the years 1996–97 to 1999–2000, in the 1996–97 Budget. A committee was established to oversee the Program.

The aims of the Program are to:

- foster clinical research and the training of clinical researchers;
- support innovative clinical research, including clinical research with potential to translate into successful clinical treatments;
- ensure effective translation of biomedical research into clinical practice.

Composition and membership

Dr D. Cameron
Chairperson

Professor W. Anderson
Professor J. Chalmers
Professor M. Horowitz
Professor C. Johnston
Professor M. Onslow
Ms E. Percival
Professor J. Touli
Dr A. Wilson

Gender breakdown

8 males
1 female

Evidence-based Clinical Practice Research Committee

The SRDC established a program to determine successful strategies for the utilisation of evidence-based practice in the Australian clinical research context. SRDC established the Evidence-based Clinical Practice Research Committee to oversee this program. Funding will support research that will collect or co-ordinate data from actual clinical settings and will help to determine:

- which structures and processes are required to implement and sustain evidence-based practice in different Australian health care settings; and
- the extent to which evidence-based practice in clinical settings has a positive impact on patient outcomes.

Composition and membership

Professor P. Phillips
Chairperson

Dr J. Best
Dr K. Breen
Professor C. Chapman
Dr S. Morey
Associate Professor D. Roder
Professor C. Silagy

Gender breakdown

6 males
1 female

Hepatitis C Research Committee

A joint SRDC/ANCARD Committee has been established to manage the \$1 million Hepatitis C social and behavioural research program.

The Committee agreed that the funded research would have potential to:

- make a difference in reducing the spread of Hepatitis C; or
- improve the quality of life of people living with Hepatitis C by minimising the personal and social impact of the disease.

Composition and membership

Ms. G. Cantwell
Chairperson

Dr I. Anderson
Professor L. Bryson
Professor J. Finlay-Jones
Ms. M. Kosky

Gender breakdown

2 males
3 females

Youth Suicide Research Committee

As part of the Youth Suicide Prevention Initiative, the Mental Health Branch of the Commonwealth Department of Health and Aged Care allocated \$1 million to the NHMRC for research into youth suicide in an effort to strategically target future expenditure of funds and to more effectively curtail the increasing trend in youth suicide in Australia. The Youth Suicide Research Committee was established to oversee the Program.

The objectives of the Youth Suicide Program are to:

- develop a prioritised agenda for research into the health problems of youth suicide in Australia with the goal of developing interventions and policy recommendations which will assist in the prevention of suicide, especially among young people aged between 15 and 29 years; and
- establish a network of stakeholders, in the area of youth suicide, to facilitate the exchange of ideas and information, and to encourage cross discipline and intersectoral collaboration.

Composition and membership

Professor J. Greeley
Chairperson

Dr A. Beautrais
Mr D. Casey
Mr D. Clarkson
Dr J. Howard
Professor M. Sanders

Gender breakdown

4 males
2 females

APPENDIX IV—HEALTH ADVISORY COMMITTEE (HAC)

Functions

1. To inquire into and advise Council on matters of health, including:
 - health promotion;
 - illness and injury prevention;
 - health service delivery, including methods of diagnosis and treatment;
 - health technology assessment;
 - clinical practice;
 - the impact of the social and physical environment;
 - the assessment of the role of disciplines other than medicine;
 - the health needs of groups within the community such as Aboriginal and Torres Strait Islanders, women, immigrants, older people, children and adolescents.
2. To advise Council on the administrative and legislative procedures that could be introduced to implement recommendations about health.
3. To develop standards, guidelines and strategies.
4. To consult with government, health care professions and the community.
5. To prepare reports based on research evidence, submissions and other documents.
6. To advise Council on ways of informing the community on health matters.

The Health Advisory Committee may establish working parties and expert panels as required to fulfil these functions.

Composition and membership

Professor S. Leeder
Chairperson

Professor D. Henry
Professor P. O'Brien
Professor C. Silagy

Members with expertise in health outcomes/best practice guidelines

Professor G. Rubin
Member with expertise in communicable diseases/public health

Ms B. Flick
Member with expertise in nutrition and Aboriginal and Torres Strait Islander health

Mr P. Gross
Member with expertise in health technology

Dr C. Guest
Member with expertise in environmental health

Professor R. Burton
Member with expertise in health promotion/health advancement

Professor L. Barclay
Member with a background in, and knowledge of, the nursing profession

Ms B. Johnson
Member with a background in, and knowledge of, consumer issues

Associate Professor S. Boyages
Dr C. Clarke

Professor D. Henderson-Smart
Members whose expertise complements and extends the expertise of other members

Professor J. McCallum
A member in common with the NHMRC Australian Health Ethics Committee as stipulated in the NHMRC Act 1992

Resigned

Professor F. Stanley

Gender breakdown

11 males
5 females

APPENDIX V—AUSTRALIAN HEALTH ETHICS COMMITTEE (AHEC)

Functions

1. To advise the Council on ethical issues relating to health.
2. To develop and give the Council guidelines for the conduct of medical research involving humans.
3. Such other functions as the Minister from time to time determines:
 - 3.1 to develop and give the Council guidelines for ethical conduct in the health field, additional to those required for function 2 above, and for the purposes of the *Privacy Act 1988*;
 - 3.2 to promote community debate, and consult with individuals, community organisations, health professions and governments, on health and ethical issues;
 - 3.3 to monitor, and advise on, the workings of institutional ethics committees; and
 - 3.4 to monitor international developments in relation to health ethical issues and liaise with relevant international organisations and individuals.

Composition and membership

Professor D. Chalmers
Chairperson

Sister R. M. Dunne, RSM
A person with knowledge of the ethics of medical research

Associate Professor C. J. H. Thomson
A person who has expertise in law

Dr C. D. Cordner
A person who has expertise in philosophy

Dr B. M. Tobin
A person who has expertise in religion

Dr P. J. McCullagh
A person who has experience in medical research

Dr J. L. Halliday
A person who has experience in public health research

Dr P. E. Harding
A person who has experience in clinical medical practice

Professor R. J. Watts
A person who has experience in nursing or allied health practices

Lady L. Woodward, AM
A person with understanding of health consumer issues

Dr C. J. Newell
A person with understanding of the concerns of people with a disability

Dr K. J. Breen
A person with knowledge of the regulation of the medical profession

Professor J. McCallum
A person who has experience in social science research

Associate Professor E. A. Haan
Professor J. S. Mattick
Two persons with expertise relevant to the functions of the Committee (Member in common with RC)

Gender breakdown

10 males

4 females

APPENDIX VI—INTERNAL AND EXTERNAL SCRUTINY


Decisions of courts and administrative tribunals

No decisions relating to the National Health and Medical Research Council were handed down in 1998.

Freedom of information

For the purposes of the *Freedom of Information Act 1982* ('the Act'), details of the documents held by the NHMRC are covered by the description of documents held by the Department of Health and Aged Care and published in its annual report. Therefore this statement is restricted to access information and a numerical summary of requests under the Act received and processed in 1998.

In 1998, three requests for access to NHMRC documents were received. Of these, two requests were finalised and full access was granted. A third request was not finalised.



APPENDIX VII—RESPONSES TO THE PRIVACY COMMISSIONER, COMMONWEALTH OMBUDSMAN AND LEGAL REQUESTS


No reports were served on the NHMRC by the Privacy Commissioner under section 30 of the *Privacy Act 1988* during 1998.

No determinations were served on the NHMRC by the Privacy Commissioner under section 57 of the *Privacy Act* during 1998.

One request for information was received from the Commonwealth Ombudsman under section 6(1) (b) (iii) of the *Ombudsman Act 1976* during 1998. A response was provided and there was no further action.

The NHMRC received four subpoenas during 1998. The first sought information on head and neck injuries in football, the second on depo-medrol as a pain reliever, and the third on health hazards of asbestos. The fourth subpoena related to the work of the Occupational Health Committee of the NHMRC.

This information was presented by the due dates and the NHMRC was not required to be present at any hearings.



APPENDIX VIII—FINANCIAL STATEMENTS

The NHMRC does not receive any moneys by way of appropriation, it does not receive revenues from any other source, it incurs no expenditure on its own behalf and has no assets and liabilities. The Department of Health and Aged Care receives appropriations from Parliament to provide the resources to meet the NHMRC's objectives. In 1998 the Office of the NHMRC, in the Department of Health and Aged Care, provided secretariat and administrative services to the value of \$7,166,934 to the NHMRC.

APPENDIX IX—STAFF, CONSULTANTS AND WORKING ARRANGEMENTS

The secretariat support for the Council and its committees is provided by the staff of the Department of Health and Aged Care through the Office of the NHMRC (ONHMRC). To enhance the efficiency and expertise of these staff in assisting the Council and the department in their respective activities, the activities of supporting the Council have, to date, been integrated into the functions of the department. The other resources utilised by the Council are also provided by the department.

This arrangement is authorised by the Act, which provides that the Council may make arrangements with the Secretary of Health and Aged Care for:

- the services of officers or employees of the department employed under the *Public Service Act 1992* to be made available to the Council (subsection 45[2]);
- persons having suitable qualifications or experience to be engaged as consultants to the Council (subsection 46[1]);
- the provision of facilities to the Council that are necessary for the Council to perform its functions or to exercise its powers under the Act (subsection 47).

To support the Council's activities, ONHMRC staffing as at 31 December 1998 was 72 full-time or equivalent staff and 19 temporary employees for short term projects. No consultants were engaged by the Council under subsection 46(1) of the Act. The consultancies entered into by the department to perform work for the ONHMRC are shown in the department's annual report.

APPENDIX X—REPORTING
REQUIREMENTS UNDER SECTION 83(2)
OF THE *NHMRC ACT 1992*

**Regulatory and interim regulatory
recommendations made by Council
in 1998**

Council made no such recommendations during the year.

**Guidelines issued by Council during
1998**

- Acute Pain Management: Scientific evidence
- A Guide to the Development, Implementation and Evaluation of Clinical Practice Guidelines

**Recommendations to the
Commonwealth—section 7(1)(c)**

The NHMRC makes recommendations to the Commonwealth on expenditure on public health research and training and medical research and training. Details of these recommendations are in *NHMRC Grants 1999*, a supplementary volume accompanying this report.

**Ministerial referrals to Council—
section 9**

The Council is responsible to the Minister for Health and Aged Care. Subsection 9(1) of the Act provides that the Minister may refer to the Council any matter within the scope of its functions, while subsection 10(1) authorises the Minister to give written directions to the Council as to the performance of its functions or the exercise of its powers.

A matter referred to the NHMRC by the Minister for Health and Aged Care in 1998 was the scientific, ethical and regulatory considerations relevant to cloning of human beings.

NHMRC Commissioner of Complaints

The NHMRC Commissioner of Complaints completed investigation of 11 complaints during 1998. The report was delivered to the Minister in December 1998. The full report follows.



National Health and Medical Research Council (NHMRC)
COMMISSIONER OF COMPLAINTS
 MDP 50, GPO Box 9848, CANBERRA ACT 2601

Contact: M Boling
 Phone: 02 6289 5962
 FAX: 02 6289 8776

Annual Report of the NHMRC Commissioner of Complaints for 1998

In accordance with Section 68 of the *National Health and Medical Research Council Act 1992* (the Act) I am giving this written report of my activities in the role of NHMRC Commissioner of Complaints for 1998.

Section 83 of the Act requires that the Annual Report of the NHMRC must include a copy of my report.

Part 8 of the Act defines the establishment and functions, procedure and powers, and the appointment, terms and conditions of the Commissioner of Complaints. The Commissioner is empowered to investigate, in private, complaints concerning reviewable actions taken by the Council or its delegate or the Medical Research Committee, but not to enquire into the merits of any recommendation or decision made by them. That is, investigations are essentially concerned with processes and not technical or scientific content. If it is concluded that the reviewable action is affected by one of the grounds of complaint defined in the Act one or more of the recommendations set out in the Act may be made to the Council.

Eleven complaints were considered during 1998. One was received at the end of 1997 and one remains unresolved.

In three instances the grounds of complaint were accepted as valid and recommendations were made to Council:

- (i) in favour of one complainant—to *reconsider* the rejection of two applications for grants because of alleged disadvantage from having his request disregarded for a change of interview venue to enable him to be present;
- (ii) in favour of two complainants—to *revoke* the decision about ineligibility for NHMRC Project Grants. The applications for funding were 'considered to fall into the category of "intramural" research of the National Centre for HIV Research (NCHVR) [funded by ANCARD, the Australian National Council on AIDS and Related Diseases] and therefore not eligible for consideration for separate [NHMRC] project grant funding'.

The complainants were CARG (Commonwealth AIDS Research Grants) Fellows in the Macfarlane Burnet Centre for Medical Research. From my investigations I concluded that they had no formal association with the NCHVR, that similar applications in previous years had not been declared ineligible and guidelines for the determination of eligibility in cooperative interactions between ANCARD and NHMRC were only tabled subsequent to the event which was the subject of these complaints.

The unresolved complaint also relates to ineligibility for NHMRC Project Grants on similar grounds to the previous two.

I have subsequently received an extensive review of the subject which has given rise to these three complaints, namely, a 'Briefing for the "Commissioner of Complaints" regarding grant applications from researchers from the MBC, for CARG support (submitted via NHMRC)' prepared by the Chairs of the research committees of the two funding bodies. I am awaiting further clarification before deciding whether I should submit a supplementary report about the two original complaints.

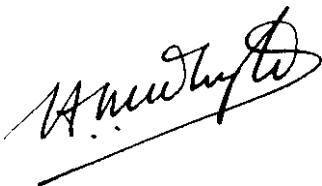
In the other seven instances I concluded that NHMRC's actions had not been affected by any of the grounds of complaint prescribed in the Act. The decisions, and relevant comments, were conveyed to the complainants.

All of the complaints dealt with were related to Project Grants processed in 1997. Apart from those related to confusion in the overlapping funding relationships between ANCARD and NHMRC, they were concerned about:

- (i) the selection, number and bias of assessors;
- (ii) possible disregard or undervaluing of reports from external assessors;
- (iii) unsatisfactory communications and arrangements for interviews;
- (iv) conflict of interest of members of interviewing committees;
- (v) lack of teleconferencing for interviewing applicants overseas;
- (vi) differences between ratings by individual expert assessors of projects and the final rankings determined by the Regional Grants Interviewing Committees;
- (vii) lack of opportunities for discussion and refutation of criticisms after the interviewing committee's deliberation and decision;
- (viii) a breakdown in confidentiality;
- (ix) delay in getting (sometimes not getting) replies to requests for information.

I have appreciated the friendly cooperation I have had from all the ONHMRC staff I have dealt with, their response to requests for documents, information and clerical assistance, the clarity they express in communication and the wisdom in comment and advice I have sought from them. However, I, and they, continue to regret that resources and competing priorities are such that the processing of complaints is often unduly delayed, which is embarrassing and could be a cause of further complaint.

Yours sincerely



Emeritus Professor H.M. Whyte, AO
NHMRC Commissioner of Complaints

18th January 1999

APPENDIX XI—PUBLICATIONS AND EXHIBITIONS

Publications

126th session—March 1998

- Maternal Deaths in Australia 1991–93

128th session—September 1998

- Review of Services Offered by Midwives

129th session—November 1998

- Acute Pain Management: scientific evidence
- A Guide to the Development, Implementation and Evaluation of Clinical Practice Guidelines
- Toxicity Assessment for Carcinogenic Soil Contaminants

Other publications

- *NHMRC News* Issue 1, September 1998
- Australian Biomedical Research Funding: Acknowledgments and Performance

Publication contact

A list of current publications is available from:

The Publications Officer
Office of the NHMRC
MDP 50
GPO Box 9848
CANBERRA ACT 2601
Phone: (02) 6289 5864
Toll free: 1800 020 103
Fax: (02) 6289 1351

Internet: <http://www.nhmrc.health.gov.au>

E-mail: nhmrc.publications@health.gov.au

Exhibitions

The NHMRC displayed its publications at the:

- Department of Health and Family Services Health Expo held on 31 March 1998, in Canberra; and
- 30th Annual Public Health Association Conference held on 13–16 September 1998, in Hobart.

APPENDIX XII—MEDIA RELEASES

- Maternal deaths in pregnancy continue to fall
- Developing, implementing and evaluating clinical practice guidelines
- Guidelines for familial aspects of cancer and the prevention, early detection and treatment of colorectal cancer
- NHMRC releases Draft Guidelines on the Ethical Conduct of Research Involving Humans
- NHMRC funded research working for a healthier Australia
- Latest finding in the fight against bowel cancer
- Guidelines on vital blood product needed to sustain good birth record
- Immunise early, says the NHMRC
- NHMRC wants more tall poppies in health and medical sciences
- Japanese encephalitis vaccine added to immunisation schedule
- Seven NHMRC publications rescinded
- NHMRC takes its news and views to professionals and consumers
- NHMRC report calls for formal recognition of expanded midwives' role
- NHMRC's responsible drinking guidelines under review
- Australia's medical research reaps return from NHMRC agreement
- Pain relief a basic human right, says NHMRC
- NHMRC promotes evidence-based health and medicine
- The unwanted inheritance: managing the risk of cancers within families
- Advanced breast cancer management to factor in emotional needs
- Committee shows the way towards better health practice

- NHMRC welcomes Wills' commitment to strong research sector

Ministerial media releases relating to NHMRC

- Federal Government against human cloning
- Advancing health and medical research for a healthier Australia
- Minister applauds development in genomics
- Evidence-based medicine leads to better disease treatment and prevention
- \$4 million for illicit drug research
- Research projects to study mobile phone health concerns
- Strategic review points the way towards a century of healing

APPENDIX XIII—ACRONYMS AND
ABBREVIATIONS USED IN THIS REPORT

AHEC	Australian Health Ethics Committee	IVF	in vitro fertilisation
AHMAC	Australian Health Ministers' Advisory Council	MPRC	Midwifery Practice and Research Centre
ANCARD	Australian National Council on AIDS and Related Diseases	MSI	micro satellite instability
ARMCANZ	Agriculture and Resource Management Council of Australia and New Zealand	NHMRC	National Health and Medical Research Council
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency	NIDDM	Non-Insulin Dependent Diabetes Mellitus
ATSIC	Aboriginal and Torres Strait Islander Commission	NPY	neuropeptide Y
AVCC	Australian Vice-Chancellors Committee	OATSIH	Office of Aboriginal and Torres Strait Islander Health
CAD	coronary artery disease	RAWG	Aboriginal and Torres Strait Islander Health Research Agenda Working Group
CEMEPHI	Committee on Electromagnetic Energy Public Health Issues	RC	Medical Research Committee, known as the Research Committee (Public Health and Medical)
CLO	Campylobacter Like Organism	RNA	ribonucleic acid
CRC	Cooperative Research Centre	SRDC	Strategic Research Development Committee
DNA	deoxyribonucleic acid	WHO	World Health Organization
ELSI	ethical, legal and social issues		
EMF	electromotive force		
FHRU	Family Health Research Unit		
HAC	Health Advisory Committee		
HGM99	Human Genome Meeting		
HUGO	Human Genome Project		
IDDM	Insulin Dependent Diabetes Mellitus		
IEC	Institutional Ethics Committee		