

MINUTES
215th Session
Council of the National Health and Medical Research Council
21-22 November 2018
NHMRC Offices, Canberra

Attendance:

Prof Bruce Robinson AM	Chair of Council
Prof Steve Wesselingh	Chair, Research Committee
Prof Ingrid Winship	Chair, Australian Health Ethics Committee
Dr Katherine Woodthorpe AO	Chair, Health Innovation Advisory Committee (day one only)
The Hon Judi Moylan AO	Member with expertise in consumer issues
Prof Ingrid Scheffer AO	Member (day two only)
Prof Ian Frazer AC	Member
Dr Michael Gannon	Member
Prof Maree Teesson AC	Member
Prof Alison Venn	Member
Prof Carol Pollock	Member
Prof Brendan Murphy	Commonwealth Chief Medical Officer (CMO) (day two only)
Professor Anthony Lawler	CMO, TAS
Dr Kerry Chant PSM	Chief Health Officer (CHO), NSW
Dr Hugh Heggie	CHO, NT
Dr Paul Kelly	CHO, ACT
Dr James Williamson	CMO representative, WA

Observers (day two only)

Ms Caroline Edwards	Observer, Department of Health
Adj Prof Debra Thoms	Observer, Commonwealth Chief Nurse and Midwifery Officer
Dr Amanda Walker	Observer, Australian Commission on Safety & Quality in Health Care
Dr Sonya Bennett	Representing CHO, QLD
A/Prof Nicola Spurrier	Representing CHO, SA

Apologies

Prof Sharon Lewin	Chair, Health Translation Advisory Committee
Prof Sandra Eades	Member with expertise in the health needs of Aboriginal persons and Torres Strait Islanders
Prof Brendan Crabb AC	Member
Prof Caroline Homer AO	Member
Dr Jeannette Young PSM	CHO, QLD
Prof Paddy Phillips PSM	CMO, SA
Dr Brett Sutton	A/g CHO, VIC

NHMRC Staff

Prof Anne Kelso AO	Chief Executive Officer
Mr Tony Kingdon	General Manager
Mr Alan Singh	Executive Director, Research Translation
Dr Julie Glover	Executive Director, Research Programs
Dr Tony Willis	Executive Director, Research Quality and Priorities
Mr Tony Krizan FCPA	Executive Director, Sapphire Taskforce

DAY ONE – INDUCTION SESSION

The Chair, Professor Bruce Robinson, congratulated members on their appointment to Council and welcomed members to the start of the new 2018-21 triennium. The Chair acknowledged the Ngunnawal People as traditional owners of the land upon which the meeting was held.

Members were provided with a presentation from the CEO, Professor Anne Kelso, as an introduction to NHMRC and the role and responsibilities of Council. Professor Kelso also detailed some of the key issues that Council would be addressing throughout the 2018-21 triennium, noting they would be explored in greater detail on Day Two.

Members were also provided with a presentation from Ms Marita Sloan, on behalf of Dr Tony Willis, on meeting logistics and the role of Secretariat officers.

DAY TWO – COUNCIL MEETING

1. WELCOME

The Chair opened the 215th Session of Council at 9am and welcomed attendees to the first meeting of the 2018-2021 National Health and Medical Research Council (NHMRC) triennium. The Chair acknowledged the Ngunnawal People as traditional owners of the land upon which the meeting was held.

The Chair noted the apologies of Professors Lewin, Eades, Crabb, Homer, and Phillips and Doctors Young and Sutton and welcomed members and observers who did not attend the induction session held the previous day. The Chair confirmed that the meeting was quorate.

The Chair reminded attendees that everything discussed at the meeting was to be treated as confidential and invited members to declare any interest that may present a potential or actual conflict at the start of the session and before discussion of relevant items. The Chair noted the importance of transparency with the operation of Council and reminded Members of the need to be timely when updating their Disclosures of Interests (DOI) throughout the triennium.

Council **ADVISED** the Chair that the draft Session Report of the 214th Session of Council was accepted as a true and accurate record of proceedings.

Action Item: Members to ensure that they update their disclosure of interests on the Committee Centre on an as needs basis and before each meeting.

2. CEO REPORT

Professor Kelso welcomed the new Council to the 2018-21 triennium and provided Council members with an update on key NHMRC activities since June 2018, noting the detailed monthly CEO Reports (June – October 2018) that were tabled with the papers. Professor Kelso highlighted:

- progress made by NHMRC in preparing for the release of the New Grant Program, including the finalisation and publication of program guidelines
- the decision to de-couple the New Grant Program from the Sapphire information management system that is under development, to allow the latter to be refined and the former to be rolled out in a timely manner

- the final meeting of the Mental Health Research Advisory Committee (MHRAC) and subsequent decision by NHMRC to hold a workshop to develop an action plan on issues addressed by the Committee.
- progress towards establishing the workplan for the MRFF funded Million Minds Mission, which was announced in the 2018-19 Budget to support innovative and ground-breaking mental health and suicide prevention research
- attendance at the Global Alliance for Chronic Diseases Board meeting, and
- collaborative opportunities with initiatives funded by the Medical Research Future Fund (MRFF).

Council **NOTED** the CEO Report.

3. CHAIR'S REPORT

Professor Robinson briefed Council on a recent invitation to appear before the Foreign Affairs, Defence and Trade References Committee *Inquiry into the Use of the Quinoline anti-malarial drugs Mefloquine and Tafenoquine in the Australian Defence Force*. The Chair noted that Dr Tony Willis and Ms Jillian Barr appeared before the Committee on 11 October, with the Committee's focus from this briefing being on gaining a greater understanding of the NHMRC's *National Statement on Ethical Conduct in Human Research*.

Council **NOTED** the Chair's Report.

4. MREA UPDATE

Mr Ivan Sharma presented an update of the MREA Budget for 2018 and outlined the process for the MREA allocations for new commitments in 2019. The draft allocations for new commitments in 2019 will be provided to Research Committee for advice in December 2018 and to Council for advice in March 2019.

Council **NOTED** the MREA update.

5. MRFF UPDATE

Ms Caroline Edwards, Deputy Secretary of Health Systems Policy and Primary Care Group, Department of Health, provided Council with an overview of the history of the MRFF, detailing the legislated roles of the Board and Minister in its administration. Ms Edwards highlighted the complementarity of the fund with the MREA and noted the joint responsibilities of Council and AMRAB. A copy of the MRFF Australian Medical Research and Innovation Priorities 2018-2021 was provided to members.

Members noted ongoing health and medical research community concerns about the transparency of disbursement of the MRFF. Ms Edwards stated that the vast majority of MRFF funds were contestable and briefed Council on the Minister's endorsed strategic priorities for the fund, highlighting strong linkages with the NHMRC (and other Commonwealth grant hubs) to ensure transparent assessment of fund applications.

Council **NOTED** the MRFF update.

6. STRATEGIC DISCUSSION – STRATEGIC PRIORITIES FOR THE 2018-21 TRIENNIUM

Professor Kelso briefed Council on the strategic focus of NHMRC over the forward period noting that, in line with legislative requirements, each year the CEO identifies major national health issues likely to arise and details them in the agency's Corporate Plan as strategic priority areas. It was noted that, in considering where NHMRC can make a contribution against these strategic priorities, the overarching themes of investment, translation and integrity should be considered, as should other areas of focus, such as gender equality, quality of research, complementarity with the MRFF, and responsiveness to the needs of Government and the community.

Council **DISCUSSED** the strategic priorities in the NHMRC Corporate Plan for 2018-19 and identified possible actions that the CEO could consider for inclusion in her Charter Letters to Principal Committees (detailed below). It was noted that a mechanism to track and manage outcomes against NHMRC's strategic priorities should be developed by the Office.

Priority 1: Improving the health of Aboriginal and Torres Strait Islander peoples including through research that builds capacity in Aboriginal and Torres Strait Islander researchers and addresses health disparities

Members noted the important community leadership role of Indigenous researchers on representative bodies and accepted that support from administering institutions (AIs) to ensure that these responsibilities were balanced with the time and space to maintain research outputs, was essential to building capacity. It was noted that the traditional value placed on 'track record' may need to be balanced against pragmatic representational pressures placed on Indigenous researchers. This may be assisted by identification of a wider pool of health and medical research (HMR) professionals to be involved in such activities and consideration of initiatives that have worked to balance competing pressures on these researchers and increase HMR participation in the past.

Priority 2: Resilience to environmental change, emerging health threats and emergencies

Members noted that this topic ranged from the preparedness of research to support the response to a health emergency (e.g pandemics) through to addressing the impact of environmental toxicology, for example dust storms caused by extreme weather events. Members recognised that community perceptions of the impact of environmental toxicology were often disproportionate (i.e. pollution in cities generally compared to pollution from a power plant or mine) and that there is an educative role to be assumed here. It was noted that data on the workforce available to consider such matters would be beneficial, as would a literature review on current research and initiatives in this space; it was suggested that enHealth might take the lead on such a review. Members also noted that future work on resilience to environmental change should focus on children and adolescents as they are the generations that will be most affected.

Priority 3: Issues related to the end of life and the delivery of palliative and supportive care

Members noted that most public debate on end of life issues focused on how people die, yet there was tremendous scope to broaden the discussion to a broader context and provide ethical guidance to the health sector charged with delivering this service in jurisdictions where there was assisted dying legislation. Members discussed where the research focus may lie, noting the opportunity that 'big data' may present in determining how best to ensure interventions add value to life, rather than just prolong life. It was noted that this is a highly complex area and there is also scope to consider activities to support the carers responsible for end of life decisions.

Priority 4: Integrated and coordinated approaches to chronic conditions

Members noted the tremendous complexities within the chronic care space, which had resulted in sector fragmentation despite the many similarities in management approach. It was widely recognised that a 'whole of life' approach is fundamental to effective management of chronic disease and many action plans have commonalities. The fundamental importance of the first 1000 days of life (from conception) to the future health of an individual was noted, suggesting a strong focus needs to be on non-communicable diseases such as early childhood obesity. It was noted that NSW has had a strong focus on childhood obesity for several years, and recognised that solutions have to be multifaceted and work across multi-care settings

with strong communication and education factors. Members noted that greater consideration of the way consumers make decisions about how to use the health system could provide insights into systems improvements. It was recognised that there may be a role for the Advanced Health Research and Translation Centres in addressing this issue.

Priority 5: Harnessing the power of data and analytical technologies

Members noted that workforce capability is one of the largest inhibitors in this area, with academic institutions now seeking to increase the number of informaticians. It was noted that the important role of informaticians is not always recognised in their contribution to a team's track record. It was noted that skilled informaticians who also understand the HMR sector play a valuable role in the practical translation of science to sector use and also aid education of policy makers. Members noted that, when it comes to utilisation of 'big data', it is important to consider integration with population health networks and major integrating authorities, so as not to duplicate existing efforts.

Priority 6: Improving research quality to maximise the rigour, transparency and reproducibility of NHMRC funded research

Members noted that NHMRC recently commenced a project aimed at enhancing research quality in NHMRC-funded research and has established a Research Quality Steering Committee (RQSC) to provide advice to NHMRC's CEO. This work builds on NHMRC activities in the previous triennium to strengthen research integrity including reviewing the *Australian Code for the Responsible Conduct of Research* (the Code) and developing the 2018 edition, developing the *Guide to Managing and Investigating Potential Breaches of the Code 2018* and commencing the development of a series of other guides to support the implementation of the Code.

7. STREAMLINING THIRD PARTY GUIDELINES

Mr Alan Singh introduced the item by first noting that members have expressed concerns about their capacity to provide advice to the CEO about clinical practice guidelines. The paper attempts to address these concerns.

Mr Singh noted that approval of third party guidelines is a key strategic priority for NHMRC, and that NHMRC approval is highly valued by guideline developers in Australia and overseas. He reminded members of their obligations in relation to guideline approval, emphasising that they were not expected to have clinical expertise in the topics presented to Council, and noting ONHMRC has already commissioned methodological and independent reviews of the guidelines to assist in decision making.

Mr Singh advised members that the proposed streamlined process, which has been adopted in the following agenda papers for items 8 and 9, represents the minimum information that can be presented to Council, namely the guideline recommendations and a summary of key issues raised in public consultation, methodological review and expert review. He noted that council spokespersons would no longer be used (except in cases where a member had an obvious interest), but senior guideline development representatives would continue to be available at meetings to answer members' questions. He noted that information in the agenda papers should be read in conjunction with the source documents made available for reference on Committee Centre should members need additional information.

Members were concerned they were sometimes asked to deliberate on guidelines with a very narrow clinical focus that did not have an impact for the broader population. Members preferred that clinical guidelines seeking NHMRC approval should be of high priority for the population and health system. Members also noted that the assurance of NHMRC commissioned clinical expert review and the presence of guideline developers at Council meetings were important safeguards.

Mr Singh responded by assuring members that NHMRC is selective in the guidelines it accepts for approval and in most cases they are directly linked to government priorities or health priorities, using criteria adopted

by Council in 2011. He assured members that ONHMRC would continue to carefully screen guideline proposals to ensure that they address national priorities.

Council **AGREED** to a new streamlined process for considering third party guidelines.

8. CLINICAL PRACTICE GUIDELINES FOR SURVEILLANCE COLONOSCOPY

Mr Alan Singh introduced the item. He reminded members that this agenda item is presented according to the streamlined procedures agreed to in item 7. He advised that additional information relating to items 8 and 9 is available for reference on Committee Centre and encouraged members to refer to the material as required.

Mr Singh introduced the guidelines, which have been developed by Cancer Council Australia with Department of Health funding. He advised that the recommendations provided at Attachment A were provided specifically for Council and that the guidelines were intended to be viewed on the Cancer Council's Wiki online guideline platform. Mr Singh advised that the guidelines had been subject to methodological review, clinical expert review and public consultation, and in the opinion of ONHMRC they meet the NHMRC guideline development standards.

Mr Singh introduced Dr Cameron Bell (chair of the guideline development committee) and Ms Tamsin Curtis (Cancer Council Australia) to answer questions. Dr Bell advised that the Cancer Council's original intention had been to combine the surveillance colonoscopy guidelines with the 2017 NHMRC approved *Clinical practice guidelines for the prevention, early detection and management of colorectal cancer* but this had not been possible. Members commended the guidelines and had no questions for Dr Bell or Ms Curtis.

Council **ADVISED** the CEO to approve the recommendations of the draft *Clinical practice guidelines for surveillance colonoscopy*.

9. CLINICAL GUIDELINE FOR THE DIAGNOSIS AND MANAGEMENT OF WORK RELATED MENTAL HEALTH CONDITIONS IN GENERAL PRACTICE

Mr Alan Singh introduced the guideline, reminding members that additional material is available on Committee Centre for reference if required. He advised that the guideline has been developed by Monash University and is supported by funding from Commonwealth and state insurance agencies. It has been subject to methodological review, clinical expert review and 60 days of public consultation, and in the opinion of ONHMRC it meets the NHMRC guideline development standards.

Mr Singh introduced Professor Danielle Mazza (chair of the guideline development committee) and Dr Samantha Chakraborty (Monash University) to answer questions. Professor Brendan Murphy questioned the need for a specific guideline as many of the issues it addresses are covered in existing guidelines. Professor Mazza agreed that there is some crossover with existing guidelines, and they have been referenced where relevant, but noted that the recommendations bring many different mental health conditions together and address the needs of general practitioners for specific advice in this complex area. She advised that the guideline will be accompanied by a comprehensive implementation plan to maximise its effectiveness.

Professor Maree Teesson commended the guideline for the clarity of its recommendations, noting that it is the summation of more than 50 years of research in this area.

Council **ADVISED** the CEO to approve the recommendation of the draft *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice*.

10. CONSIDERATION OF EMERGING TECHNOLOGIES IN LIGHT OF THE PHCR AND RIHE ACTS

Ms Marita Sloan, representing Dr Tony Willis, briefed Council on the history of the issues paper, *Consideration of emerging technologies in light of the Prohibition of Human Cloning for Reproduction Act 2002 and Research Involving Human Embryos Act 2002* (the Emerging Technologies paper). The paper considers the nexus between emerging technologies relating to human reproduction and the legislative framework in Australia.

Since June 2018, the Emerging Technologies paper has been subject to an internal review against the recommendations of the Report of the Senate Community Affairs References Committee *Inquiry into the science of mitochondrial donation and related matters* (the Inquiry Report). The Emerging Technologies paper is not intended to advocate for the introduction, or otherwise, of any new technology, but to explain how the legislation operates and to highlight the ethical and scientific complexity of legislating in this area. It includes information that could be useful for any public consultation on the future of the legislation (as recommended by the Inquiry Report) but its content is broader. Professor Brendan Murphy noted the recent finalisation of the *Third Review of the National Gene Technology Scheme* (the Review), which resulted in 27 recommendations for action. Professor Murphy asked that any impact of the Review be considered before the Council recommendation to the CEO on the Emerging Technologies paper is implemented.

Council:

- **NOTED** that the review undertaken by the ONHMRC found that the Emerging Technologies paper provides information that complements but does not answer issues raised in the recommendations of the Inquiry.
- **NOTED** that the Government response to the Inquiry is yet to be released; however, Council does not anticipate that the content of this paper would adversely affect any future actions by the Government in relation to the Report.
- **ADVISED** that, following consideration of the recommendations of the *Third Review of the National Gene Technology Scheme*, the CEO release the, *Consideration of emerging technologies in light of the Prohibition of Human Cloning for Reproduction Act 2002 and Research Involving Human Embryos Act 2002* (The Emerging Technologies Paper), at her discretion and/or draw upon it as required in future work.

Action Item: ONHMRC to meet with the Office of the Gene Technology Regulator to consider any impact of the Review, prior to finalising the Emerging Technologies paper.

11. DRAFT GUIDANCE ON PER-FLUOROALKYL AND POLY-FLUOROALKYL SUBSTANCES (PFAS) IN RECREATIONAL WATER: FEEDBACK FROM PUBLIC CONSULTATION

Council discussed issues arising out of public consultation on the draft *Guidance on Per-fluoroalkyl and Poly-fluoroalkyl Substances (PFAS) in Recreational Water* (the Guidance). This included the new methodology used in developing the Health Based Guideline Values (HBGV), which reflects more accurate assumptions of how much water is consumed during recreational water use but is different from the 2017 interim guidance published by the Department of Health. Dr Chant and Professor Robinson noted that these revised assumptions are very conservative (ingesting 200 ml 150 times a year is a generous assumption). Dr Chant observed that, with this type of approach, NSW Health will often have to apply a modified risk assessment to calculate a guideline value that reflects the particular nature of the site being assessed.

Members were advised that the draft Guidance will be reviewed by enHealth before returning to them in March 2019 for advice about publicly releasing the Guidance. In the meantime, NHMRC will work with the Department of Health to ensure appropriate and useful public messaging to minimise public confusion at the time of release.

Council

- **NOTED** the outcomes of the public consultation on the draft *Guidance on Per-fluoroalkyl and Poly-fluoroalkyl Substances (PFAS) in Recreational Water* and the proposed approach to finalise the Guidance through enHealth, and
- **ADVISED** on concerns about the new methodology causing some confusion given the higher HBGV compared to that in the 2017 interim guidance published by the Department of Health.

12. PLANNING AND BUDGETING OF PUBLIC AND ENVIRONMENTAL HEALTH ADVICE

Council noted that the CHOs discussed this issue at their meeting prior to the full Council session. It was agreed that a stable funding source was critical to ensure currency of core public and environmental health advice, and the ability to quickly respond to emerging issues. CHOs advised that the funding should not be 'open ended', but that a five year program should be considered.

Council suggested that funds should be sought according to the Australian Health Ministers' Advisory Council (AHMAC) cost-shared formula, but not necessarily from the AHMAC budget itself. This would make it easier for jurisdictions to determine the appropriate funding source. Dr Chant indicated that in order to make the April 2019 deadline for NSW Health budget purposes, this direction would need to be provided by late February or early March 2019. NSW, Victorian and Queensland CHOs offered to help draft the approach to AHMAC, given their states' larger contribution to this funding.

To strengthen the approach to AHMAC, CHOs advised including information on how this public and environmental health advice is important for rural and regional areas, and how it might deliver any cost savings or efficiencies. Professor Murphy recommended that the draft AHMAC proposal be reviewed by CHOs prior to the CEO providing it to AHMAC.

Council

- **ADVISED** the CEO to approach the Australian Health Ministers' Advisory Council to provide funding for a five year program of work to maintain and develop critical NHMRC public and environmental health advice.
- **CONFIRMED** that the NHMRC public and environmental health guidelines at Attachment B reflected priority areas.

13. EVALUATION OF BOOSTING DEMENTIA RESEARCH INITIATIVE

Dr Tony Willis detailed the Government's 2014–15 Budget commitment of \$200 million over five years for NHMRC to boost dementia research. This includes: \$150 million to urgently scale up dementia research, and \$50 million for the NHMRC National Institute for Dementia Research (NNIDR). Noting that the five-year funding period concludes in June 2019, NHMRC has contracted ACIL Allen to undertake a monitoring evaluation of the initiative to date and to develop an evaluation framework for guiding subsequent evaluations as required. ACIL Allen will be supported in the evaluation by external advisors Professor Jeffrey Braithwaite and Professor Trish Greenhalgh. Council discussed the value of the evaluation process.

Council **NOTED** that NHMRC has contracted ACIL Allen to undertake an evaluation of the Boosting Dementia Research Initiative by the end of November 2018.

14. SAPPHIRE UPDATE

Mr Tony Krizan provided a short background to NHMRC's Research Grants Management System (RGMS) and then an overview of NHMRC's new grant management solution, Sapphire. Sapphire is significantly more than a replacement for RGMS as it will have new capabilities, comprising an intuitive and easy to use forms capability, electronic workflow, post award grant administration and two advanced analytics modules.

The Grant Management Accelerator is, in time, expected to speed up application and assessor assignment while the Outcomes Reporting Accelerator will assist tracking research journeys and outcomes through structured data linkages (e.g. ORCID, TROVE, Australian Research Data Commons and AusPat) and powerful web-scraping technology.

Mr Krizan recognised there were complexities to this large and complex development and indicated that it is important the project is completed carefully so as to avoid disruption to the health and medical research community.

Council **NOTED** the Sapphire report.

15. DATA UPDATE

Council **NOTED** the update on NHMRC's data policy.

16. STATUS OF ETHICS GUIDELINES AND PUBLICATIONS AND STANDARDS FOR RESEARCH

Council **NOTED** the update on the status of ethics guidelines and publications and standards for research.

17. STATUS OF GUIDELINES IN CLINICAL PRACTICE AND PUBLIC HEALTH

Council **NOTED** the overview of public health and clinical practice guidelines and advice issued by the CEO in the last 12 months as well as those currently being developed, and **NOTED** the overview of public health and clinical practice guidelines currently being developed by other organisations (third party guidelines).

18. UPDATE ON THE BOOSTING DEMENTIA RESEARCH INITIATIVE

Council **NOTED** the update on the progress of the Boosting Dementia Research Initiative.

19. MENTAL HEALTH RESEARCH ADVISORY COMMITTEE (MHRAC) UPDATE

Council **NOTED** the outcomes of the final meeting of the Mental Health Research Advisory Committee held on 10 October 2018.

20. NHMRC COMMUNICATIONS UPDATE

Council **NOTED** the NHMRC Communications update.

21. UPDATE TO THE SYPHILIS CHAPTER OF THE PREGNANCY CARE GUIDELINES

Professor Bruce Robinson advised members that a proposal from the Department of Health to provide interim advice to clinicians on the management of syphilis had been discussed at the meeting of the Chief Health Officers earlier in the day. The proposal is designed to provide advice to clinicians using the NHMRC approved *Pregnancy Care Guidelines*. Mr Alan Singh advised that definitive advice has been developed and is currently undergoing public consultation, and will be brought to Council for consideration in March 2019.

Professor Robinson advised that he had requested the matter be brought to Council's attention. Members discussed the interim recommendations, agreeing that urgent advice was needed in the context of a current outbreak of syphilis in the Northern Territory where some women have become infected during pregnancy. Members were concerned that the interim advice made reference to 'high risk' individuals without defining what constitutes high risk, and advised that it was important that testing for syphilis was appropriately targeted.

Professor Murphy agreed to provide this advice to members out of session. Members deferred a recommendation to the CEO pending definition of the high-risk population, and agreed to dispense with the requirement for the interim recommendation to undergo public consultation.

OTHER BUSINESS

Professor Robinson informed members that Mr Tony Kingdon has decided to retire at the end of the year, after eight years of service to NHMRC and many more years elsewhere in the public service. Mr Kingdon has played a critical role in shaping NHMRC. The Chair thanked Mr Kingdon for his commitment to NHMRC and acknowledged the 'behind the scenes' leadership that he had provided over many years.

Professor Kelso informed Council that Ms Clare McLaughlin will succeed Tony Kingdon as General Manager. Ms McLaughlin brings deep experience from her background in a number of roles including Acting Chief of Staff for the Hon Karen Andrews MP, Minister for Industry, Science and Technology; Science Counsellor, Australian Embassy to Belgium and Mission to the EU, Brussels; and General Manager, Research Infrastructure and Funding Branch, Department of Innovation, Industry, Science and Research.

CLOSE OF MEETING

The Chair thanked the Secretariat and staff of the Office for their work in preparing the high quality papers and their support for the meeting.

The meeting was closed at 2.15pm.