

DRAFT MINUTES
208th Session
Council of the National Health and Medical Research Council
13-14 July 2016
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
Prof Michael Kidd AM	Member with expertise in health care training
Ms Karen Carey	Member with expertise in consumer issues (via video)
Prof David Story	Member with expertise in professional and post-graduate medical training
Prof Ingrid Scheffer AO	Member
Prof Elizabeth Sullivan	Member
Prof Chris Baggoley AO	Commonwealth Chief Medical Officer (CMO)
Dr Jeannette Young PSM	Chief Health Officer (CHO), QLD
Dr Kerry Chant PSM	CHO, NSW
Dr Kevin Buckett	Representing CMO, SA
Prof Dinesh Arya	CHO, NT
Prof Gary Geelhoed	CMO, WA
Prof Tony Lawler	Principal Medical Advisor, TAS
Dr Paul Kelly	CHO, ACT

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 with expertise in health research & medical research issues
Prof Jonathan Carapetis	Member with expertise in Public Health
Prof Charles Guest	CHO, VIC

Observers

Mr Mark Cormack	Department of Health
Prof Villis Marshall AC	Australian Commission on Safety and Quality in Health Care
Mr Barry Sandison	Australian Institute of Health and Welfare
Prof Helen Zorbas AO	Cancer Australia
Adj Prof Debra Thoms	Commonwealth Chief Nurse and Midwifery Officer
Prof Con Michael AO	Chair, Embryo Research Licensing Committee

NHMRC Staff

Prof Anne Kelso AO	CEO
Mr Tony Kingdon	General Manager
Ms Samantha Robertson	Executive Director, Evidence, Advice and Governance
Mr Alan Singh	Executive Director, Research Translation
Dr Tony Willis	Executive Director, Research Programs
Mr Tony Krizan FCPA	Executive Director, Corporate Operations and Information

1. WELCOME

The Chair opened the 208th Session of Council at 1pm and welcomed attendees to the fourth meeting of the 2015 - 2018 NHMRC triennium. The Chair acknowledged the Ngunnawal People as traditional owners of the land upon which the meeting was held.

The Chair noted apologies from Profs Lewin, Crabb, Carapetis, Phillips, Eades and Guest and noted that Ms Karen Carey was participating in the meeting via video conference from Italy for day one of the meeting. The Chair welcomed the observers and confirmed that the meeting was quorate.

The Chair reminded attendees that everything discussed at the meeting was to be held as confidential and invited members to declare any interest that may be a potential or actual conflict of interest at the start of the session and before discussion of relevant items.

The Chair advised the Council that he held two new board positions on QBiotics and Firefly.

No other interests were declared.

Prof Geelhoed noted that in the previous minutes it should have his title as CMO not CHO.

There were no questions on notice for the Office of NHMRC.

Council **ADVISED** the Chair that the draft Session Report of the 207th Session of Council was accepted as a true and accurate record of proceedings, with the update of Prof Geelhoed's title.

Action Item: Members to ensure that they update their disclosure of interests on the Committee Centre.

2. CEO REPORT

Prof Kelso provided Council members with the NHMRC CEO Report. Discussion with Council members included:

- The Structural Review of NHMRC's Grant Program (the Structural Review) – to be discussed at item 13.
- 2016/17 Commonwealth Budget – it was noted that the funding of the Medical Research Endowment Account (MREA) was maintained, with a modest rise over the forward estimates in line with indexation.
- Medical Research Future Fund – The Australian Medical Research Advisory Board (AMRAB) held its first meeting on 4 May 2016. A call for submissions on the Strategy and Priorities was published on 6 May with a deadline of 6 June 2016. AMRAB will meet again shortly and undertake national targeted consultations in July.

Council **DISCUSSED** the CEO Report with Prof Kelso.

3. PRINCIPAL COMMITTEE INDIGENOUS CAUCUS (PCIC) REPORT

Mr Alan Singh spoke to the agenda item as Professor Sandra Eades was an apology to the meeting.

PCIC last met on 23 March and their next meeting is on 19 July 2016. Five priorities are identified in their Workplan and are addressed as follows:

- Research Translation in Indigenous Health – A Forum was held in May to identify evidence-practice and evidence-policy gaps along the lifecourse. Outcomes included the importance of social determinants of health, nutrition and data. A report is being finalised.
- Targeted Call for Research (TCR) – a round of public consultation will open next week. PCIC would prioritise the research priorities and this would feed into the TCR framework.
- Tripartite Agreement – the renewal of the Agreement is being worked on with the Health Research Council of New Zealand (HRC) and the Canadian Institutes of Health Research (CIHR). Capacity building is a priority and all partners are considering inviting the United States to participate in a future agreement.
- Road Map III – the current focus is on the planning stage with extensive consultation anticipated.
- Research workforce – PCIC have identified capacity building as a priority for them this triennium and they will be discussing this at their next meeting.

Prof Robinson asked whether a report on the Tripartite Agreement will be completed. Mr Singh responded advising that mentorship was a priority and capacity building workshops have been held in the previous and current triennium. TCRs have been funded in Fetal Alcohol Spectrum Disorder and Mental Health and Suicide Prevention. Prof Robinson encouraged NHMRC to take stock of achievements and document challenges. This basic level of accountability will ensure that there is evidence of a product.

Council **NOTED** the PCIC Report.

Action Item: ONHMRC to prepare a report on the Tripartite Agreement for the November Council meeting.

4. HEALTH INNOVATION ADVISORY COMMITTEE (HIAC) REPORT

Prof Samuel provided Council with an update on the main agenda items discussed at the HIAC meeting on 26 February 2016 which included:

- HIAC work plan
- a presentation from Mr Bill Ferris AC, Innovation and Science Australia, on the Government's Innovation Agenda
- NHMRC's role in the Australian Government's Innovation Agenda
- recognising industry experience in peer review.

Prof Samuel noted the need for the Committee to focus on identifying the barriers to commercialisation and the development of strategies to remove them. These may include:

- guidance to peer review panels regarding the consideration of commercial experience
- provision of training for research groups on approaches to commercialisation, including facilitating partnerships between researchers and individuals/organisations with commercial skills
- consideration through the Structural Review of approaches to funding that may promote commercially viable applications.

Prof Samuel also met with Mr Doron Ben Meir, University of Melbourne, on 31 May 2016 to discuss the University's model for commercialisation. Mr Ben Meir will be joining the next HIAC meeting via videoconference.

The next meeting of HIAC is scheduled for 5 August 2016.

Council **NOTED** the HIAC report.

5. HEALTH TRANSLATION ADVISORY COMMITTEE (HTAC) REPORT

Mr Alan Singh provided Council with an update on the main agenda items discussed at the HTAC meeting on 21 June 2016 as Prof Lewin was an apology to the meeting:

HTAC has agreed on four priority areas for the triennium which include:

- development of a data strategy
- clinical trials – an enhanced framework for assessment of trials and promotion of Australia as a viable and attractive destination
- measuring the impact of NHMRC funded research
- implementation research.

Other topics of discussion included the Structural Review of NHMRC's Grant Program, and better informed health care through better clinical guidelines.

Council **NOTED** the HTAC Report.

6. AUSTRALIAN HEALTH ETHICS COMMITTEE (AHEC) REPORT

Prof Olver provided Council with an update on the main agenda items discussed at the AHEC meeting on 10 June 2016 which included:

- AHEC work plan
- revisions to Section 3 of the National Statement
- ethical issues with the fluoridation of drinking water
- Review of Part B of the Assisted Reproductive Technology guidelines
- scoping AHEC's possible involvement in matters relating to research integrity
- input to the review of the *Australian Code for the Responsible Conduct of Research (2007)*.

AHEC is still considering new projects that it may add to its 2015-18 work plan. The next meeting is scheduled for 30 September 2016.

Council **NOTED** the AHEC Report.

7. 2016 MREA INDICATIVE ALLOCATIONS

Mr Tony Krizan presented the MREA Budget for new commitments to commence funding from 2017, as advised by Research Committee to the CEO in April 2016.

The MREA Budget totals \$874.7 million, and includes allocations of \$20 million for Strategic Priorities, and \$20 million for new Targeted Calls for Research (TCRs).

The Budget also includes increases to the baseline allocations for Project Grants, Program Grants and People Support Schemes. These increases were possible due to the carry forward of uncommitted funds from the 2015 budget.

From 2017 to 2020, new commitments are forecast to be around \$825 million per year.

Council **ADVISED** the CEO to support the MREA Budget of \$847.7 million, for new commitments to commence funding from 2017.

8. RESEARCH COMMITTEE (RC) REPORT

Prof North provided Council with an update on the main agenda items from the RC meeting of 23-24 June 2016 which included:

- the process for identifying strategic priority applications for 'below-the-line' funding
- consideration of implementation of gender-equal funding outcomes
- Research Fellowships and Early Career Fellowships eligibility requirements.

Prof North noted the Committee's input into the Structural Review, acknowledging that the Committee will have a role in supporting implementation of any future changes. Other issues discussed included:

- the importance of ensuring that Aboriginal and Torres Strait Islander people are included as part of mainstream research projects
- the need to unpack issues around the correlation between success rates in grant rounds and the gender of the Chief Investigator
- consideration of ways to improve postdoctoral funding pathways – currently a very complex structure and assessment.

Prof North thanked ONHMRC for providing the draft RC minutes in such a timely manner for her to prepare for the Council meeting.

Council **NOTED** the RC Report.

9. FUNDING RECOMMENDATIONS

Dr Tony Willis introduced this item and advised Council that the peer review processes for Centres of Research Excellence (CREs), Research Fellowships (RFs), Practitioner Fellowships (PFs), Early Career Fellowships (ECFs), Development Grants (DGs) and the Northern Australia Tropical Disease Collaborative Research Program (NATDCRP) were now completed. Dr Willis proposed funding for 244 new grants, as outlined in the relevant attachments, and recommended by RC at its 23-24 June 2016 meeting.

Centres of Research Excellence

Profs North, Olver, Lewin and Scheffer were conflicted with the recommendations for CREs in the clinical research stream; Prof Kidd was conflicted with the recommendation for the population health research stream. Conflicted members left the room for the discussion of the relevant parts of the funding recommendations.

Council **SUPPORTED** funding for 15 new CREs commencing in 2017, totalling \$37,445,037, as recommended by RC.

Research Fellowships

Council **SUPPORTED** funding for 77 new RFs commencing in 2017 and 13 sixth year extensions, totalling \$61,014,818, as recommended by RC.

Practitioner Fellowships

Council **SUPPORTED** funding for 17 new PFs commencing in 2017, totalling \$8,024,584, as recommended by RC.

Early Career Fellowships

Council members discussed the low number of recommended grants in the area of health services research. Prof North commented that RC is aware of this issue. Prof North explained that RC does not make

recommendations based on the breakdown of research area and that all rankings are done by the peer review panels. Prof Kelso noted Council's concern and suggested that ONHMRC examine the historical data for health services research applications for Council's consideration at a future meeting.

Council **SUPPORTED** funding for 118 new ECFs commencing in 2017, totalling \$38,478,110, as recommended by RC.

Development Grants

Council members noted the new peer review process used for DGs in 2016. They noted the proposed underspend for the DG funding recommendations, and that funding the next ranked application would require funding four new DGs as they all fell on the same score. Council members noted that any unused funds for the scheme would be returned to the MREA.

Council **SUPPORTED** funding for 20 new DGs, totalling \$12,124,425, as recommended by RC.

Northern Australia Tropical Disease Collaborative Research Program

Council **SUPPORTED** funding for one NATDCRP, totalling \$5,997,916, as recommended by RC.

In addition to the outcomes summarised above, Council:

- **ADVISED** the NHMRC's CEO to submit the funding recommendations at Attachments A to F to the Minister
- **NOTED** that relinquished offers will be reallocated to the next ranked application(s), provided that these replacement offers do not increase the overall expenditure
- **NOTED** the summary of community observer reports at Attachment G
- **NOTED** that a detailed breakdown of funded grant data will be tabled at a subsequent meeting following Ministerial consideration.

Action Item: ONHMRC to provide historical data on health services research grant applications and funding outcomes across Fellowship schemes.

10. TRANSLATIONAL RESEARCH PROJECTS FUNDING RECOMMENDATION

The following members left the room due to potential conflicts of interest: Profs Robinson, North, Kidd, Olver, Scheffer, Geelhoed and Drs Chant and Buckett.

Prof Graeme Samuel chaired this item. A quorum was in place.

Mr Alan Singh introduced the agenda item, outlining the objectives of the initiative and the recommendation to fund four Translational Research Projects for Improved Health Care grants.

Council **ADVISED** the CEO to fund four (4) grants to a total value of \$397,000 and **ADVISED** the CEO to submit the funding recommendation to the Minister for approval.

11. UPDATE ON THE IMPLEMENTATION OF THE TARGETED CALLS FOR RESEARCH IDENTIFICATION AND PRIORITISATION FRAMEWORK

Dr Tony Willis introduced the item and summarised the proposed Framework for the Identification and Prioritisation of Targeted Calls for Research (the Framework). Dr Willis noted that at the previous Council meeting, Council had requested an overview of how funding for TCRs would be allocated and staged over the coming year, and an update on ONHMRC's progress in implementing the proposed TCR framework.

Dr Willis advised that on RC's advice, the current 2016 MREA allocation for TCRs commencing funding in 2017 is \$20.3 million.

At the recent RC meeting, ONHMRC sought advice on two TCR proposals that had been submitted to NHMRC via the Online Submission Pathway. The proposals suggested TCRs for Asthma and Falls Prevention. These were the only two proposals received during 'cycle one' of the Online Pathway, and were provided to RC in the interests of meeting performance indicators in the Strategic Plan that commit NHMRC to delivering one TCR a year. The proposals were prioritised by the TCR Prioritisation Committee, using the criteria set out in the Framework.

Dr Willis advised that RC recommended no TCRs be implemented until the conclusion of 'cycle two' of the Online Pathway. The NHMRC is only half way through an annual cycle for TCR submissions, and there may be TCRs of higher priority submitted as well as proposals from more varied channels, including the Australian Health Ministers' Advisory Council (AHMAC).

Members of Council agreed:

- with RC's recommendation to delay implementation of a TCR until the end of the annual cycle
- that engaging with AHMAC would be an important means of targeting health/medical research in areas of the highest priority for the States and Territories.

Council **NOTED** that ONHMRC has implemented the Targeted Calls for Research (TCRs) Identification and Prioritisation Framework.

Action Item: ONHMRC to engage the AHMAC Secretariat with a view to establishing a working group to identify and propose possible TCRs that address agreed national research priorities.

12. CHAIR'S REPORT

Prof Robinson provided Council with the Chair's Report including:

- a speaking engagement at the Australasian Leukaemia and Lymphoma Group in May 2016
- possible discussions with the incoming government around the formation of an Australian National Institute of Health Research.

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

Day Two of the 208th Session

13. STRUCTURAL REVIEW OF NHMRC'S GRANT PROGRAM

Mr Singh introduced the item, summarising the alternative models in the consultation paper. The main element of Model One is Team Grants, while Model Two focuses on Investigator Grants. Both would also make Ideas Grants available, and have some other less significant differences. Model Three comprises one large ideas-focused scheme, with separate streams for knowledge creation and translation.

Prof Kelso advised that the models may be seen as quite radical. Prof North advised that a tipping point had now been reached and it was important to reduce the burden on the sector; Research Committee would be further considering the possible new approach to grant budgets and lower caps on the number of grants that can be applied for or held.

Members congratulated Prof Kelso on undertaking the review and provided general feedback about the review, including that:

- it is clear that doing nothing is not an option; the status quo must be changed
- the grant program should take account of different areas of research
- the focus should be on considering the five major objectives of NHMRC's grant program
- the review will not change the pool of available funding and this will remain a challenge
- the focus should be on creating the broad structure, rather than changing the main schemes to respond to requests from researchers to address niche areas of research
- the paper does not say much about the private sector, industry or the community
- consideration could be given to pilot/seed funding, 'trailing' grants (for knowledge brokering to support research translation) and funding regionally (similar to reforms in the UK).

Members discussed some of the key issues that had been raised by the Expert Advisory Group, Research Committee and Health Translation Advisory Committee. Key comments included:

- the impact of the models across all areas and types of research
 - teams and collaboration should be encouraged, with one member commenting that support also needs to be provided to lone Chief Investigators (CIs)
- limiting the number of grants that can be held by researchers
 - this may disadvantage cross-disciplinary researchers as well as smaller institutions with fewer cross-disciplinary researchers to draw on
- workforce issues, particularly providing opportunities for early and mid-career researchers
 - Model 1 may be advantageous by requiring different levels of experience in the team, although some concerns were raised about mandating this. However, consideration should be given to the assessment of track record to ensure that early and mid-career researchers do not adversely affect the success of the proposal
- Centres of Research Excellence (CREs) and Partnership schemes
 - it is important to have mechanisms for encouraging collaboration with the users of research (currently, the Partnership Grants scheme does this successfully)
 - it would be difficult to retain these schemes within the alternative models, particularly if we want to reduce the number of schemes. Prof Kelso advised that the models included the possibility of 'national networks', which could fulfil a similar purpose to CREs
 - it is likely that a proposal that includes a partnership under Model 1 will rate more highly
 - consider setting different criteria for different research types under Model 1 to facilitate partnerships
- encouraging collaboration
 - the current program does not foster collaboration between institutions and it will be important for any new model to do this
 - the Team grants (Model 1) may de-emphasise the institutional focus/role on grants
 - consideration could be given to the NHMRC National Institute for Dementia Research model, particularly for bringing stakeholders together, engaging with philanthropists and facilitating commercialisation.

Council **DISCUSSED** the Structural Review of NHMRC's Grant Program consultation paper, including the alternative grant program structures (Attachment A).

14. DEVELOPING A FRAMEWORK FOR NHMRC'S CLINICAL TRIALS FUNDING

Prof Ghersi provided an overview and update on developing a framework for NHMRC's clinical trials funding. The intention is to develop a scheme whereby large prospective studies in humans funded by NHMRC are able to be completed, will fill gaps in knowledge and will produce meaningful, implementable findings. A joint sub-committee of Research Committee (RC) and the Health Translation Advisory Committee (HTAC) has been formed to work with NHMRC to develop the framework.

Members discussed the proposed Terms of Reference for the Working Group. There was:

- support for adopting the NIHR "Adding Value in Research Framework"

- interest that the percentage spend on project grants for clinical trials is not as high as some assumed
- reference made to the AHMAC clinical trials work resulting from a request made by COAG in March 2016 for rapid advice on enhancing clinical trials, increasing participation and sustainable platforms for clinical trials
- acknowledgment that there appears to be an opportunity to make the clinical trials sector sustainable through potential complementarity across the MRFF, the MREA, the work of COAG and the NCRIS roadmap
- encouragement for the Working Group to consider issues relevant to the appropriate governance of phase 4 trials (post-marketing surveillance studies), including appropriate risk management by HRECs
- acknowledgment that the single biggest cost is per patient payments. There is a need to work with hospitals and the jurisdictions to clarify the role and responsibilities of each in the conduct of clinical trials.

Council **NOTED** the Terms of Reference for the NHMRC Working Group on Clinical Trials and Large Studies.

15. UPDATE ON NHMRC'S CLINICAL TRIALS REFORM WORK

Ms Samantha Robertson provided Council with an update on NHMRC's activities to expedite clinical trials reforms in Australia which included:

- the provision of seed funding for pilot sites to implement the Good Practice Process
- the development of the Human Research Ethics Applications (HREA) to replace NEAF
- the appointment of Bellberry to host and provide administrative support for two expert independent national scientific committees for research for clinical trials involving medical devices and for complex genetic research
- activities to raise awareness of clinical trials, in particular the development of a marketing campaign and activities to mark International Clinical Trials Day.

Council **NOTED** NHMRC activities to expedite clinical trials reforms in Australia.

16. STATEMENT ON CONSUMER AND COMMUNITY INVOLVEMENT IN HEALTH AND MEDICAL RESEARCH

Mr Alan Singh introduced the agenda item, outlining the development of the revised Statement on Community and Consumer Involvement in Health and Medical Research (the revised Statement). Mr Singh noted that both the Community and Consumer Advisory Committee (CCAG) and Research Committee had recommended to Council that the revised Statement be publicly released.

Mr Singh further noted that recent discussions with the Consumers Health Forum of Australia (CHF) had resulted in that organisation being open to auspicing the revised Statement. A joint NHMRC/CHF foreword was being developed for the revised Statement in consultation with CHF and CCAG. Council's advice would be sought out of session on the foreword prior to the public release of the revised Statement.

Council requested that the levels of consumer involvement on page six of the revised Statement include consumer and community representatives being chief investigators on grant applications as another potential role.

Council **ADVISED** the CEO to publicly release the revised Statement, noting that Council's advice will be sought out of session on the foreword for the revised Statement.

Action: ONHMRC to develop the proposed foreword in consultation with CHF and CCAG then seek Council's endorsement.

17. BETTER INFORMED HEALTH CARE THROUGH BETTER CLINICAL GUIDELINES

Prof Gherzi introduced the item on the proposed new 2016 Standards for Guidelines.

The current NHMRC Standards for clinical guidelines, and the associated handbooks, were published in 1998/1999. They are therefore out of date and in need of revision. Initial work has focussed on updating the Standards, which has been achieved with the support of NHMRC's Advisory Group on the Synthesis and Translation of Research Evidence (STORE). The Standards have been through a process of public consultation and the submissions considered by STORE, resulting in some minor changes to the wording of some standards, or a recommendation that the issue be addressed in the new Handbook for Guideline Developers. Work on this new Handbook has commenced.

Members offered the following general comments:

- the handbooks should provide guidance on the development of recommendations in the absence of clear evidence
- conceptually, living guidelines were supported while at the same time recognising the need for Council approval processes to be responsive and potentially modified to suit continuous guideline updates. It was acknowledged that this would need to be achieved within the parameters of the NHMRC Act
- guidelines should address the complexities of co-morbidities to be relevant to decision making, particularly in primary care. Guidance on how to do this needs to be developed in collaboration with those who both develop and use these guidelines, including Medical Colleges, Professional Societies and key NGOs
- there is a particular need for advice on the use of indirect (or parallel) evidence for public health guideline developers, and the approach to be taken when the issue being addressed requires "proof" of a negative (evidence of absence).

Council **NOTED** NHMRC's 2016 Standards for Guidelines and **ADVISED** the CEO that they be issued.

18. FUNDING FOR PRIMARY HEALTH CARE RESEARCH

Mr Mark Cormack introduced the paper, which was developed by the Department of Health in response to a request from Council on the status of primary health care research funding.

Mr Cormack noted that the Australian Government had invested approximately \$172m through the Primary Health Care Research, Evaluation and Development Strategy (PHCRED). This funding program had now ceased. Mr Cormack advised that a new Health Policy Research and Data program was established in 2016. This program has a modest budget and aims to improve the utilisation of existing data holdings to better inform primary health care policy and enhance outcome monitoring. Some planned activities include:

- better linkages between data sets, including selected MBS and PBS data through the Australian Institute of Health and Welfare
- targeted analysis of the Bettering the Evaluation and Care of Health (BEACH) data
- the investigation of code mapping software.

Mr Cormack acknowledged that there had been some disquiet amongst stakeholders regarding the cessation of the PHCRED program. Prof Kidd noted that it is important that research in primary care continues to be developed. Its importance in potentially leading to improvements in the quality, accessibility and integration of Australia's primary care system and reducing health care costs should be recognized. He outlined five key areas that could be addressed:

- clarity around the key research questions and the investment required for primary care research

- increased career support for the primary care research and evaluation sector, including through the introduction of primary health care-specific research training awards
- increased investment in data infrastructure to better assess primary care performance in Australia (noting that data collection and linkage are critical)
- support and coordination of the Practice Based Research Network (noting that practitioners in the private sector often lack funding support for research activities)
- consideration of a model such as that of the UK NIHR School for Primary Health Care Research, which brings together practitioners, consumers and researchers to scope the issues that could be addressed in primary care.

Mr Sandison, the recently appointed Director of the AIHW, gave an overview of the scope and capability of the data sets available through the Institute. He noted that one of the difficulties for those seeking to use and link data is being unsure about the best way to frame research questions. He indicated AIHW can assist people in understanding how to best use the information available.

Council invited Mr Sandison to attend a future meeting of Council to talk further about the better utilisation of available data sets. It was also suggested that thought be given to providing advice on data sets that could be collected prospectively, to enhance the national collection.

Declaration of Interest: Prof Kidd noted that he is employed at Flinders University which houses PHCRIS (Primary Health Care Research and Information Service) and he previously had involvement with the BEACH project.

Council **NOTED** the Department of Health's support for primary health care research and data.

Action Item: ONHMRC to provide Council's feedback to Department of Health.

Action Item: ONHMRC to invite Mr Barry Sandison to a future meeting of Council to talk further about the utilisation of available data sets.

19. RECOGNITION CRITERIA FOR NHMRC ADVANCED HEALTH RESEARCH AND TRANSLATION CENTRES

The following members left the room due to potential conflicts of interest: Profs Arya, Geelhoed, North, Olver, Scheffer, Robinson, Doctors Kelly, Young and Buckett.

Prof Samuel chaired this item.

Mr Alan Singh introduced the agenda item, outlining the development of the revised AHRTC recognition criteria, noting that a workshop had been held in November 2015. The workshop, attended by representatives of the AHRTCs and groups interested in being similarly recognised, provided an opportunity to canvass views on the development of the initiative and how NHMRC might respond to the International Panel's recommendation to encourage the regional groups that applied unsuccessfully to the first call for submissions in 2014.

Members present expressed general support for a second AHRTC call but were concerned at the number of members absent due to conflict of interest. After discussion with the members, the stand-in Chair invited members who had been excluded to re-join the meeting for the remainder of the discussion. It was noted that their expertise and views on the process were important to the debate, further noting that this was an item for advice to the CEO rather than recommending a course of action.

During the discussion that followed Council raised a number of matters for consideration by NHMRC including:

- the significant value of encouraging excellence in the healthcare provided to regional and remote populations
- whether the revised criteria could lead to a decrease in the quality of groups recognised as AHRTCs.
- whether existing AHRTCs could be negatively affected by any consequential reduction in the prestige of recognition
- whether there was value in establishing two tiers of recognition, or alternatively a separate scheme for centres with characteristics different to AHRTCs.

Council raised the above matters for further consideration by the CEO.

Action: CEO to consider Council's feedback on the proposed call.

20. REVIEW OF THE HEALTH AND DENTAL EFFECTS OF WATER FLUORIDATION

Emeritus Prof Judith Whitworth, Chair of the Fluoride Reference Group (FRG), introduced the item via telephone. The FRG sought Council's recommendation to release the draft *Effects of water fluoridation on dental and other health outcomes* (Information Paper) for public consultation. The draft Information Paper summarised a comprehensive evaluation of the evidence on the dental and other health effects of water fluoridation.

Attachment E to the agenda papers provided the full findings of the evidence evaluation and will be released at the time of public consultation. Initially, the evidence evaluation comprised a critical appraisal of an existing review on the dental effects of water fluoridation conducted by the Cochrane Oral Health Group and a systematic review of research studies on any other health effects published since NHMRC's 2007 review. In addition, the ONHMRC commissioned a review to capture relevant studies on the effectiveness of long-standing water fluoridation programs in Australia, and on the prevalence and perceptions of dental fluorosis in the Australian context.

The FRG undertook a comprehensive analysis of the evidence using the GRADE process (Grading of Recommendations Assessment, Development and Evaluation). While the evaluation did not specifically search for health inequalities, it did include analyses from the studies on tooth decay which show that water fluoridation may benefit people in lower socio-economic groups, who are more likely to have poor oral health. Additional material identified by the FRG shows that water fluoridation reduces tooth decay across socio-economic groups. It is less clear whether it reduces inequalities experienced across socio-economic groups, by some Aboriginal and Torres Strait Islander people, and in regional areas.

Feedback was sought from the Chief Health Officers on an earlier draft of the Information Paper. The key issues raised, and the FRG's responses, were provided at Attachment F to the agenda papers.

Dr Buckett raised the issue of the use of animal studies to assist in developing public health advice, particularly when there is minimal human data. Animal studies were not included in this review, however, as there is a substantial body of evidence on the effects of water fluoridation on human health, and there are potential inaccuracies in extrapolating findings from animals to humans. This was explained in more detail in Section 2.2 of the draft Information Paper.

Several CHOs commended the Office of NHMRC on the comprehensive nature of the evidence evaluation, and the main body of the draft Information Paper. Written comments from Prof Guest were noted, and CHOs recommended further consultation on the draft Information Paper via a teleconference to:

- advise on refinements to the Plain Language Summary at the beginning of the draft Information Paper
- improve the balance of weight given to dental caries as opposed to dental fluorosis
- confirm correct percentages in Figure 1 regarding rates of fluoridation across Australia, and jurisdictional legislation in Appendix D
- include text in regards to fluoride being a naturally occurring mineral

- ensure that the science has not been overlooked in an effort to simplify the messages for the general public .

The Chair thanked the FRG for its work.

Council **ADVISED** that before the Information Paper is released for public consultation, ONHMRC host a teleconference of the CHOs (or their delegates) to revise:

1. the Plain Language Summary
2. Figure 1 – to ensure it depicts the current (2016) proportion of people with access to fluoridated water in each jurisdiction
3. Appendix D – to ensure the legislation and/or government policy on water fluoridation is accurate for each jurisdiction.

Council:

- **ADVISED** that following the above, the Information Paper be returned to the FRG for consideration, and then forwarded to the CEO, via Council, to approve its release for public consultation.
- **ADVISED** that following the public consultation and the finalisation of the Information Paper, they would like the FRG to advise on whether to update the NHMRC Public Statement, including advice on the range or level of fluoridation in Australia.

21. DRINKING WATER QUALITY

Ms Samantha Robertson introduced the item.

Prof Lawler on behalf of Tasmania commented that the proposed Health Based Target (HBT) framework places the responsibility on the regulator in the implementation of the framework. NHMRC agreed to reword this to indicate that decisions on HBT should be made in collaboration between regulators and water suppliers.

Dr Chant informed Council that NSW supported the HBT framework going to public consultation, and raised minor technical concerns:

- suppliers still need to be encouraged to take preventative measures, for example, catchment management, rather than relying solely on treatment technologies
- many NSW supplies will fall into Category 4, and ideally additional guidance should be provided within this category
- there will be challenges around implementation. Ms. Robertson reiterated that the framework is voluntary and allows suppliers to take different approaches depending on their capabilities. NHMRC agreed to consult with regulators and industry specifically on barriers to implementation, during the public consultation period.

In relation to the proposed minor amendments to the Australian Drinking Water Guidelines (ADWG), NSW objected to the inclusion of an aesthetic guideline value in the headline of the chlorine fact sheet. Council agreed that this change was not necessary.

The Chair asked if there were any further comments or objections, and none was received.

Council:

- **ADVISED** the CEO to release the draft fact sheet on lanthanum and the draft framework on HBT for public consultation; and

- **ADVISED** the CEO to publish the amendments to Chapters 6 and 10, and minor amendments to the ADWG.

22. DRAFT REPORT ON THE EVIDENCE: PARENTING/CAREGIVING PRACTICES AND BEHAVIOURS TO PROMOTE THE SOCIAL AND EMOTIONAL DEVELOPMENT AND WELLBEING OF INFANTS

Prof Jane Fisher, Chair of the Mental Health and Parenting Working Committee, introduced the item via videoconference. She noted that during its 2012-15 triennium, NHMRC's Prevention and Community Health Committee (PCHC) identified mental health as a priority area, with a particular focus on the role of early caregiving practices in promoting social-emotional development. The Mental Health and Parenting Working Committee was established and it has overseen the development of the draft NHMRC Report on the Evidence: Parenting/caregiving practices and behaviours to promote the social and emotional development and wellbeing of infants (draft NHMRC Report on the Evidence). The Mental Health and Parenting Working Committee comprises experts in child health and wellbeing, family and community health, migrant and refugee health, child abuse and neglect, Aboriginal and Torres Strait Islander health, public health evidence and members of the former PCHC.

The draft NHMRC Report on the Evidence summarises the findings of a comprehensive evidence evaluation which focused on population level interventions delivered at birth or in the first year of life, that might promote infant and child social-emotional development. The report is suitable for use by governments, policy makers, researchers and service providers who work with parents of infants, to promote their mental health and wellbeing.

Prof Fisher explained that her Working Committee used the rigorous and comprehensive GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach to assess the evidence and consider a number of factors relevant to the Australian context. This included the balance of benefits and potential harms, resource implications, equity, feasibility, acceptability and implementation considerations.

The Chair of Council noted the Report's potential to have a positive impact on Australian children and thanked the Working Committee for its work. After declaring an interest in this item, as a Board Director of beyondblue, Prof Michael Kidd AM stated that in his view the draft NHMRC Report on the Evidence should be highly regarded.

Council **DISCUSSED** the draft NHMRC Report on the Evidence: Parenting/caregiving practices and behaviour to promote the social and emotional development and wellbeing of infants ahead of its release for targeted consultation, and **ADVISED** that targeted consultation should occur.

23. THE AUSTRALIAN CODE FOR THE RESPONSIBLE CONDUCT OF RESEARCH 2007 (THE CODE)

Ms Robertson provided members with an update on the progress being made towards developing a revised Australian Code for the Responsible Conduct of Research (the Code). Members noted that a principles-based Code was being developed, which would be supported by a number of better practice guides with more detail. Members were supportive of this approach and noted that drafts would be presented to Council for consideration at its November meeting.

Council **NOTED** the progress being made on revising the Code, and the development of 'Better Practice Guides' (BPGS).

24. IMMUNISATION HANDBOOK ANNUAL UPDATE (10TH EDITION)

Mr Alan Singh introduced the item and informed Council that on 1 June 2016 the Chief Medical Officer requested approval of amendments to the Handbook as part of the agreed annual update process. The letter proposes the amendments as both 'category one', which do not require public consultation, and 'category two' changes (the updated chapter on yellow fever), which do.

ATAGI released changes to the yellow fever chapter for public consultation between 11 January and 12 February 2016, and subsequently amended the chapter in response to public submissions.

Council supported ATAGI's classification of the category one changes, and therefore agreed with ATAGI's decision to dispense with public consultation.

Council **ADVISED** the CEO to approve the amendments to the Australian Immunisation Handbook 10th Edition, as amended, in accordance with s14A of the NHMRC ACT and **AGREED** to dispense with the requirement for public consultation for minor (category 1) changes, in accordance with s14B of the NHMRC Act.

Action: ONHMRC to place notice on website within 30 days to advise that public consultation has been dispensed with, in accordance with the NHMRC regulations.

25. STANDING REPORT ON THE STATUS OF ETHICS GUIDELINES AND PUBLICATIONS AND STANDARDS FOR RESEARCH

Council **NOTED** the update on the status of ethical guidelines.

26. STANDING REPORT ON THE STATUS OF GUIDELINES IN CLINICAL PRACTICE AND PUBLIC HEALTH

Council **NOTED** the current activity in relation to clinical and public health guidelines.

27. INITIATIVES FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Council **NOTED** the update on NHMRC initiatives for Aboriginal and Torres Islander health.

28. UPDATE ON FUNDING SCHEMES

Council:

- **NOTED** the application data for funding rounds;
- **NOTED** the status update on funding schemes; and
- **NOTED** the outcome data for Grant Announcements.

29. UPDATE ON THE BOOSTING DEMENTIA RESEARCH MEASURE

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

30. JURISDICTIONAL REPORT

CHOs and CMOs briefly raised current issues of interest or concern within their jurisdiction.

Dr Paul Kelly - ACT

- e-cigarette legislation has been passed and will come into force on 1 August 2016

- CHO Report (Healthy Canberra) has been launched and focuses on priority health issues that cause the greatest burden of disease, are preventable and are fundamental to good health. Dr Kelly is interested in feedback from other jurisdictions on this new format.
- data project to follow up individuals from 'Mr Fluffy' houses
- Perfluorooctane Sulfonate (PFOS) contamination.

Dr Kerry Chant - NSW

- the first round of translational research grants has just closed
- medical cannabis – assessment of the evidence base.

Dr Jeannette Young - QLD

- concluding Symposium for the National Hendra Virus Research Program
- medicinal cannabis
- coal workers – screening program for pneumoconiosis
- PFOS contamination
- coal seam gas.

Prof Chris Baggoley - Commonwealth

- PFOS contamination – a government commitment to review daily intake levels.

Prof Tony Lawler - TAS

- Tasmanian Government proposal to increase the minimum smoking age to 25
- recovery process from floods in the north of the state.

Dr Kevin Buckett - SA

- new regulations in force from 1 July 2016 to ban smoking in all alfresco dining areas, in line with the rest of the country
- PFOS contamination.

Prof Dinesh Arya – NT

- PFOS contamination
- lead contamination from shotgun pellets.

Prof Gary Geelhoed – WA

- health translation network established
- medical cannabis
- three new health boards - north, south and east in Perth, from 1 July 2016
- linked data review in WA
- \$4M of grants for children and adolescent research.

Council **NOTED** the issues discussed in the jurisdictional report.

Action: PFOS and medical cannabis to be discussed at the next Council meeting.

31. NHMRC CORPORATE PLAN

Council **NOTED** progress on development of the NHMRC Corporate Plan 2016-17.

32. OUT-OF-SESSION PAPERS

Council **NOTED** the outcome of the Out-of-Session activity between the 207th and 208th sessions of Council.

CLOSE OF MEETING

The Chair noted that this would be Prof Baggoley's last Council meeting as he would be retiring as the Commonwealth Chief Medical Officer this month. The Chair thanked Prof Baggoley for his many years of outstanding service to NHMRC, the Australian Government and the Australian community, and wished him a healthy and happy retirement.

The Chair thanked the Secretariat and Staff of the Office for their work in preparing the papers and their support for the meeting, and wished Ms Carly Taylor well on her maternity leave.

The Chair noted that the next Council meeting would be held in Canberra on 2-3 November 2016.

The meeting closed at 2.30pm.