

**MINUTES**  
**212<sup>th</sup> Session**  
**Council of the National Health and Medical Research Council**  
**11-12 October 2017**  
**NHMRC Offices, Canberra**

**Attendance:**

Prof Bruce Robinson AM	Chair of Council
Prof Kathryn North AM	Chair, Research Committee
Prof Ian Olver AM	Chair, Australian Health Ethics Committee
Prof Graeme Samuel AC	Chair, Health Innovation Advisory Committee (day two only)
Prof Sharon Lewin	Chair, Health Translation Advisory Committee
Prof David Story	Member with expertise in professional and post-graduate medical training
Prof Brendan Crabb AC	Member with expertise in health research & medical research issues
Prof Sandra Eades	Member with expertise in the health needs of Aboriginal persons and Torres Strait Islanders
Prof Michael Kidd AM	Member with expertise in health care training
Prof Jonathan Carapetis	Member with expertise in Public Health (via video)
Prof Ingrid Scheffer AO	Member
Prof Elizabeth Sullivan	Member
Professor Anthony Lawler	Principal Medical Advisor, TAS
Dr Kerry Chant PSM	Chief Health Officer (CHO), NSW
Dr Jeannette Young PSM	CHO, QLD
Dr Hugh Heggie	CHO, NT
Prof Charles Guest	CHO, VIC
Dr Paul Kelly	CHO, ACT
Prof Gary Geelhoed	CMO, WA
Prof Paddy Phillips PSM	CMO, SA

**Observers**

Ms Erica Kneipp	Department of Health
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**Apologies**

Ms Karen Carey	Member with expertise in consumer issues
Prof Brendan Murphy	Commonwealth Chief Medical Officer (CMO)
Mr Mark Cormack	Observer, Department of Health
Prof Helen Zorbas AO	Observer, Cancer Australia
Adj Prof Debra Thoms	Observer, Commonwealth Chief Nurse and Midwifery Officer
Prof Villis Marshall AC	Observer, Australian Commission on Safety & Quality in Health Care
Mr Barry Sandison	Observer, Australian Institute of Health and Welfare

**NHMRC Staff**

Prof Anne Kelso AO

Mr Tony Kingdon

Ms Samantha Robertson

Mr Geraint Duggan

Dr Julie Glover

Dr Tony Willis

Mr Tony Krizan FCPA

CEO

General Manager

Executive Director, Evidence, Advice and Governance

A/g Executive Director, Research Policy &amp; Translation

A/g Executive Director, Research Programs

Executive Director, Research Strategy &amp; Implementation T'force

Executive Director, Corporate Operations and Information

**1. WELCOME**

The Chair, Professor Bruce Robinson, opened the 212<sup>th</sup> Session of Council at 3pm and welcomed attendees to the eighth meeting of the 2015 - 2018 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 Ms Karen Carey, Prof Samuel (day one only), and Prof Brendan Murphy. The following observers were also noted as apologies: Prof Helen Zorbas AO, Adj Prof Debra Thoms, Prof Willis Marshall AC, Mr Barry Sandison and Mr Mark Cormack. Ms Erica Kneipp was welcomed as an observer on behalf of the Department of Health. 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 of interest 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 with updating their Disclosure of Interest (DOI).

Council **ADVISED** the Chair that the draft Session Report of the 211<sup>th</sup> 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.*

**2. CEO REPORT**

Professor Kelso provided Council members with an update on the tabled NHMRC CEO Reports for July, August and September.

Professor Kelso also updated Council on the grants announcement that took place before the meeting, at the Prince of Wales Hospital. The Prime Minister and Minister for Health announced over \$197 million of NHMRC funding and \$5 Million of Medical Research Future Fund support.

Council **NOTED** the CEO Report.

**3. CHAIR'S REPORT**

Professor Robinson reported on the events that he had attended on behalf of NHMRC in the last three months.

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

#### 4. PRINCIPAL COMMITTEE INDIGENOUS CAUCUS (PCIC) REPORT/INITIATIVES FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Professor Sandra Eades provided Council with an update on the main agenda items discussed at the PCIC meeting on 14 August 2017, which included:

- Capacity building in the Indigenous research workforce
- Consultation on Road Map 3
- Research translation in Indigenous health
- An update on the Indigenous Health Research Excellence Committee
- Progress on the Tripartite Agreement on international Indigenous health.

Prof Eades also noted that the early bird registration for the NHMRC 2017 Research Translation Symposium closes on 20 October 2017.

The next PCIC meeting will be held on 4 December 2017.

Council **NOTED** the PCIC report.

#### 5. HEALTH TRANSLATION ADVISORY COMMITTEE (HTAC) REPORT

Professor Sharon Lewin provided Council with an update on the main agenda items discussed at the HTAC meeting on 28 September 2017, which included:

- development of innovative ways to judge and track funding and milestones in large clinical trials and cohort studies
- development of measures to assess and report on the impact of research
- the evolution of the Advanced Health Research and Translation Centres (AHRTCs), and
- a presentation from Professor Helena Teede on the Australian Health Research Alliance.

It was noted that Professor Teede's presentation provided useful insights into the work of the Alliance, highlighting current issues within the sector and options for future work. It was suggested that it may be useful for her to attend a meeting of Council to further the Alliance.

The Council also discussed the need to evaluate the impact of AHRTCs. This would be important in assessing the ongoing designation of a centre.

The next HTAC meeting will be held on 8 March 2018.

Council **NOTED** the HTAC Report.

*Action Item: ONHMRC to consider inviting Professor Teede to present at a future meeting of Council.*

#### 6. HEALTH INNOVATION ADVISORY COMMITTEE (HIAC) REPORT

Dr Julie Glover provided Council with an update on the main items to be discussed at the next HIAC meeting on 1 November 2017, which will include:

- a presentation from the Department of Industry, Innovation and Science on their work to support the government's policy agenda on business-research collaboration
- feedback from peer reviewers on the usefulness of the Guide to Evaluating Industry-Relevant Experience
- work being undertaken to showcase NHMRC to philanthropists
- finalising an innovation webpage, and
- work priorities for the Committee to inform the next triennium.

Council **NOTED** the HIAC Report.

*Action item: ONHMRC to send a link to Council members when the innovation webpage is finalised. Council members to provide any recommendations to ONHMRC for peer reviewers with experience in commercialisation.*

## **7. AHEC REPORT**

Professor Ian Olver provided Council with an update on the main agenda items that were discussed at the 19 July 2017 meeting. These included:

- consideration of the 2017/18 Corporate Plan
- commencement of the review of the Guideline for Donation and Transplantation of Organs and Tissues, and
- the formation of a subgroup of AHEC and the Embryo Research Licensing Committee to consider the ethical issues around emerging technologies involving embryos and genetic material.

The next meeting of AHEC will be held on 18 October 2017.

Council **NOTED** the AHEC Report.

## **8. MREA UPDATE**

Mr Tony Krizan presented an update of the MREA Budget for 2017. The total amount available for new commitments in 2017 is \$873.5 million, as advised by Council in March 2017.

Members were advised that the high level of commitments in 2017 was possible due to funds carried forward from 2016. The baseline for new commitments in 2018 is \$840 million. Members were also advised that NHMRC's new grant program will result in changes to future payment patterns, which will impact on the amount available for commitment in 2018 and 2019.

Members asked about the projected reduction in the MREA balance (as shown at *Attachment B*), and were advised that a high balance is undesirable. The ONHMRC is actively working to reduce the MREA balance in a controlled manner.

Council **NOTED** the information provided.

## **9. NHMRC DATA UPDATE**

The ONHMRC provided an update on the data policy work and capability development currently being undertaken. The paper highlighted ONHMRC's contribution to Commonwealth Government policy developments in the data area, noting that the Government is yet to release its response to the Productivity Commission inquiry into the report on Data Availability and Use. ONHMRC is planning to provide a submission to the consultation on the development of a Framework for Secondary Use of My Health Record System Data. Council noted that ONHMRC is:

- improving its internal capability to report on and visualise data on health and medical research funding outcomes
- building an app to streamline the process of assigning assessors in grant rounds to applications, and
- further automating and streamlining outcomes reporting.

It was suggested that ONHMRC consider ways to support the development of the Framework for the Secondary Use of My Health Record System Data as this will be an important source of primary care data for research purposes.

Council **NOTED** the data update.

*Action Item: ONHMRC to provide a submission to the consultation on the development of a Framework for Secondary Use of My Health Record System Data.*

## **10. RGMS REDEVELOPMENT**

Mr Tony Krizan presented an update of the commencement of the RGMS redevelopment project. It was noted that the technology underpinning RGMS has been superseded and the current system is not easy to use. Mr Krizan advised that the new system will:

- be more intuitive and user friendly
- have greater data capturing capabilities, and
- have greater reporting capabilities.

Mr Krizan advised Council that the current system supports 36,000 users with 20,000 active accounts at any one time. The timing and the testing for the upgrade will therefore be important and NHMRC has commenced planning for that process.

Council provided a range of comments and advice on the RGMS project, particularly the emphasis on increased data capture to simplify the ongoing administration of grants and strengthened outcome reporting. Council expressed support for the redevelopment of RGMS, while noting the risks and complexity of such a large scale IT project.

Council **NOTED** the RGMS Redevelopment Update.

## **11. RESEARCH COMMITTEE (RC) REPORT**

Professor Kathryn North provided Council with an update on the key agenda items from the RC meetings held throughout August and September 2017.

- RC has been meeting on a monthly basis, with a focus on discussing the transition to the new grant program
- RC had received some feedback that a number of institutions have been instructing their staff to apply for as many grants as possible in the upcoming funding rounds, in advance of the implementation of the new grant program
- development of peer review for the new schemes, which is discussed in detail at agenda item 16 of this session of Council, and
- principles for the assessment of track record, in conjunction with the HTAC and HIAC. Discussion covered consideration of maternity leave and part-time employment adjustments as well as measurement of innovation and translational impacts. It was noted that greater emphasis may be placed on output measurements, rather than inputs.

Prof North also updated Council on the meetings she has attended as the NHMRC representative on the Global Alliance for Genomics and Health.

Council **NOTED** the RC Report.

*Action Item: ONHMRC to send out messaging through Tracker, notifying researchers about the grant implementation email address for questions researchers may have about the new grant program.*

## **12. FUNDING RECOMMENDATIONS**

Dr Julie Glover presented the funding recommendations for six schemes which had recently completed peer review:

- Program Grants
- NHMRC/A\*STAR Joint Call
- Translating Research Into Practice (TRIP) Fellowships
- Postgraduate Scholarships
- Global Alliance for Chronic Diseases
- Project Grants.

Dr Glover proposed funding recommendations to a total value of \$590,428,575.63, as outlined in the relevant attachments and recommended by Research Committee (RC), at its 21-22 September 2017 meeting.

#### **Program Grants**

Professor Lewin declared a conflict of interest with the Program Grant funding recommendation and left the room for the discussion.

Council **SUPPORTED** funding for eight Program Grants totalling \$102,816,880, as recommended by RC.

#### **NHMRC/A\*STAR Joint Call**

Professor Eades declared a conflict of interest with the NHMRC/A\*STAR Joint Call funding recommendation and left the room for the discussion.

Council **SUPPORTED** funding for six NHMRC/A\*STAR applications totalling \$2,001,512.50, as recommended by RC.

#### **Translating Research into Practice (TRIP) Fellowships**

Council **SUPPORTED** funding for twelve TRIP Fellowship applications totalling \$2,149,416, as recommended by RC.

#### **Postgraduate Scholarships**

Council **SUPPORTED** funding for seventy two Postgraduate Scholarship applications totalling \$7,052,725, as recommended by RC.

#### **Global Alliance for Chronic Disease**

Council **SUPPORTED** funding for four GACD applications totalling \$4,928,836.13, as recommended by RC.

#### **Project Grants**

Dr Glover highlighted that the Project Grants funding recommendation included additional funding from NHMRC's strategic priority budget to fund several highly ranked projects in the strategic priority areas.

Council:

- **SUPPORTED** funding for 550 Project Grant applications totalling \$471,479,206, as recommended by RC, and
- **ADVISED** the CEO to submit these funding recommendations to the Minister for Health.

## Day Two of the 212<sup>th</sup> Session

### 13. UPDATE ON BOOSTING DEMENTIA RESEARCH INITIATIVE

Ms Janice Besch provided Council with a briefing on current activities under the Initiative, including the development of the National Roadmap for Dementia Research and research needs as identified by the NNIDR Expert Advisory Panel.

Members noted that the current focus for the NNIDR team is on reporting back to the Australian community on progress to date towards prevention, care and cure. To support this, a bibliometric analysis of Australian dementia research publications output prior to the Initiative and as at June 2017, had been commissioned. Preliminary findings from the bibliometric analysis demonstrate an increase from the Government's investment.

NNIDR's approach to involving consumers in research, with and through Alzheimer's Australia's consumer network, was also welcomed. It was agreed that this experience will be of value in re-enforcing NHMRC's strong record in this area.

Members noted that the Boosting Dementia Research Initiative may provide a model for addressing other chronic disease challenges in Australia, and that thorough documentation and evaluation of the Initiative will be important to inform any future developments of this type.

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

### 14. ADVANCED HEALTH RESEARCH AND TRANSLATION CENTRES AND CENTRES FOR INNOVATION IN REGIONAL HEALTH (CIRH)

Mr Michael Nutt provided members with an update on NHMRC's progress with the AHRTC/CIRH initiative, including that:

- a further three AHRTCs and two CIRHs have been recognised
- ONHMRC is meeting with the centres in November 2017 to discuss a joint communication strategy and the reporting and renewal of recognition, and
- the report of the international review panel that assessed the recent submissions for recognition provided recommendations for NHMRC to consider on reporting, re-recognition and the future direction of the initiative.

Members provided feedback including:

- The difference between the roles of the AHRTC and CIRH initiatives could be developed further and communicated more clearly. While the CIRH initiative has an important rural and regional focus, many AHRTCs also have links to rural health services; these links can help to achieve uniform care across Australia, as has been demonstrated by the Academic Health Science Centres in the UK.
- Some centres have had successful partnerships with state/territory government. NHMRC should encourage and recognise these partnerships in future calls for recognition.
- The Department of Health emphasised the importance of centres to remain driven by health services.
- The timing of future rounds should be communicated. Members queried what could be done to support those state/territories without a recognised AHRTC/CIRH. Professor Kelso explained that national coverage was not an intended outcome of the initiative. However, it would be a positive outcome if achieved. The purpose of the initiative remains to promote, recognise and celebrate excellence. Professor Kelso noted that there has been no formal announcement about NHMRC's intention for future rounds and suggested a two year cycle would be reasonable to give aspiring centres time to build a case and demonstrate excellence in research and translation.

Council **NOTED** the progress report on the AHRTC/CIRH initiative.

## 15. UPDATE ON THE IMPLEMENTATION OF NHMRC'S NEW GRANT PROGRAM

Dr Tony Willis provided an update on the implementation of the new grant program. He explained that the majority of the technical details for Investigator, Synergy and Ideas Grant schemes and the transitional arrangements have been determined. These details, outlined in *Attachment A* of the paper, were developed in consultation with NHMRC's Research Committee.

Dr Willis also noted that, at its previous meeting, Council requested an overarching timeline of implementation activities and this is provided at *Attachment B*.

Council **NOTED** the update on implementation of the new grant program.

## 16. STRATEGIC DISCUSSION – PEER REVIEW FOR THE NEW GRANT PROGRAM

Dr Tony Willis explained that the implementation of the new grant program was now focused on developing the peer review processes for Investigator, Synergy and Ideas Grant schemes. This is an area of particular interest to the research sector and its input is critical to developing a policy that will be received positively. It is not proposed, at this stage, to review the peer review processes for schemes that fall within the strategic and leveraging stream of grants; however, any lessons learnt could be applied to these schemes.

Dr Willis gave a presentation which outlined the public consultation on peer review for the new grant program. He explained that there would be a targeted consultation workshop on peer review in early 2018. Inputs from the track record, innovation and diversity working groups and outcomes from the consultation paper and the public fora would help in designing the peer review models for the three schemes, which would then be tested at the workshop.

During the presentation, Dr Willis outlined the various parameters and modules of the peer review process and explained the importance of achieving an appropriate balance between burden and rigour.

Members raised a number of issues including the:

- current influence of rebuttals on outcomes
- components that will be assessed in the Synergy criterion
- number of reviewers to conduct the single track record assessment
  - including multidisciplinary and diverse teams
  - diversity assessment is complex and the policy should not promote tokenism
- value proposition for researchers to conduct peer review assessments
  - NHMRC publishes on its website an honour roll of all peer review panel members and external assessors (EAs) including an acknowledgement of those EAs who made an outstanding contribution.

Council **NOTED** the consultation on peer review for the new grant program.

## 17. STRATEGIC DISCUSSION – CLINICAL TRIALS AND COHORT STUDIES

Professor Davina Ghera presented a paper outlining the results of the recent public consultation on the draft Framework for NHMRC Assessment and Funding of Clinical Trials and Cohort Studies (the Framework), developed by the NHMRC Working Group on Clinical Trials and Large Studies (WGCTLS). She commented that, in general, respondents were supportive of new requirements in the Framework, although there was concern about the potential for funding to be withdrawn if milestones were not met. She emphasised that it will be made clear to applicants and grant holders that funding will be withdrawn if it becomes clear (based on key principles) that a study is unlikely to be completed successfully. Members noted the report and supported the proposed modifications to the Framework.

The ensuing discussion was wide-ranging and supportive of the need for a more in-depth, strategic discussion on this topic. It was suggested that a discussion involving those who fund, use or manage cohort studies would be beneficial. This discussion could encompass the broad range of issues relevant to cohort studies including:

- cohorts as infrastructure and research assets
- strategies for data sharing
- data linkage (to facilitate efficient follow up)
- enhancing existing cohorts
- the principle that cohorts should be open resources, and
- the overlap with registries.

Council noted that large cohort studies are often funded by multiple parties, and that Australia's multicultural population results in cohorts that can be of particular value by enabling international comparisons (e.g. in the field of population genetics). It was also suggested that it would be useful to map Australian cohort studies, acknowledging that work has already been conducted to map birth cohorts.

Members supported the suggestion that ONHMRC should hold a 'round table' discussion on the funding of cohort studies, including the development of criteria for whether to fund the establishment of a new cohort, the continuation of an existing cohort and any new projects based on an existing cohort. Members also suggested separating the processes for funding clinical trials and cohort studies under a unified framework. They suggested that in preparation ONHMRC should undertake a mapping exercise of funding arrangements for cohort studies in Australia and overseas.

Council:

- **NOTED** the report on the public consultation on the discussion paper '*A Framework for NHMRC Assessment and Funding of Clinical Trial and Large Studies*', and
- **ADVISED** on the proposed modification to the Framework following the public consultation.

*Action item: ONHMRC to organise 'round table' discussion on the funding of cohort studies.*

## 18. CORPORATE PLAN 2018-2019

Members were asked to note that a full review of the Corporate Plan is being undertaken and that Council's input is being sought early in this process. Members discussed the specific questions that were provided in the attachments to the paper, focusing on the following three areas: the major health issues; the strategy for health and medical research; and the strategic priorities. The following was discussed.

- There was agreement that the plan should move towards more emphasis on integrated and coordinated approaches to chronic conditions, comorbidity and burden of disease, rather than a disease or condition-specific focus.
- Issues and priorities that could be considered for inclusion in the plan include:
  - Antimicrobial resistance.
  - Climate change, with a particular focus on issues that health research has the scope to investigate, and taking account of work that is already being done elsewhere, including by government.
  - Addressing the fragmentation of services for people with chronic conditions, how different arms of government could come together to address these issues and what leadership NHMRC could provide.
  - Health services research. The principle of patient-centred care and patient empowerment were noted as important in this context, and the potential for these to lead to a true partnership between patients and health care providers.
  - Harnessing the power of data, as well as technologies, including what role NHMRC could have in supporting national solutions and approaches.
  - The importance of prevention.
  - Adaptation to emerging health threats.

- Consideration of NHMRC's ongoing role in the oversight of human research ethics committees and research governance, especially for clinical trials.

Members also noted that the plan should be clear about how the major health issues inform NHMRC's work, and that continuing to seek input from health consumers is crucial. It was also agreed that a paper on NHMRC's role in relation to HRECs should be added to the next Council agenda.

Council

- **NOTED** the report against current strategic priorities, and
- **ADVISED** on the proposed content for the 2018–2019 Corporate Plan.

*Action Items:*

- *ONHMRC to consider Council's feedback in the Corporate Plan development process.*
- *NHMRC's role in relation to HRECs to be added to the March 2018 Council agenda.*

## 19. NHMRC COMMUNICATIONS

Mr Anthony Meere provided Council with a paper that outlined the work NHMRC Communications was undertaking to communicate health and medical research stories and how digital communications were being utilised to achieve this goal.

Members suggested looking into programs such as Catalyst as a framework for telling successful medical research stories, noting budget constraints. Council was advised of the work being undertaken to identify and promote NHMRC's 'brand' and how this fed into the digital communications approach being undertaken.

Council:

- **NOTED** the reforms intended to bring about a digital-first focus for NHMRC's communications, and
- **ADVISED** on other communication activities and channels that could complement these reforms.

*Action Item: Communications to be a standing item on the Council agenda*

## 20. BEST PRACTICE METHODOLOGY IN THE USE OF ANIMALS FOR SCIENTIFIC PURPOSES

Ms Robertson introduced this item, advising that the draft *Best practice methodology in the use of animals for scientific purposes* (BPM Guidance) had been finalised by the Animal Welfare Committee following targeted consultation in late 2016. Members noted that the BPM Guidance was a supporting document to the *Australian code for the care and use of animals for scientific purposes 2013* (the Code) and had received strong support from Research Committee. Endorsement of the BPM Guidance had been agreed by the co-endorsers of the Code, the Australian Research Council and the Commonwealth Scientific and Industrial Research Organisation, and was being considered by Universities Australia.

Council **ADVISED** the CEO to issue the *Best practice methodology in the use of animals for scientific purposes*.

## 21. PREGNANCY CARE GUIDELINES

The Chair introduced the item and welcomed Professor Caroline Homer, the Co-Chair of the guidelines' Expert Working Group, who had been invited to attend Council to answer Members' questions. Mr Geraint Duggan gave an overview of the development process for the partial update of the *Pregnancy Care Guidelines*. He noted that the guidelines shared content with the draft *Mental health care in the perinatal period: Australian clinical practice guideline* (agenda item 22).

Mr Duggan reported that the update of the guidelines had been released for a 30-day public consultation and had been subject to methodological and clinical expert reviews. He advised that the ONHMRC was satisfied that the recommendations in the guidelines had met the requirements for NHMRC approval.

Professor Michael Kidd, as the Council discussant for the guidelines, commended Professor Homer for the high quality of the guidelines and gave an overview on the updated topics.

Members queried why the guidelines did not reference the ASPRE trial of the benefits of low dose aspirin in preventing pre-eclampsia, which was published in August 2017. Professor Homer advised that the trial results were published too late to be included but would be considered for the next update of priority topics, which is currently underway. Dr Young also noted that a recently published meta-analysis had identified an association between blood lead levels and the risk of pre-eclampsia, which should be considered in future guideline updates.

Professor Sandra Eades queried the birth outcomes of Aboriginal and Torres Strait Islander women. Professor Homer gave an overview of the status of Aboriginal and Torres Strait Islander women's health, advising that the health gap continues. She noted that the guidelines include a narrative review of models of care for Aboriginal and Torres Strait Islander women which have had positive outcomes.

Council **ADVISED** the CEO to approve the partial update of the *Pregnancy Care Guidelines*, being the recommendations on pages 6 to 11 of Attachment A.

## **22. MENTAL HEALTH CARE IN THE PERINATAL PERIOD: AUSTRALIAN CLINICAL PRACTICE GUIDELINE**

The Chair introduced the item and welcomed Dr Nicole Highett, the Co-Chair of the guideline's Expert Working Group, and Dr Sarah Norris, the guideline's methodologist, (both via videoconference) who had been invited to attend Council to answer Members' questions.

Mr Duggan gave an overview of the guideline's development process and noted that it shared content with the *Pregnancy Care Guidelines*, as noted in agenda item 21.

Mr Duggan reported that the guideline had been released for a 30-day public consultation and had been subject to methodological and clinical expert reviews. He advised that the ONHMRC was satisfied that the guideline's recommendations had met the requirements for NHMRC approval.

Professor Elizabeth Sullivan, as the Council discussant, noted the high quality of the guideline and that it included assessment of intimate partner violence which was shared content with the *Pregnancy Care Guidelines*. Professor Sullivan noted she has been on a Partnership Grant with Dr Highett.

Dr Highett advised that the guidelines had been developed to help health professionals provide evidence-based care.

Council **ADVISED** the CEO to approve the draft *Mental health care in the perinatal period: Australian clinical practice guideline*, being the recommendations on pages 1 to 6 of Attachment A.

## **23. EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE FOR DEPRESCRIBING CHOLINESTERASE INHIBITORS AND MEMANTINE**

The Chair introduced the item and welcomed Dr Emily Reeve, the guideline's coordinator, and Professor Sarah Hilmer, a member of the guideline's development team, (both via videoconference) who had been invited to attend Council to answer Members' questions.

Mr Duggan reported that the guideline had been funded through an NHMRC-Australian Research Council Dementia Research Development Fellowship and had been developed for both Australian and Canadian use. He also noted that this was the first guideline internationally to make recommendations on the deprescribing of cholinesterase inhibitors and memantine classes of medication.

Mr Duggan gave an overview of the guideline's development process and reported that the guideline had been released for a 30-day public consultation and had been subject to a methodological and an expert review. He advised that the ONHMRC was satisfied that the guideline's recommendations had met the requirements for NHMRC approval.

Professor Paddy Phillips, as the Council discussant for the guideline, noted the value of the guideline for clinical practice and that it was well written and easy to understand, although he found it long in proportion to the number of recommendations it contained.

Professor Hilmer advised that the guideline had been developed as clinicians have been seeking advice on this area. Dr Reeve advised that two years of funding had been secured for the implementation of the guideline, which would include pilot studies on how to best translate the recommendations into practice. She advised that the implementation would be informed by the work undertaken by the Canadian Deprescribing Guidelines in the Elderly Project.

Council **ADVISED** the CEO to approve the draft *Evidence-based clinical practice guideline for deprescribing cholinesterase inhibitors and memantine*, being the recommendations on pages 5 to 7 of Attachment A.

## 24. GUIDELINES FOR GUIDELINES

The Chair introduced the item and Mr Duggan briefed Council on the first five modules of the updated 'Guidelines for Guidelines' series written for guideline developers.

Mr Duggan outlined the work that is currently underway to provide methodological advice for guideline developers in Australia, which is being guided by the Synthesis and Translation of Research Evidence Working Group (SToRE), an editorial group of guideline methods experts. He noted that the 'Guidelines for Guidelines' will be an online resource for developers of public health, environmental health and clinical practice guidelines and asked members to note the work plan and timelines for this project and to advise the CEO to release the first five modules for public consultation.

Members noted the importance of the issues described in the 'Adopting, adapting, or starting from scratch' module as new guidelines often require significant investment of public funds. Members asked about advice on the prioritisation of guidelines in Australia more broadly and Mr Duggan referred to the work of the Australia Commission for Safety and Quality in Health Care in guideline prioritisation.

Professor Olver encouraged ONHMRC to consider the changing landscape of guidelines when developing new advice, particularly in relation to frequently updated 'living guidelines' and the impact this may have for its public consultation requirements.

Council:

- **NOTED** the work plan and timelines for the project, and
- **ADVISED** the CEO to release the first five modules for public consultation.

## 25. TARGETED CONSULTATION ON THE REVISED AUSTRALIAN GUIDELINES FOR THE PREVENTION AND CONTROL OF INFECTION IN HEALTHCARE

Ms Robertson presented this item, acknowledging that the work was undertaken in partnership with the Australian Commission on Safety and Quality in Health Care and is one of NHMRC's most accessed resources. Ms Robertson highlighted that this guideline is used by those working in acute and non-acute healthcare to inform best practice policy development. As with the previous edition, this update has maintained a risk-based approach to infection prevention and control.

Ms Robertson stated that 13 new recommendations and practice statements are included in the draft revised guidelines, with new reviews specifically focusing on advances in novel disinfection methods, antimicrobial surfaces, chlorhexidine use and norovirus.

Ms Robertson noted this is the first internally developed guideline to move to a 'living guideline' model with the piloting of MAGICapp as an interactive authoring and publication platform. It was also noted that the development of an IT frontend hosted by NHMRC should prevent any issues with restrictions from IT firewalls in healthcare facilities.

Professor Crabb, as Council discussant on this guideline, spoke to the importance of updating this popular guideline, given the fast shifting evidence and increasing emphasis worldwide on antimicrobial resistance. He also commended the move to GRADE as NHMRC's preferred evidence review process and the use of a new IT interface. He stated that a targeted consultation prior to public consultation is both sensible and useful given the new content, process and presentation platform.

Professor Olver commended NHMRC on its engagement and use of digital guideline technologies but queried the process for public consultation under this arrangement. Ms Robertson confirmed that, at this stage, changes to recommendations would continue to undergo a formal consultation period as NHMRC transitioned to this new way of authoring and publishing health advice.

Council noted that the targeted consultation stakeholder list did not include colleges such as the Royal Australian College of General Practitioners, key nursing stakeholder groups nor the Australasian Society for Infectious Diseases. It was also noted that the contact details for ACT Health need updating. It was suggested that those with expertise in digital health technologies would also provide valuable feedback. Ms Robertson added that 'how-to-use' videos would be available and the targeted consultation would gauge if any further advice on these new processes is required.

Council **ADVISED** the CEO to release the draft *Australian Guidelines for the Prevention and Control of Infection in Healthcare* for targeted consultation.

### Action Items:

1. NHMRC to update the targeted consultation stakeholder list.
2. Professor Paul Kelly to provide updated contacts for ACT Health.

## 26. WATER FLUORIDATION AND HUMAN HEALTH IN AUSTRALIA

Ms Robertson introduced the item and explained that the NHMRC Public Statement 2017: Water Fluoridation and Human Health in Australia (Public Statement) and the accompanying Questions and Answers resource are ready for release. Public consultation occurred on the Public Statement from 4 July to 3 August 2017. Twenty eight submissions were received, many of which were opposed to water fluoridation. Ms Robertson reported that a small subgroup of Council advised on the subsequent edits to the Public Statement and introduced Professor Jonathon Carapetis, as Council discussant via videoconference, to talk to the process. Professor Carapetis discussed the key issues identified by the submissions and summarised the response from the subgroup, advising Council members to support the edits and advise the CEO to release the Public

Statement. Members were in agreement and Dr Kerry Chant reiterated NSW Health's support and congratulated NHMRC for completing this body of work. Dr Paul Kelly agreed, providing additional support for the Question and Answers resource.

Council:

- **NOTED** feedback on the draft Public Statement public consultation and **ADVISED** the CEO to release the Public Statement.
- **NOTED** that ONHMRC will release the Questions and Answers resource, which is intended to assist the jurisdictions to provide nationally consistent messaging at the time of the release of the Public Statement.
- **NOTED** that with the release of the Public Statement and Question and Answers resource marks the closure of the project to update evidence on the health effects of water fluoridation.

## **27. JURISDICTIONAL REPORT**

Council **NOTED** the jurisdictional report

## **28. STATUS OF GUIDELINES AND PUBLICATIONS AND STANDARDS FOR RESEARCH**

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

## **29. REPORT ON THE STATUS OF GUIDELINES IN CLINICAL PRACTICE AND PUBLIC HEALTH**

Council **NOTED** the update on current activity on clinical and public health guidelines.

## **30. OUT-OF-SESSION ITEMS**

Council **NOTED** the outcome of the out-of-session activity between the 211<sup>th</sup> and 212<sup>th</sup> sessions of Council.

## **31. DEVELOPMENT GRANTS BROAD RESEARCH AREA FUNDED RATES**

Council **NOTED** the historical data on Development Grants applications categorised by Broad Research Area (BRA).

## **32. CLINICAL PRACTICE GUIDELINES FOR THE PREVENTION, EARLY DETECTION AND MANAGEMENT OF COLORECTAL CANCER**

The Chair introduced the item and noted that Members had considered the guidelines for approval at the 13 July 2017 Council session and again out of session during August 2017. He noted that changes had been made to the guidelines in response to some Members' concerns, who were now satisfied that their concerns were addressed.

Mr Duggan advised that changes made by Cancer Council Australia addressed the concerns of some Members about the implementation of the recommendations relating to the maximum period (120 days) within which a check colonoscopy should be performed following a positive immunochemical faecal occult blood test or for patients with symptoms suggestive of colorectal cancer. There had been concern that a defined maximum period may have the perverse outcome of deprioritising category status of these patients on public hospital waiting lists, with resulting delays in diagnosis and treatment.

Mr Duggan noted that the changes to the guidelines were made to the Symptomatic Patient chapter to address Members' concerns. The changes included:

- clarifying that the maximum of 120 days for colonoscopy following positive immunochemical faecal occult blood test or symptoms suggestive of colorectal cancer be from first healthcare presentation in general practice
- an additional consensus-based recommendation that prioritises Category 1 patients as most urgent for diagnostic colonoscopies
- revising a practice point to now advise prompt scheduling of diagnostic colonoscopies to avoid unexpected delays following referral from general practice for Category 1 patients, following positive immunochemical faecal occult blood test or those with symptoms suggestive of colorectal cancer, and
- removal from the accompanying narrative text of the reference to operating within current constraints of hospital endoscopy units.

Council **ADVISED** the CEO to approve the draft *Clinical practice guidelines for the prevention, early detection and management of colorectal cancer*, being the recommendations on pages 2 to 59 of Attachment A.

## **OTHER BUSINESS**

Council was advised that, at the CHO lunch preceding Council, the issue of e-cigarettes had been discussed. It was noted that Professor Colin Mendelsohn had written to Council members, seeking support for NHMRC to develop a guideline on the use of e-cigarettes. Members noted the enquiries underway through the House of Representatives and the work done by the TGA on the classification of nicotine. There was agreement that the key messages in the CEO Statement on E-cigarettes remain current and that the body of evidence does not warrant the development of a guideline. It was noted however that it is important that Council follow the progress of research in this area. It was agreed that it would be useful to invite Dr Coral Gartner, an NHMRC-funded researcher, to a meeting of Council to present on the progress of her study.

*Action item: ONHMRC to invite Dr Coral Gartner to a future Council meeting or Council dinner to present on the progress of her study on e-cigarettes.*

## **CLOSE OF MEETING**

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

The Chair noted that the next Council meeting will be held in Canberra on 20-21 March 2018.

The meeting closed at 3.10pm.