

National Health and Medical Research Council

Report on the Activity of Human Research
Ethics Committees and Certified Institutions
for the period: 1 January 2024 to 31
December 2024

FINAL

Background

ORIMA Research was commissioned to design and conduct the 2024 annual reporting survey on behalf of the National Health and Medical Research Council (NHMRC). The information collected provides an annual overview of the activity of Human Research Ethics Committees (HRECs) during calendar year 2024 ('reporting period'). It is also used to assess the extent to which registered HRECs and the HRECs of certified institutions meet the requirements of the [National Statement on Ethical Conduct in Human Research](#) (National Statement).

The 2023 National Statement was issued on 29 June 2023 and incorporated a revised Chapter 2.1 and Section 5 as well as some minor consequential changes. The NHMRC expected institutions, HRECs and researchers to apply the revised National Statement from the effective date of 1 January 2024. Several questions in the 2024 annual report were changed to reflect the updated National Statement. Please note that all references to the National Statement in this activity report are to the 2023 National Statement as this version was in effect during the reporting period.

The annual reporting survey for the 2024 reporting period opened in May 2025 and closed in August 2025.

This project was conducted in accordance with the international quality standard ISO 20252:2019, the international information security standard ISO 27001:2022, as well as the Australian Privacy Principles contained in the *Privacy Act 1988 (Cth)*. ORIMA Research also adheres to the Privacy (Market and Social Research) Code 2021 administered by the Australian Data and Insights Association (ADIA).

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I. Report on the Activity of NHMRC-Registered Human Research Ethics Committees for the Period 1 January 2024 – 31 December 2024

Human Research Ethics Committees (HRECs) play a central role in the ethical oversight of research involving humans. HRECs review research proposals involving human participants to ensure that they are ethically acceptable and have been developed in accordance with relevant standards and guidelines.

The National Health and Medical Research Council (NHMRC) requests annual reports from HRECs registered¹ with NHMRC concerning the HRECs' activities over the reporting period (a calendar year). The information that is collected in these annual reports relates to the application of specific requirements of the *National Statement on Ethical Conduct in Human Research* (National Statement) including:

- the composition of the HREC
- processes for the consideration of research proposals
- reporting arrangements, and
- monitoring of approved research and mechanisms for handling complaints.

The purpose of collecting the information is to gather an annual overview of the Australian HREC system. This information assists NHMRC, including the Australian Health Ethics Committee (AHEC).

The following overview of HRECs is drawn from the information provided for the reporting period from 1 January 2024 to 31 December 2024.

Any queries regarding this report can be directed to HREC.admin@nhmrc.gov.au.

A. Number of HRECs

During 2024, 188 HRECs were registered with NHMRC, of which 183 submitted an annual report on their activities to NHMRC (see **Table 1**). Of the 183 HRECs who submitted an annual report, seven indicated that their institution had closed the HREC (i.e. the HREC no longer operates or conducts meetings) in 2024, or in 2025 prior to submitting their annual report.

There were 190 HRECs in the previous reporting period (2023), 183 of which submitted an annual report.

¹ For an HREC to be 'registered' with NHMRC, the institution(s) that are responsible for the HREC notifies NHMRC of the HREC's membership, Terms of Reference and Standard Operating Procedures and provides a signed declaration that the HREC will comply with the National Statement.

Table 1: Reportable HRECs by jurisdiction (2024)

Jurisdiction	Number of HRECs
Victoria	55
New South Wales	49
Queensland	28
South Australia	23
Western Australia	17
Australian Capital Territory	8
Northern Territory	2
Tasmania	1
Total	183

B. HREC membership

Minimum membership

The minimum membership of an HREC is eight members, as described in paragraph 5.1.30 of the National Statement. This includes two individuals assigned to each of the following categories: ‘persons with current research experience that is relevant to research proposals to be considered at the meetings they attend’ and ‘persons who bring a community or consumer perspective’.

During the 2024 reporting period, 13 HRECs (7%) reported that they did not meet at least one of the minimum membership requirements below:

- No Chairperson (n=1)
- Less than two members who bring a community or consumer perspective (n=8)
- No members with knowledge of, and current experience in, the professional care or treatment of people (n=1)
- No members who perform a pastoral care role in a community (n=5)
- No qualified lawyer (n=4), and
- Less than two members with current research experience that is relevant to research proposals to be considered at the meetings they attend (n=1).

Additional membership

In addition to the minimum membership categories, other members appointed to HRECs during the 2024 reporting period were identified by HRECs as filling the following self-described roles:

- Aboriginal and Torres Strait Islander representatives
- Culturally and linguistically diverse representatives
- Delegates
- Deputy chair
- Executive representatives (e.g. Chief Executive Officer, Director, General Manager)
- Ex-officio members
- Graduates
- Institutional representatives

- Medical professionals
- Nominees
- Non-sitting members
- Pool members
- Student representatives or trainees
- Subcommittee representatives
- Support or administrative staff (e.g. secretary)
- Veterans
- Youth representatives, and
- Members with expertise in:
 - Artificial intelligence
 - Biostatistics or statistics
 - Clinical governance
 - Data and information security
 - Data science
 - Dentistry
 - Dietetics
 - Ethics
 - Health information management
 - Librarianship
 - Medical education
 - Mental health
 - Neurology
 - Nursing
 - Occupational therapy
 - Oncology
 - Perinatal health
 - Pharmacy
 - Psychology
 - Radiation safety, and
 - Technology.

Institutional and non-institutional members

The National Statement paragraph 5.1.36(b) states that, as far as is practicable, at least one-third of those participating in each HREC meeting are from outside of the institution.² During the 2024 reporting period, on average, 61% of appointed HREC members were from outside of the institution (see **Table 2**).

Table 2: Institutional composition of appointed HREC members (2024)

	Proportion of members (average)
Institutional	39%
Non-institutional	61%

Of the HRECs that considered new research proposals during the 2024 reporting period, around nine-in-ten (89%; n=158) indicated that in each meeting held in 2024, at least one-third of those

² This includes members who have no affiliation, connection or relationship with the institution to which the HREC is accountable.

participating were from outside of the institution. The remaining 20 HRECs (11%) reported that this requirement was not achieved due to the following reasons:

- Less than one-third of appointed HREC members were from outside of the institution
- Absences or apologies of non-institutional members
- Difficulty recruiting non-institutional members
- The HREC was closing and was not recruiting additional non-institutional members
- The HREC was merging with another and would only recruit non-institutional members after the merge was complete, and
- Requirement was achieved for meetings discussing greater than lower risk research, but not achieved for meetings discussing minimal or lower risk research.

Diversity (including gender diversity)

As per paragraph 5.1.36(a) of the National Statement, as far as is practicable, institutions that establish HRECs should ensure that the HREC membership at each meeting has diversity, including gender diversity. The average gender composition of HRECs during the 2024 reporting period is presented in **Table 3**.

Table 3: Gender composition of appointed HREC members (2024)

	Proportion of members (average)
Women	55%
Men	45%
Non-binary/other term/prefer not to say	<1%

During the 2024 reporting period, 94% of HRECs (n=172) indicated that the requirement for diversity, including gender diversity, was met. These HRECs reported that this was achieved in the following ways:

- Gender diversity within HREC membership and/or at meetings
- LGBTIQ+ diversity within HREC membership and/or at meetings
- Age diversity within HREC membership and/or at meetings
- Aboriginal and Torres Strait Islander representation within HREC membership and/or at meetings
- Cultural diversity within HREC membership and/or at meetings
- Religious diversity within HREC membership and/or at meetings
- Lived experience representation within HREC membership and/or at meetings
- Social diversity within HREC membership and/or at meetings
- Disciplinary/expertise diversity within HREC membership and/or at meetings
- Both institutional and non-institutional representation within HREC membership and/or at meetings
- Regular review of HREC composition
- Targeted recruitment to meet diversity requirements, and
- Maintaining a membership pool to meet diversity requirements.

The remaining HRECs (6%, n=11) reported that the requirement for diversity, including gender diversity, was not met due to the following reasons:

- Changes to, or turnover of, HREC membership
- Difficulty recruiting HREC members
- Gender imbalance within HREC membership

- No members who identify as non-binary or gender other than man/woman, and
- Anticipated HREC closure

C. Administration and general operation of the HREC

Terms of reference and operating procedures

During the 2024 reporting period, 95% of HRECs (n=173) indicated that their terms of reference met the requirements of National Statement 5.1.29, including publication. Reports from the remaining ten HRECs advised that:

- Publication requirements were not met
- Their terms of reference were under development or review
- The minimum membership requirements were not met.

94% of HRECs (n=172) reported that their standard operating procedures supporting the operations of the HREC met the requirements of National Statement 5.2.1, including publication. Reports from the remaining 11 HRECs advised that:

- Publication requirements were not met
- Their standard operating procedures were under development or review
- Their standard operating procedures were incorporated into their terms of reference
- The HREC is pending closure.

Record keeping and reporting

All but five HRECs (97%; n=178) reported that they considered new³ research proposals during the 2024 reporting period. All 178 of these HRECs indicated that records of all research proposals received and reviewed during the reporting period were kept in accordance with the requirements of National Statement 5.2.15–5.2.20.

Use of the Human Research Ethics Application

The Human Research Ethics Application (HREA) is an online application form which aims to facilitate efficient and effective ethics review for research involving humans. The application encourages researchers to consider the ethical principles of the National Statement for their research, rather than focus on requirements for approval. Further information can be found on the [HREA website](#).

During the 2024 reporting period, just over seven-in-ten HRECs (72%; n=128) indicated that they accepted the use of the HREA for some or all submissions. Of these:

- 60 HRECs (47%) required the use of the HREA for **all** submissions
- 41 HRECs (32%) required the use of the HREA for **some** submissions, and
- 27 HRECs (21%) **did not require** the use of the HREA for submissions.

A HREA can be completed via the [NHMRC's own HREA system](#), as well as through third-party research management systems, such as Ethical Review Manager (ERM), the Research Ethics and

³ 'New' research proposals did not include proposals that had already been considered by the HREC during a previous reporting period. They also did not include amendments or annual reports related to approved projects.

Governance Information System (REGIS), and the Research Governance and Ethics Management System (Research GEMS).

D. HREC meetings

Among the 178 HRECs who considered new research proposals during the reporting period, 47% (n=83) reported that at least the minimum membership (as per paragraph 5.1.30 of the National Statement) **was present** at all meetings where a decision was made on a research proposal, either in person or via available technology (e.g. videoconference).

Of the 95 HRECs (53%) who reported that the minimum membership was **not** present at all meetings where a decision was made on a research proposal:

- The average number of meetings where the minimum membership was **not** present was 4.7, and
- The average proportion of all meetings where the minimum membership was **not** present was 50%.

In the instances where the minimum membership was **not** present at all meetings, around four-in-five HRECs (81%; n=77) reported that the chairperson **was satisfied** that, prior to a decision being reached, the views of the members from the minimum membership categories who were not present were received and considered by all members of the HREC participating in the meeting.

Of the 18 HRECs who reported that the chairperson was **not** satisfied, as described above:

- The average number of meetings where the chairperson was **not** satisfied was 6.6, and
- The average proportion of all meetings where the chairperson was **not** satisfied was 67%.

Reported reasons as to why the views of the members from the minimum membership categories who were not present were not received and considered by all members of the HREC participating in the meeting included:

- The minimum membership requirements were not met
- Views were requested but were not provided in a timely manner
- Views were not provided due to illness or other personal circumstances, and
- Views were sought after the meeting and considered by the Chair before decision letters were sent to researchers.

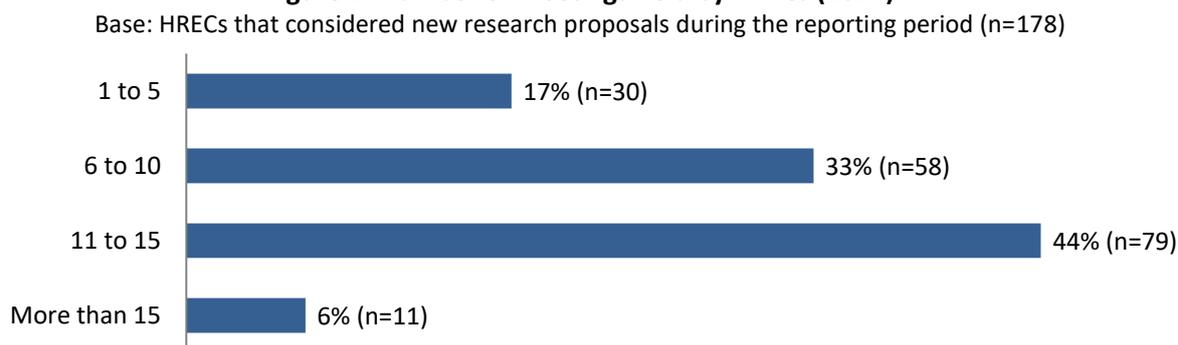
As per paragraph 5.2.5 of the National Statement, where there is less than full attendance of members from the minimum membership categories (listed at 5.1.30) at a meeting, the HREC chairperson must be satisfied that the views of the members who are not present have been received and considered by all members of the HREC participating in the meeting, before a decision is made. This is regardless of the number of members that an HREC requires to be in attendance for a meeting to proceed (i.e. quorum).

Number of meetings

The distribution of the number of meetings held by HRECs during the 2024 reporting period is shown in **Figure 1**.

- Across all HRECs, the average number of meetings held was 9.9.
- The maximum number of meetings held by any one HREC during the reporting period was 53. This HREC comprised 16 members, and considered 210 new research proposals during 2024.

Figure 1: Number of meetings held by HRECs (2024)



E. Training

During the 2024 reporting period, 82% of HRECs (n=150) indicated that one or more members participated in training relevant to their work on the HREC (not including induction training).

A similar proportion of HRECs (83%; n=152) reported that, during the reporting period, all new members were provided with induction training (as per paragraph 5.1.26(c)(i) of the National Statement). 16% of HRECs (n=29) reported that there were no new members appointed during the reporting period.

The requirements for HREC member training are set out in paragraphs 5.1.26(c)(i)(ii) and 5.2.22(a)(d) of the National Statement.

F. Review of research proposals

Number of research proposals

A total of 13,425 new⁴ research proposals were considered⁵ in the 2024 reporting period. Of these new research proposals, 161 (1%) were denied ethics approval by the HREC and will not be re-considered.

Table 4 shows the number of research proposals considered by HRECs from the last five years (2020 to 2024).

⁴ The reporting of 'new' research proposals was not intended to include proposals that had already been considered by the HREC during a previous reporting period. It was also not intended to include amendments or annual reports related to approved projects.

⁵ 'Considered' refers to the consideration of any type of research proposal reviewed by the full HREC.

Table 4: Research proposals considered/approved by HRECs (2020 to 2024)

Details of research proposals	2020	2021	2022	2023	2024
Total number of new research proposals considered	15,575	15,087	13,066	13,284	13,425
Total number of new research proposals approved ⁶	13,477	13,302	11,744	11,740	11,982
Percentage of new research proposals approved	87%	88%	90%	88%	89%
Highest number of proposals approved by a single HREC	417	361	418	369	341
Number of HRECs that accepted ⁷ the ethics approval of an external HREC	119	110	113	114	115

The distribution of the number of new research proposals considered by HRECs during the reporting period is shown in **Figure 2**.

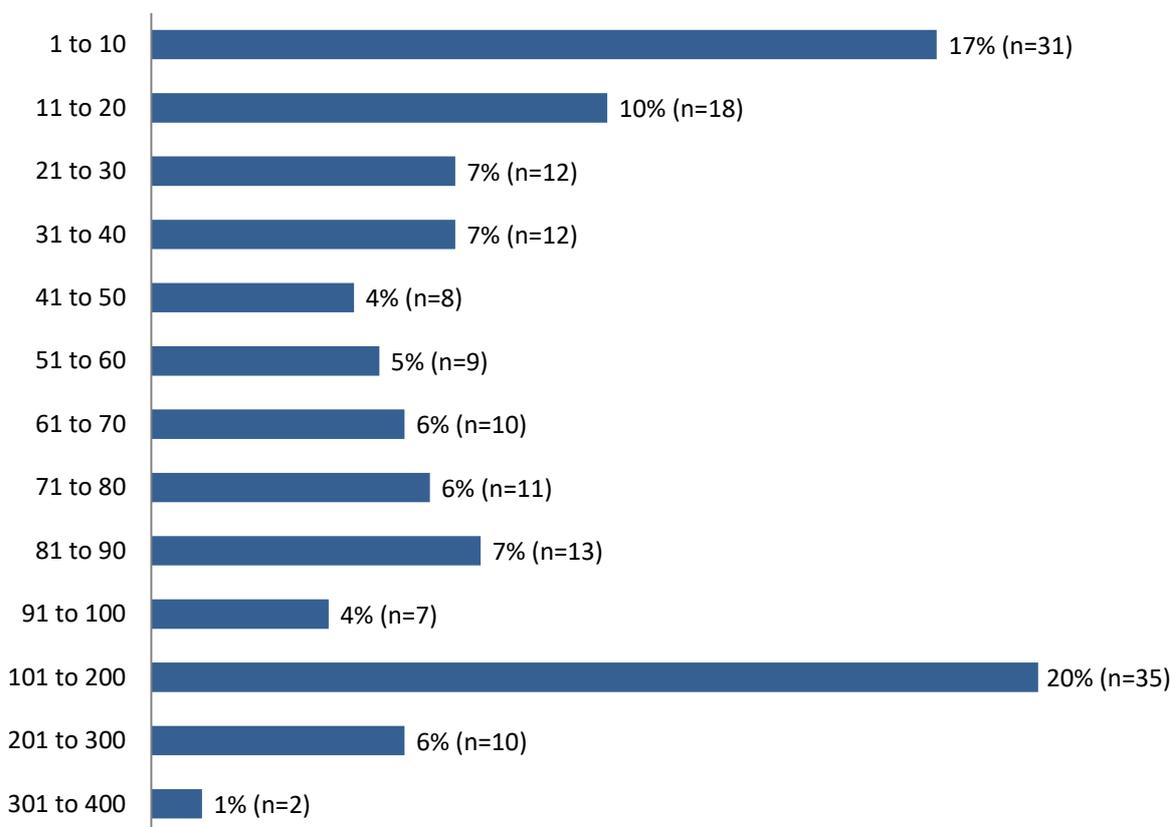
- The average number of new research proposals considered was 75.
- The highest number of new research proposals considered by any one HREC during the reporting period was 377 (n=1), and the lowest was 1 (n=4). The HREC that reported considering 377 proposals met 23 times and comprised 23 members.

⁶ 'Approved' refers to proposals that were either approved upon initial review or after re-consideration in the 2024 reporting period.

⁷ 'Accepted' refers to acceptance on one or more occasions.

Figure 2: Number of new research proposals considered by HRECs (2024)

Base: HRECs that considered new research proposals during the reporting period (n=178)



Types of research proposals considered by HRECs

In the 2024 reporting period, 114 HRECs considered a total of 2,245 new clinical trial⁸ research proposals. In the previous reporting period (2023), 2,204 research proposals involving clinical trials were considered.

Five HRECs (3%) considered research proposals involving the use of human gametes (eggs or sperm) or excess Assisted Reproductive Technology (ART) embryos during the reporting period.

G. Health research involving Aboriginal and Torres Strait Islander Peoples

Of the 178 HRECs who considered new research proposals during the reporting period, almost half (48%; n=86) considered proposals involving health research with Aboriginal and Torres Strait Islander peoples.

Of these HRECs, all but six (93%; n=80) reported that they used the [Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders 2018](#) in considering these health research proposals. The remaining six HRECs reported

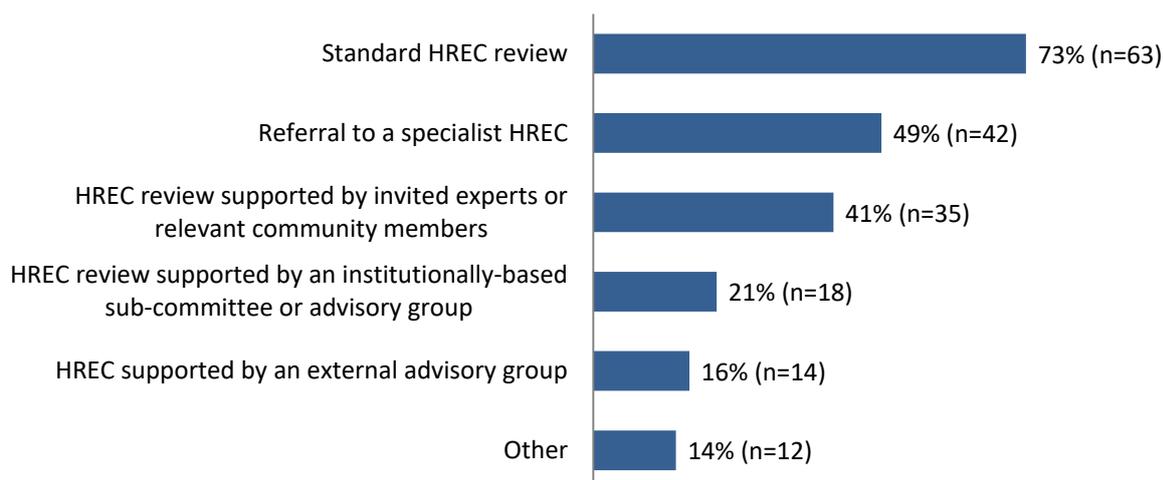
⁸ The [World Health Organization](#) defines a clinical trial as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Interventional research that is not related to the prevention, diagnosis, treatment or management of a health condition should not be categorised as a clinical trial, even if it includes randomisation or has other methodological attributes of a ‘trial’. Additionally, not all clinical research proposals qualify as clinical trials.

using the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) *Code of Ethics for Aboriginal and Torres Strait Islander Research*, or referring the research to a specialist HREC.

Mechanisms used by HRECs for the review of health research proposals involving Aboriginal and Torres Strait Islander peoples are shown in **Figure 3**.

Figure 3: Mechanisms used by HRECs for the review of health research proposals involving Aboriginal and Torres Strait Islander peoples (2024)

Base: HRECs that considered new health research proposals involving Aboriginal and Torres Strait Islander peoples during the reporting period, multiple responses accepted (n=86)



Other mechanisms used by HRECs for the review of health research proposals involving Aboriginal and Torres Strait Islander peoples included:

- Advice from Aboriginal and Torres Strait Islander committee members, advisors, or community
- Review or advice from a HREC that specialises in research involving Aboriginal and Torres Strait Islander peoples, and
- Use of guidelines including NHMRC's *Keeping research on track II*, and institutional guidelines.

Further guidance about research with Aboriginal and Torres Strait Islander peoples is provided in Chapter 4.7 of the National Statement.

H. Lower risk research

During the 2024 reporting period:

- 39% of HRECs (n=69) indicated that their organisation had an established **non-HREC pathway** that is used for the review of **all** lower risk research
- 42% of HRECs (n=74) indicated that their organisation has a non-HREC pathway but the **HREC** also reviews **some** lower risk research, and
- 20% of HRECs (n=35) indicated that the **HREC** reviews **all** lower risk research.

Of the 109 HRECs that review lower risk research, 82% (n=89) indicated that the HREC **considered** research involving lower risk during the reporting period.

Further guidance about research involving lower risk is provided in Chapter 2.1 and paragraphs 5.1.10–5.1.14 of the National Statement.

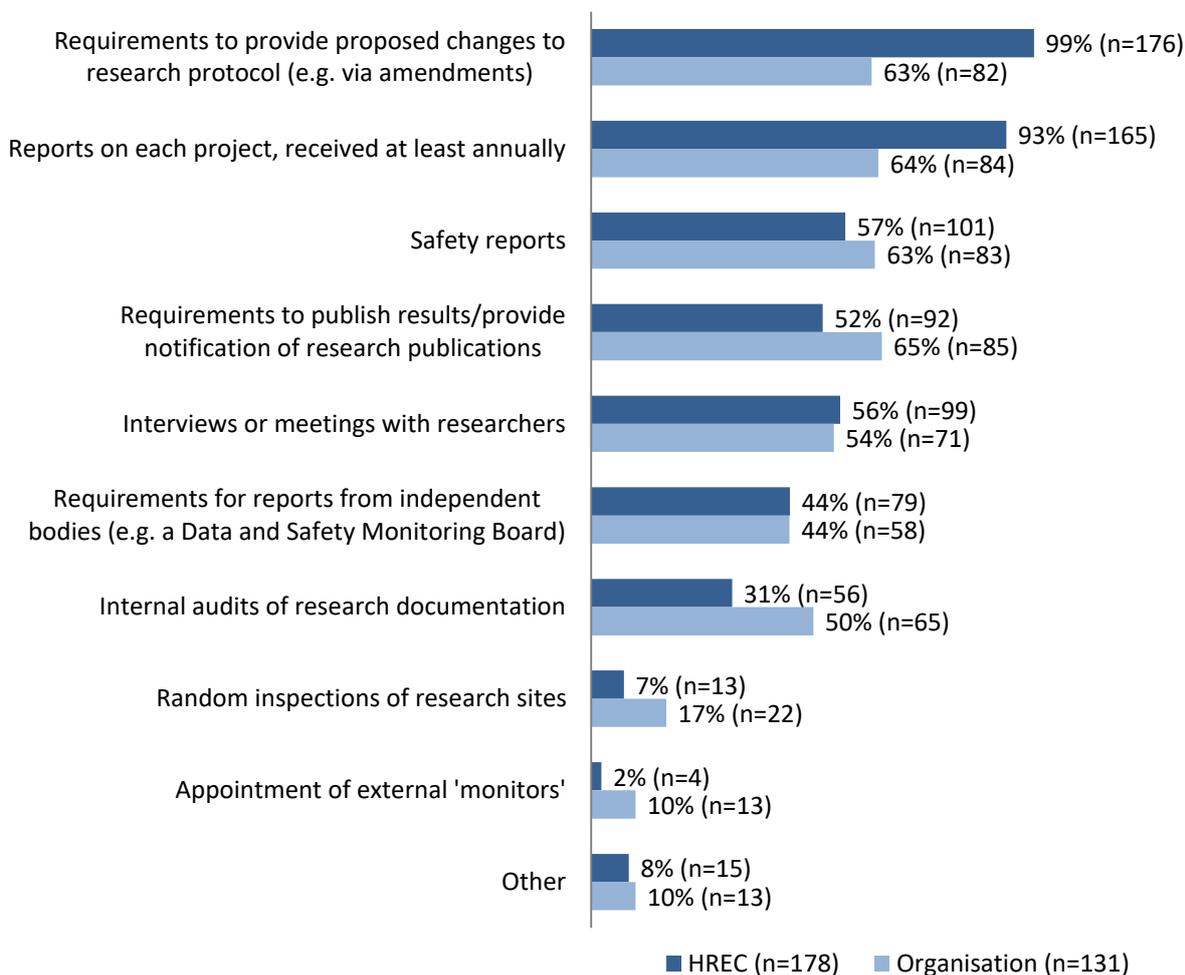
I. Monitoring of research

All 183 HRECs who submitted an annual report indicated that the organisation and/or the HREC had procedures in place for monitoring approved research during the 2024 reporting period. Of these, 98% (n=179) indicated that the organisation and/or the HREC **undertook** monitoring of approved research during the reporting period. The remaining 4 HRECs reported that there was no approved research to monitor.

Figure 4 provides information on the monitoring mechanisms used by HRECs in 2024.

Figure 4: Monitoring processes (2024)

Base: HRECs that reported that the organisation and/or the HREC undertook monitoring of all approved research, multiple responses accepted (n=179)



Other mechanisms used to monitor research during the reporting period included:

- Requirement for researchers to provide regular updates and reports, including in relation to:
 - Adverse events
 - Amendments or protocol deviations
 - Breaches or non-compliance
 - Complaints
 - Safety
- Requirement for researchers to provide a final report upon completion of their project
- Audits (including self-audits, internal audits, and sponsor audits)

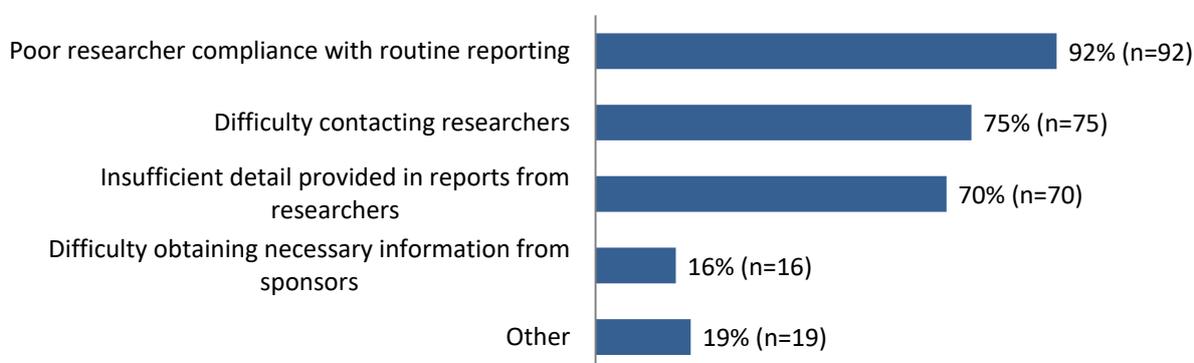
- Development of formal documents to assist with monitoring (e.g. project monitoring schedule, compliance checklist)
- Inviting researchers to attend HREC meetings to discuss and present findings
- Monitoring visits and safety inspections
- Provision of updates and reports to executive or institutional representatives, and
- Review of research policy.

Problems encountered in monitoring approved research

Of the 179 HRECs that undertook monitoring of approved research during the 2024 reporting period, 56% (n=100) reported that they or their organisation encountered problems in monitoring research. The types of problems encountered are shown in **Figure 5**.

Figure 5: Problems encountered in monitoring research (2024)

Base: HRECs that reported that they or their organisation encountered problems in monitoring research during the reporting period, multiple responses accepted (n=100)



Other problems encountered in monitoring research included:

- Difficulty obtaining evidence of ongoing ethics approval from external HRECs due to differing timelines and workloads
- Extensions to project timelines
- Late submission of reports
- Limited resources to undertake monitoring
- Technical issues or limitations
- Researchers leaving the research project or organisation, and
- Unresponsive researchers or poor communication from researchers.

Of the 100 HRECs that encountered problems in monitoring research during the reporting period, all but one (99%; n=99) indicated that the problems encountered had been communicated to an appropriate level of management within the organisation.

The responsibilities for organisations, HRECs and researchers in monitoring approved research are set out in Chapter 5.4 of the National Statement.

J. Complaints handling

Of the 183 HRECs who submitted an annual report, all but four (98%; n=179) indicated that the HREC had a publicly available procedure(s) for receiving and handling complaints or concerns about researchers or the **conduct of research**. 96% of HRECs (n=176) reportedly had a publicly available

procedure(s) for receiving and handling complaints or concerns about the **conduct of review bodies** in reviewing research proposals.

Reported reasons as to why HRECs did not have publicly available complaints procedures included:⁹

- Complaints procedures were in the process of being developed, reviewed, or made publicly available
- Complaints procedures were available internally or provided upon request, and
- There were no active projects during the reporting period.

Types of complaints received

During the reporting period, 80 HRECs (44%) received a combined total of 317 complaints about researchers or the **conduct of research**, and 15 HRECs (8%) received a combined total of 28 complaints about the **conduct of review bodies** in reviewing research proposals (see **Table 5**).

Table 5: Number of complaints or concerns received by HRECs (2024)

Nature of concerns or complaints	Total number of complaints	Highest number received by any one HREC
Complaints received about researchers or the conduct of research	317	34
Complaints received about researchers or the conduct of research projects that involved Aboriginal and Torres Strait Islander peoples	10	3
Complaints received from a researcher about the conduct of review bodies in reviewing research proposals	28	5

The general nature of complaints received about researchers or the **conduct of research** related to:

- Ethics approval and protocol compliance (e.g. research conducted without approval, deviations from approved protocol)
- Privacy and data security (e.g. privacy breaches, unauthorised data access)
- Participant recruitment or screening methods (e.g. unsolicited contact, perceived coercion, attempted contact with deceased persons)
- Consent (e.g. uninformed consent, opt-out consent, waiver of consent, insufficient information provided in participant information sheet or consent form)
- Communication and administration (e.g. delayed responses, unresponsive research staff, incorrect information sent to participants)
- Participant treatment, safety, and support (e.g. adverse events, participant distress, inadequate support)
- Compensation and reimbursement (e.g. delayed payments or payments not received)
- Cultural sensitivity and respect (e.g. cultural governance, misrepresentation, community engagement/support)
- Study design (e.g. inclusion/exclusion criteria, survey questions or wording, study focus)

⁹ The HRECs that did not have publicly available procedures for receiving and handling complaints or concerns about researchers or the **conduct of research**, or about the **conduct of review bodies** in reviewing research proposals, were advised of the requirements at Chapter 5.7 of the National Statement.

- Research and data integrity (e.g. fabrication of research data, conflicts of interest, perceived bias), and
- Intellectual property (e.g. plagiarism allegations, authorship).

The general nature of complaints received about the **conduct of review bodies** in reviewing research proposals related to:

- Disagreements with HREC decisions, requirements, advice, or recommendations
- Concerns related to review timelines and processes, and
- Level of understanding of the research topic.

Further guidance on handling complaints is provided in Chapter 5.7 of the National Statement.

II. Report on the Activity of Certified Institutions' Human Research Ethics Committees for the Period 1 January 2024 – 31 December 2024

The aim of certification under the *National Certification Scheme of Institutional Processes related to the Ethical Review of Multi-Centre Research* (National Certification Scheme) is to provide an independent validation of an institution's ethics review processes for multi-centre research. Institutions should have confidence that a certified institution's HREC is reviewing research proposals using policies, processes and procedures that meet an agreed national set of criteria. Certification is one way to build confidence in single ethics review by all institutions participating in multi-centre research.

Under the National Certification Scheme, certified institutions are obliged to submit an annual report to NHMRC, including the number of multi-centre reviews conducted and research categories considered. The annual reporting process provides NHMRC with a snapshot of certified institution HREC activities during a calendar year and allows monitoring against the National Statement.

The following overview of the certified institutions' HRECs is drawn from information provided during the reporting period from 1 January 2024 – 31 December 2024. Any queries regarding this report can be directed to HREC.admin@nhmrc.gov.au.

A. Number of certified institutions and institutional HRECs

During 2024, 41 organisations operated as certified institutions under the NHMRC National Certification Scheme. This included 56 HRECs, all of whom submitted an annual report (see **Table 6**). In the previous reporting period (2023), 56 HRECs across 42 certified institutions submitted an annual report. A list of certified institutions can be found on the [NHMRC website](#).

Table 6: Reportable HRECs by jurisdiction (2024)

Jurisdiction	Number of Certified Institutions	Number of HRECs
New South Wales	13	15
Victoria	9	10
Queensland	8	9
South Australia	5	16
Western Australia	4	4
Australian Capital Territory	1	1
Northern Territory	1	1
Total	41	56

B. HREC composition

Membership

Of the certified institutions' HRECs, all but two (96%; n=54) reported a change to committee membership during 2024. The categories of membership in which changes occurred are shown in Figure 6.

Figure 6: Categories of membership in which the change occurred (2024)

Base: Certified institutions' HRECs that reported a change to committee membership, multiple responses accepted (n=54)



All 56 HRECs from certified institutions met the minimum membership requirements¹⁰ during the 2024 reporting period.

C. Review of multi-centre research proposals

All 56 HRECs from certified institutions considered new¹¹ research proposals during the reporting period. All of these HRECs also reported that they had reviewed new multi-centre¹² research proposals during 2024.

¹⁰ The minimum membership categories are set out in paragraph 5.1.30 of the National Statement.

¹¹ The reporting of 'new' research proposals was not intended to include proposals that had already been considered by the HREC during a previous reporting period. It was also not intended to include amendments or annual reports related to approved projects.

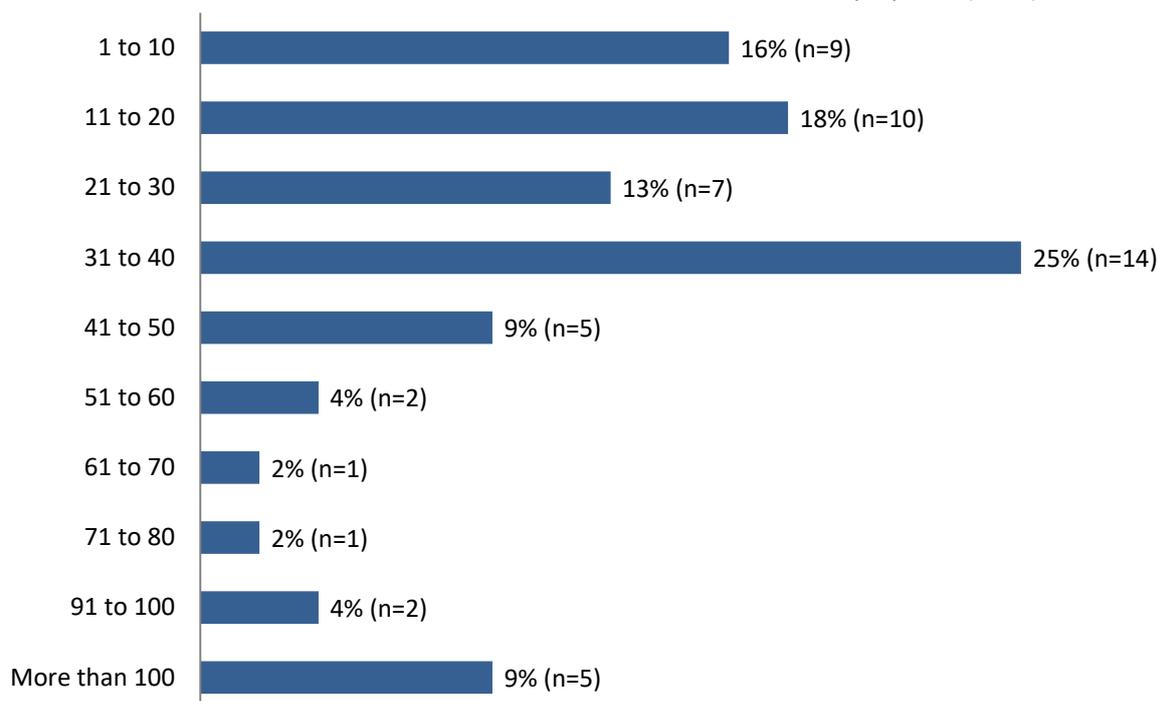
¹² Multi-centre research included research conducted through the collaboration of at least two unique institutions that may be situated in more than one state or territory or within a single jurisdiction. It did not refer to research being conducted at several sites or locations within a single institution. Responses included

Number of multi-centre research proposals

The distribution of the number of new multi-centre research proposals reviewed¹³ by HRECs during the reporting period is shown in **Figure 7**. A total of 2,143 new multi-centre research proposals were reviewed during the reporting period (1,785 were reviewed in the previous reporting period). The highest number of multi-centre reports reviewed by any one HREC was 177 (n=1), and the lowest was 2 (n=1).

Figure 7: Number of multi-centre research proposals reviewed by HRECs (2024)

Base: Certified institutions' HRECs that considered new research proposals (n=56)



Reduced duplication and timeliness

Of the 56 HRECs from certified institutions that reviewed new multi-centre research proposals in 2024, all but one (98%; n=55) reviewed at least one proposal as the **lead** HREC.¹⁴ 34% of HRECs (n=19) reviewed at least one new multi-centre research proposal where it was **not** the lead HREC.

One-in-four HRECs (25%; n=14) that reviewed new multi-centre research proposals during the reporting period reported that they were aware of instances where the HREC's approval had **not** been accepted by another institution. Five HRECs (9%) indicated that the institution **declined** to accept one or more ethics approvals of multi-centre research from another certified institution. These approvals were declined as the HREC was not certified under the National Mutual Acceptance scheme, or the project did not meet the institution's privacy requirements.

any new multi-centre research proposal that the HREC has considered, not just multi-centre research proposals that have been reviewed under a formal single ethical review scheme such as the National Mutual Acceptance scheme.

¹³ This included all reviews, regardless of whether the HREC was considered the lead.

¹⁴ The 'lead HREC' is the one that has been designated to conduct the review on behalf of all other institutions participating in the multi-centre research.

Of the new multi-centre research proposals reviewed during the reporting period:

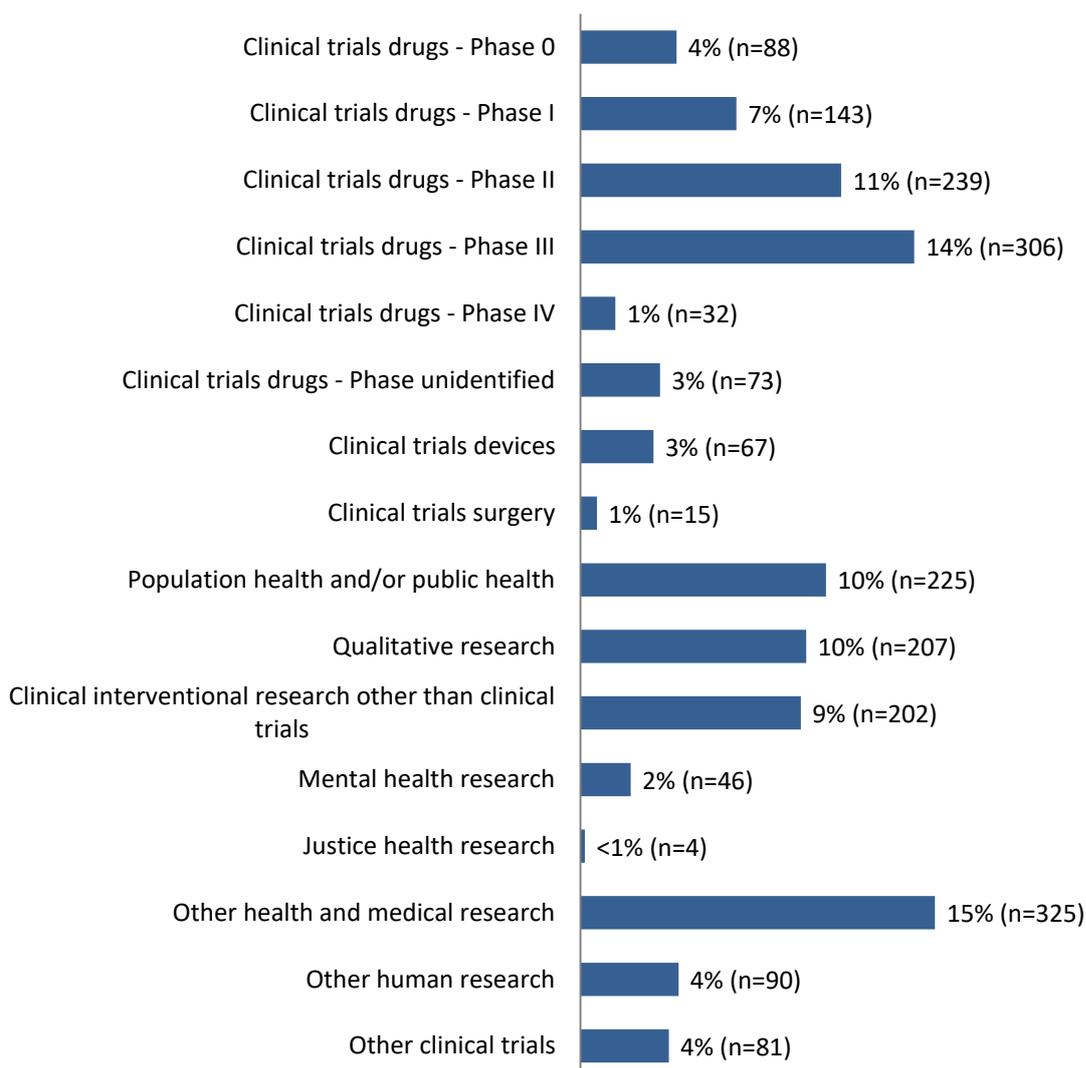
- 88% (n=1,876) were completed within 60 calendar days¹⁵
- 53% (n=1,141) were intended for conduct within one Australian state or territory only, and
- 47% (n=1,002) were intended for conduct in two or more Australian states or territories.

Types of multi-centre research proposals

The distribution of the research categories considered by HRECs during the reporting period is shown in **Figure 8**.

Figure 8: Categories of multi-centre research proposals considered¹⁶ (2024)

Base: Total number of multi-centre research proposals considered by certified institutions' HRECs (n=2,143)



¹⁵ Further information on the 60 calendar day timeframe is provided in the [National Certification Scheme of Institutional Processes related to the Ethical Review of Multi-centre Research Certification Handbook, November 2012](#).

¹⁶ Definitions for the categories of multi-centre research proposals that are included in Figure 8 can be found in the [National Certification Scheme of Institutional Processes related to the Ethical Review of Multi-centre Research Certification Handbook, November 2012](#).

Other **clinical trials**¹⁷ considered during the 2024 reporting period related to:

- Biology
- Cancer
- Comparison
- Exercise
- Gastroenterology
- Gene therapy
- Health services and treatments
- Imaging
- Intervention
- Kidney disease
- Lived experience
- Mental health
- Model of care
- Nutrition and diet
- Observation
- Sleep
- Surgery, and
- Women's and maternal health.

Other **health and medical research**¹⁸ considered during the 2024 reporting period related to:

- Aboriginal and Torres Strait Islander health
- Allied health
- Artificial intelligence
- Assessment tools
- Biobanking
- Biospecimen analysis
- Bowel screening and disorders
- Brain injury
- Cancer
- Cardiology and cardiovascular disease
- Clinical research
- Correlation research
- Data collection and linkage
- Dental and oral health
- Emergency medicine
- Epidemiology
- Family engagement
- Feasibility and utility
- Health services
- High risk research
- Human development
- Immunology
- Implementation
- Infectious and parasitological disease
- Injury
- Intensive care
- Laboratory-based research
- Neuroscience
- Nursing
- Observational research
- Pain management
- Palliative care
- Pathology
- Physiotherapy
- Post-market research
- Proof of concept
- Prospective research
- Quantitative research
- Registry
- Retrospective research
- Rural and remote health
- Safety and effectiveness
- Social science
- Surgery
- Vaccines
- Validation research, and
- Women's health.

¹⁷ The topics listed have been self-reported by HRECs.

¹⁸ The topics listed have been self-reported by HRECs.

Other **human research**¹⁹ considered during the 2024 reporting period related to:

- Biospecimen analysis
- Cancer
- Clinical research
- Data linkage
- General practice
- Geriatrics
- Health research
- Health services
- Laboratory-based research
- Low risk research
- Physiotherapy
- Registry
- Rostering
- Retrospective research
- Social science and policy, and
- Team member

¹⁹ The topics listed have been self-reported by HRECs.