

**MINUTES**  
**211<sup>th</sup> Session**  
**Council of the National Health and Medical Research Council**  
**12-13 July 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
Prof Sharon Lewin	Chair, Health Translation Advisory Committee
Ms Karen Carey	Member with expertise in consumer issues
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 Michael Kidd AM	Member with expertise in health care training
Prof Jonathan Carapetis	Member with expertise in Public Health
Prof Ingrid Scheffer AO	Member
Prof Elizabeth Sullivan	Member
Prof Brendan Murphy	Commonwealth Chief Medical Officer (CMO)
Professor Anthony Lawler	Principal Medical Advisor, TAS
Dr Kerry Chant PSM	Chief Health Officer (CHO), NSW
Dr Nicola Spurrier	Observer, representing CHO, SA
Dr Sonya Bennett	Observer, representing CHO, QLD
Dr Hugh Heggie	CHO, NT
Prof Charles Guest	CHO, VIC
Dr Paul Kelly	CHO, ACT
Prof Gary Geelhoed	CMO, WA

**Apologies**

Dr Jeannette Young PSM	CHO, QLD
Prof Sandra Eades	Member with expertise in the health needs of Aboriginal persons and Torres Strait Islanders
Prof Paddy Phillips PSM	CMO, SA

**Observers**

Mr Mark Cormack	Department of Health
Prof Helen Zorbas AO	Cancer Australia
Adj Prof Debra Thoms	Commonwealth Chief Nurse and Midwifery Officer
Prof Villis Marshall AC	Australian Commission on Safety & Quality in Health Care
Mr Barry Sandison (day 2 only)	Australian Institute of Health and Welfare
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 Policy & Translation
Dr Julie Glover	A/g Executive Director, Research Programs
Dr Tony Willis	Executive Director, Research Strategy & Implementation T'force
Mr Tony Krizan FCPA	Executive Director, Corporate Operations and Information

**1. WELCOME**

The Chair, Professor Bruce Robinson, opened the 210<sup>th</sup> Session of Council at 1pm and welcomed attendees to the seventh meeting of the 2015 - 2018 National Health and Medical Research Council (NHMRC) triennium. The Chair acknowledged the Nggunawal People as traditional owners of the land upon which the meeting was held.

The Chair noted the apologies of Prof Sandra Eades, Prof Paddy Phillips and Dr Jeannette Young, and advised that Dr Nicola Spurrier was attending for Prof Phillips and Dr Sonya Bennett was attending for Dr Young. 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 noted the importance of transparency with the operation of Council and reminded Members of the need to be timely with updating their Declarations of Interest (DOI).

Council **ADVISED** the Chair that the draft Session Report of the 210<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 a verbal update on the tabled NHMRC CEO Report. The key points included:

- Launch and implementation of NHMRC's new Grant Program (discussed at Agenda item 14)
- Release of the updated NHMRC CEO statement on e-cigarettes on 3 April 2017
- Release of the Ethical guidelines on the use of assisted reproductive technology in clinical practice and research in May 2017
- Global Alliance for Chronic Diseases (GACD) – Prof Kelso has accepted the position of the incoming Chair for a period of two years from January 2019
- Federal Budget – NHMRC received \$8.5 million over three years from the Modernisation Fund to improve productivity and efficiency through full development and implementation of two software applications that automate common resource intensive and repetitive tasks in grant administration processes
- Senate Select Committee into Funding for Research into Cancers with Low Survival Rates - NHMRC is expected to provide further evidence at the hearing on 29 August 2017.
- GACD board meeting and the meeting of the Heads of International Research Organisation (HIROs) in June and the Belt and Road Symposium in China in July (discussed at agenda item 11).

Council **NOTED** the CEO Report.

### 3. CHAIR'S REPORT

Professor Robinson noted that he recently attended an ideas and innovation symposium at the Royal Prince Alfred Hospital where the Assistant Minister for Health, the Hon Ken Wyatt MP, announced funding of \$2.2 million for Sydney Health Partners from the Medical Research Future Fund, an announcement that was very well received.

Prof Robinson also reported that he has had a number of informal meetings on the new grant program and the feedback has been generally positive.

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

### 4. PCIC REPORT/INITIATIVES FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Mr Alan Singh provided an update to the paper, noting that the PCIC meeting scheduled for 11 July was postponed due to illness.

Six of the seven Road Map 3 workshops have been held with the final workshop to be held on Thursday Island. A report on the consultations is due at the end of this month, followed by the Road Map 3 document, which will undergo public consultation later in the year. Major issues raised through the workshops include:

- strengthening the capacity of Indigenous researchers
- the importance of genuine consultation and engagement with Aboriginal and Torres Strait Islander communities
- the importance of reciprocity in working with communities
- the balance between priority-driven research and investigator-initiated research.

A series of Targeted Calls for Research (TCRs) are being conducted in 2017 and 2018 – these are addressing dementia in Indigenous populations; social and emotional wellbeing; and ageing well.

Mr Singh advised that a meeting on the Tripartite Agreement with the Agreement partners is scheduled for 11 August. Prof Carapetis noted that the Tripartite Agreement is a significant opportunity for international collaboration and the capacity building of Indigenous researchers.

Council **NOTED** the PCIC report.

### 5. HTAC REPORT

Professor Sharon Lewin provided Council with an update on the main agenda items discussed at the HTAC meeting on 29 June 2017, which included:

- the Committee's work plan for the final twelve months of this triennium
- the conclusion, as of 30 June 2017, of NHMRC's work in clinical trials reform
- measuring and reporting the impact of health translation
- the Australian Research Council's Impact and Engagement pilot.

Council **NOTED** the HTAC Report.

### 6. HIAC REPORT

Professor Graeme Samuel provided Council with an update on the main items discussed at the HIAC meeting on 30 June 2016, which included:

- strategies to enhance innovation and commercialisation within Australia's MedTech industry
- the development of NHMRC's innovation webpage, including innovation journey videos, and

- how NHMRC can better engage with the philanthropic sector.

Professor Samuel noted that discussion had focused on the barriers to research innovation and commercialisation and how these could be addressed. He advised that at the last meeting Dr Buzz Palmer gave a presentation on “The Actuator” which is an industry-led start-up growth program that aims to bridge the gap between innovation and translational commercialisation of MedTech in Australia. Professor Samuel also noted that HIAC discussed the need for a mechanism for NHMRC to engage with philanthropists, highlighting the importance of ensuring those looking to invest in quality health and medical research are aware that they can utilise the outcomes of NHMRC’s peer review process.

Members questioned whether co-funding arrangements between NHMRC and philanthropists would change how Medical Research Endowment Account (MREA) funding is invested by NHMRC. Professor Samuel noted that external investment would expand the funding pool and result in NHMRC being able to fund more quality research which would typically be below the funding line. Ms Karen Carey indicated that some consumer groups have been effective at raising money but have not known how best to invest it. Professor Samuel advised that these groups can be referred to Dr Julie Glover who is leading the philanthropy work for NHMRC.

Council **NOTED** the HIAC Report.

## **7. AHEC REPORT**

Prof Ian Olver provided Council with an update on the main agenda items that will be discussed at the AHEC meeting on 19 July 2017. These will include:

- guidance on safety monitoring and reporting in clinical trials
- consent and guardianship in clinical trials
- recent advances in gene technology.

The next significant piece of work to be undertaken is the review of the organ and tissue transplantation guidelines.

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.

Within this budget:

- \$14.1 million has already been recommended for funding
- up to \$198.8 million was presented in funding recommendations later at this meeting
- up to \$660.6 million is available for future funding recommendations in 2017.

Discussion was focussed on the first allocations from the Medical Research Future Fund (MRFF). Members were advised that the funding recommendations to be presented for Fellowships would not include any grants to be funded from the MRFF.

Council **NOTED** the MREA Update.

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

Professor Kathryn North provided Council with an update on the key agenda items from the RC meeting on 21-22 June 2017. She noted that;

- Due to extensive consideration of the new grant program, the agenda items were not all able to be discussed.

A number of additional meetings have been scheduled to discuss implementation details of the new grant program, including transition from the existing scheme to the new program.

Professor North noted that key agenda items from the meeting included:

- funding recommendations
- NHMRC conditions of funding – citizenship requirements
- structure of Investigator Grants
- Career Development Fellowships funding rules
- NHMRC Partnership Centre evaluation reports, and
- GrantConnect and Whole-of Government grant reform.

Council **NOTED** the RC Report.

## 10. FUNDING RECOMMENDATIONS

Dr Julie Glover presented the funding recommendations for seven schemes which had recently completed peer review: Centres of Research Excellence (CREs); NHMRC-European Union Collaborative Research Grants; Development Grants; Research Fellowships (RFs); Practitioner Fellowships (PFs); Career Development Fellowships; and Early Career Fellowships (ECFs). Dr Glover proposed funding for 313 new grants, as outlined in the relevant attachments, and recommended by RC at its 21-22 June 2017 meeting.

### Centres of Research Excellence

Professors Scheffer, North, and Olver left the room for the duration of this discussion due to conflicts of interests.

Council noted the change in the peer review process where four scores were now required prior to the NFFC process.

Council **SUPPORTED** funding for 16 new CREs commencing in 2017, totalling \$39,917,589, as recommended by RC.

### NHMRC-European Union Collaborative Research Grants

Council queried where NHMRC funding was expended for these awards and Dr Glover confirmed the funding was provided to the Australian Administering Institutions to support the Australian research activities.

Council **SUPPORTED** funding for four NHMRC-EU Collaborative Research Grants commencing in 2017, totalling \$1,902,628, as recommended by RC.

### Development Grants

Dr Glover informed Council that a survey had been conducted of the commercial and scientific assessors of the 2017 applications, which indicated that the decision to introduce the submission of a business case was supported by a majority of the survey respondents. Further improvements to the business case component would be considered by HIAC.

Council **SUPPORTED** funding for 19 Development Grants commencing in 2018, totalling \$13,799,595, as recommended by RC.

*Action Item: ONHMRC to provide historical data on funding rates of Broad Research Areas, in particular, Basic Science and Clinical Medicine and Science where a large disparity in rates was noted (26.3% and 15.7%, respectively).*

### Research Fellowships (RF)

In response to a query ONHMRC explained that for RFs the *Mean budget figure for awarded grants* is the total salary for an awardee for a five year fellowship, as listed in Table 1 Attachment D (i).

Following a discussion on the difference in funding by gender, Professor Kelso mentioned that Agenda Item 13 scheduled for day two summarised relative success rates by gender and a detailed statistical analysis would follow.

Council **SUPPORTED** funding for 77 RFs commencing in 2018 and 22 sixth year extensions, totalling \$61,770,224, as recommended by RC.

*Action Item: ONHMRC to provide additional data on funding rates by gender in each Broad Research Area.*

### Practitioner Fellowships

Professor Lewin left the room for the duration of this discussion due to a conflict of interest.

Mr Singh advised Council that advice regarding funding from the MRFF would be provided by the Department of Health. However the conditions would be as close as possible to a comparable NHMRC grant.

Council **SUPPORTED** funding for 16 PFs commencing in 2018, totalling \$7,724,511, as recommended by RC.

### Career Development Fellowships

Council queried whether specific funding was set aside for part-time researchers in CDFs and other People Support schemes. Dr Patricia Ridgway explained that all schemes accept part-time applications and that specific funding was not set aside for this.

Council suggested it would be beneficial to highlight the availability of part-time fellowships and researcher success stories. This might be achieved by education of staff at administering institutions. Further awareness may be assisted by indicating any part-time status grants listed in the published *Outcomes of funding rounds*.

Council **SUPPORTED** funding for 61 CDFs commencing in 2018, totalling \$26,710,345, as recommended by RC.

*Action Item: ONHMRC to provide additional data at the next session on funding rates achieved by part-time applicants by scheme.*

### Early Career Fellowships

Council **SUPPORTED** funding for 120 ECFs commencing in 2018, totalling \$38,515,618, as recommended by RC.

## 11. NHMRC INTERNATIONAL ACTIVITIES UPDATE

Dr Glover introduced the item on NHMRC and International Engagement, highlighting that the paper represents only a few examples of NHMRC's engagement globally.

Members noted that NHMRC through its funding schemes provides avenues for researchers to be highly engaged internationally and that approximately 30% of Project Grants have an international component.

Dr Glover commented that NHMRC is currently running an international joint peer review process and funding call with Singapore's Agency for Science, Technology and Research (A\*STAR) where the focus is on 'novel molecular mechanisms of obesity and metabolic diseases'. NHMRC is also working with Vietnam's National Foundation for Science and Technology Development (NAFOSTED) for a joint call in research in three areas (infectious diseases, maternal/child health and public health).

Members noted that NHMRC is active in a number of international multilateral agreements including membership of the Global Alliance for Chronic Diseases, e-ASIA Joint Research Program and the European Union Horizon 2020 initiative. NHMRC's involvement in these initiatives provides opportunities for researchers to collaborate internationally and to leverage funds from other international providers. NHMRC also works closely with a number of Australian Government agencies including the Department of Foreign Affairs and Trade and the Department of Industry, Innovation and Science to ensure that international engagement aligns with current government priorities and policy.

Professor Kelso commented that the NHMRC International Engagement Strategy 2016-2019 (the Strategy) assists NHMRC in prioritising its international engagement. Members queried whether grant review panel (GRP) members were aware of the importance of international collaboration when reviewing grants. It was suggested that this could be reminded at GRP inductions. Members also queried whether the money from grants with an international component stays in Australia.

Members noted the update from Professor Kelso on her attendance at the International Symposium on Funding Science and People Cooperation for a Prosperous Belt and Road Initiative in Beijing. Professor Kelso indicated that there was much enthusiasm from attending countries regarding the initiative. Professor Kelso noted that NHMRC needs to be flexible in its engagement in Asia and that the Belt and Road Initiative provides a forum for NHMRC to engage with other funding agencies. Members also suggested that there was benefit in focussing on the Asia-Pacific region for health and medical research. It was noted that another Symposium is scheduled for 2018.

Members concluded the discussion by commenting that international engagement by NHMRC is important not only for leveraging funds and research collaboration but also bringing a wealth of knowledge and experience to Australia for the health benefits of Australian people.

Council **NOTED** NHMRC's international engagements and strategy adopted for assessing future international engagement proposals.

## Day Two of the 211<sup>th</sup> Session

### 12. NHMRC STRATEGIC PRIORITIES AND MEDICAL RESEARCH FUTURE FUND (MRFF)

Mr Singh introduced the paper and provided members with a brief outline of the first disbursements from the MRFF.

Mr Singh noted the level of NHMRC involvement in the disbursements and that some financial support had been given to existing NHMRC initiatives.

Members discussed the complementarity of the MRFF and the NHMRC's MREA, noting that the MRFF is predominantly priority-driven, while NHMRC funding is primarily investigator-initiated across the research spectrum and provides a strong foundation for Australian research. However, it should be noted that NHMRC has mechanisms for priority-driven research and these are regularly used.

Members raised a number of topics for the CEO's consideration, including potential funding opportunities for:

- national infrastructure (such as biobanks)
- non-commercial clinical trials
- research capacity and training, particularly for young researchers
- researcher support infrastructure, including research co-ordinators and statistical support
- embedding research into hospital practice
- a national ethics platform

Professor Kelso thanked members for the discussion and noted that the current focus of the Australian Medical Research Advisory Board (AMRAB) was on health system improvement and that the increased funding over the next few years will enable greater consideration of broader issues for priority research.

Council **ADVISED** the CEO on possible investment opportunities for future disbursements from the MRFF.

### 13. UPDATE ON THE WOMEN IN HEALTH SCIENCE COMMITTEE

Dr Ro Mitchell provided an update on the work of the Women in Health Science (WiHS) Working Committee, highlighting the following issues that were discussed at its most recent meeting on 11 April 2017:

- the National Centre for Social and Economic Modelling (NATSEM) analysis of application numbers and funded rates by gender for all NHMRC core schemes from 2001 to 2015
- the significant difference in funded rates between male and female Chief Investigator as in the Project Grants scheme since 2008
- the need to improve outcomes by gender for the Project Grants scheme
- development of NHMRC's inaugural Gender Equity Strategy and Action Plan
- NHMRC's review of Administering Institutions' gender equity policies.

Members congratulated NHMRC on the work undertaken and raised a number of issues including:

- the need for more qualitative data to identify the reasons why women are not as successful as men in many NHMRC schemes and the reasons why so many women leave research
- ensuring links with the Athena SWAN pilot
- how NHMRC can continue to work with Administering Institutions to effect change
- the uptake of part-time fellowships by career stage for men and women researchers
- NHMRC peer review processes:
  - collection of qualitative data from peer review panel members on how track record is assessed
  - the role of track record assessment in success rates for women in some schemes
  - consideration of improvement to the career disruption policy

- NHMRC's ability to influence researchers to consider the panel/speaker gender balance at conferences when accepting invitations
- exploring the reasons why women decline invitations to participate on NHMRC peer review panels.

Council **NOTED** the work being undertaken by the Women in Health Science Committee.

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

Dr Tony Willis provided a status update on implementation of the new grant program. He explained that the Minister for Health and Sport, the Hon Greg Hunt MP, accepted the CEO's recommendations on changes to the grant program in full. The new grant program was launched on 25 May 2017 and will serve as the framework for implementation.

Dr Willis outlined the key implementation activities underway including:

- establishment of a formal project management plan
- consultation with NHMRC Research Committee on details of new funding schemes
- development of a communication strategy, including periodic communications to the sector on specific details of new grant schemes and a roadshow focused on peer review in late 2017.

Dr Willis also noted that ONHMRC anticipates announcing new grant program guidelines in mid-2018 to enable the sector to adapt to new schemes opening in late 2018. These will be supplemented with prior targeted consultations on draft program policies.

Members congratulated NHMRC on the announcement of the new grant program and raised the following matters related to implementation:

- the broader sector's endorsement of the new grant program, including the concept of the Ideas Grants scheme
- Council's role in implementation, including scope for consultation on key activities
- Council's access to a broad timeline of key activities
- importance of the technical details underpinning new grant schemes
- opportunities to streamline the granting processes, and

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

*Action Item: ONHMRC to provide Council with broad timeline of key implementation activities.*

#### **15. PRESENTATION FROM DR CHARLES DAY, CEO OF INNOVATION AND SCIENCE AUSTRALIA**

The Chair welcomed Dr Charles Day, CEO of Innovation and Science Australia to the meeting. Dr Day commenced by outlining the role of the agency, which is to provide advice to Government on building an innovative economy across the science and research spectrum. He noted the development of a 2030 Strategic Plan to help guide investment in the Australian innovation, science and research system. To inform development of this plan, Dr Day noted that an issues paper was released in March for public consultation, and that around 130 submissions were received.

Dr Day noted a number of areas of interest for the agency which Council discussed, including:

- the importance of gender diversity and collaboration
- understanding indirect costs and improving how they are provided for in the system
- the importance of having examples to promote the concept of innovation
- the transformative nature of digital health
- the need to cease doing what doesn't work
- understanding that innovation and technology change the nature of the workforce
- clarifying the role of governments in commercialisation

- the difficulties in measuring outcomes in non-commercial ventures.

Mr Day concluded by noting the importance of championing innovation – he suggested Council could play an important role here. Professor Kelso thanked Mr Day for his interesting and thought provoking presentation.

## **16. EMBRYO RESEARCH LICENSING COMMITTEE (ERLC): THE RELATIONSHIP BETWEEN EMERGING TECHNOLOGIES AND AUSTRALIAN LEGISLATION**

Ms Jennifer Campain described the background to the development of ERLC's discussion paper: *Consideration of emerging technologies in light of the Prohibition of Human Cloning for Reproduction Act 2002 and the Research Involving Human Embryos Act 2002*. Professor Con Michael, Chair of ERLC, summarised the technologies covered in the paper: mitochondrial transfer, *in vitro*-derived gametes, editing of the human embryonic genome, extended culture of embryos *in vitro* and creation and use of hybrid and chimeric embryos.

Members thanked ERLC for the information in the paper and noted the complexity and sensitivity of the issues raised by these technologies. Members noted that legislative change would be required if Australian researchers are to contribute to research in these areas and for any resulting treatments to be permitted for clinical use. Members acknowledged the need for ongoing research in these areas and extensive community consultation about the social and ethical issues raised by the technologies. Members also noted that evidence of the safety and efficacy of the various technologies should accompany discussion of whether legislative change is necessary or desirable.

Professor Olver advised that AHEC is scheduled to discuss the paper at its meeting on 19 July 2017. Ms Karen Carey suggested that the paper be provided to CCAG to gauge community reactions to the issues.

Mr Mark Cormack recommended that the Minister be briefed on the issues after Council considers feedback from AHEC and CCAG and before the paper is widely disseminated.

Members **AGREED** that Council would consider feedback from AHEC and CCAG at the March 2018 Council meeting.

*Action Item: The Emerging Technologies paper to be provided for consideration at the CCAG meeting scheduled for 28 August 2017.*

*Action Item: AHEC and CCAG feedback to be provided to Council in March 2018.*

Council **DISCUSSED** the paper titled *Consideration of Emerging Technologies in light of the Prohibition of Human Cloning for Reproduction Act 2002 and the Research Involving Human Embryos Act 2002*.

## **17. CLINICAL GUIDELINES FOR STROKE MANAGEMENT 2017**

The Chair introduced the item and welcomed A/Professor Coralie English, the Co-Chair of the stroke guidelines' content development working group, who had been invited to attend Council to answer Members' questions.

Mr Singh gave an overview of the guidelines' development process and noted that they are the first externally developed guidelines submitted to NHMRC for approval that have been developed in, and published on, the MAGICapp platform. He reported that 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 is satisfied that the guidelines' recommendations have met the requirements for NHMRC approval.

Dr Hugh Heggie, as the Council discussant for the guidelines, commended the Stroke Foundation for the high quality of the guidelines and asked A/Professor English to elaborate on the proposed implementation

strategy. She advised that an implementation strategy had been developed which includes the updating of the Acute Stroke Services Framework 2011 and the Rehabilitation Stroke Services Framework 2013. She also advised that the guidelines are consistent with the 2015 Acute Stroke Clinical Care Standard produced by the Australian Commission on Safety and Quality in Health Care.

Council discussed the implementation of the guidelines and encouraged jurisdictions to adopt the recommendations as standard care.

Council **ADVISED** the CEO to approve the draft Clinical guidelines for stroke management 2017, being the recommendations on pages 7 to 55 of Attachment A.

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

The Chair introduced the item and welcomed Professor Timothy Price, the Chair of the guidelines' management committee (via video), who had been invited to attend Council to answer Members' questions. Mr Singh gave an overview of the guidelines' development process and noted that the guidelines have been developed in, and published on, Cancer Council Australia's Wiki platform. He reported that they had been released for a 30 day public consultation and had been subject to methodological and clinical expert reviews. Mr Singh advised that the ONHMRC is satisfied that the guidelines' recommendations have met the requirements for NHMRC approval.

Professor Charles Guest, as the Council discussant, congratulated the guideline development group and noted that the guidelines were extensive.

Professor Price advised that to contain the scope and size of the guidelines links have been provided throughout to other guidance on such areas as diet and exercise. Professor Ian Olver observed that the Wiki guidelines platform, which he had helped develop, is designed to support the concept of a 'living guideline' by encouraging rapid updates.

Professor Kerry Chant raised concerns about the lag time between a positive immunochemical faecal occult blood test and gastroenterological review, in reference to the guidelines' evidence based recommendation (in section 2.2.8) which advised that people with a positive immunochemical faecal occult blood test, or symptoms suggestive of colorectal cancer, undergo a check colonoscopy within 120 days: the current recommendation is within 30 days. Professor Price advised that, to support the evidence based recommendation and in response to public consultation comments, a practice point had been included (in section 2.2.8) which recommends that a check colonoscopy is ideally performed within 30 days to minimise the risk of psychological harm to patients.

Members discussed in detail the timing of specialist referral and noted that it was important that the recommendation did not have the perverse consequence of delaying check colonoscopy, noting the change to 120 days would now place these patients onto a category 2 waiting list.

Professor Guest requested that the developer consider a request from Victoria to provide greater clarity in the guideline text about the use of nutrition screening and assessment tools. It was noted that this request does not relate to a guideline recommendation and therefore does not have an impact on NHMRC approval.

*Action Item: ONHMRC to advise the developer of Council's concern that the guidelines may result in the perverse consequence of delaying check colonoscopies and request that it consider annotating either the relevant practice point or the narrative text to address this issue.*

*Council to be notified of the developer's response and of any subsequent change to the practice point in section 2.2.8, and advise at that stage on whether to recommend the guidelines to the CEO for approval.*

*Action Item: ONHMRC to provide Professor Guest's comment to the developer for consideration.*

## **19. AUSTRALIAN IMMUNISATION HANDBOOK ANNUAL UPDATE (10<sup>TH</sup> EDITION)**

The Chair introduced the item and advised that Mr Singh and Professor Brendan Murphy would speak to the Handbook.

Mr Singh informed Council that the Chief Medical Officer requested approval of the amendments to the Handbook including two late changes tabled at Council, as part of the agreed annual update process. Council encouraged ATAGI to consider how it informs the public about minor changes that are not subject to public consultation.

Professor Gary Geelhoed questioned why the rotavirus vaccine was not recommended for catch up as part of the 'No Jab No Pay' requirements if the recommended vaccination date has passed.

Professor Sharon Lewin noted that the wording 'history of an acquired immunodeficiency syndrome (AIDS) defining illness' in section 3.3 Groups with special vaccination requirements (provided in late attachment) was inconsistent with Table 3.3.4. She requested that the developer revise the wording in section 3.3 to be consistent with Table 3.3.4.

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 Item: ONHMRC to provide Professor Lewin's comment to the Department of Health for consideration.*

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

*Note: following the meeting the Chief Medical Officer provided additional information on rotavirus vaccination to Professor Geelhoed in response to his question.*

## **20. PUBLICATION OF LANTHANUM FACT SHEET IN AUSTRALIAN DRINKING WATER GUIDELINES**

Ms Samantha Robertson provided a summary of the history of the Lanthanum fact sheet.

Council **ADVISED** the CEO to publish the lanthanum chemical fact sheet in the Australian Drinking Water Guidelines (ADWG).

## **21. PUBLIC CONSULTATION ON PER- AND POLY-FLUOROALKYLATED SUBSTANCES DRAFT FACT SHEET**

Ms Robertson provided a summary of the issue and the background to the development of a fact sheet and guideline value.

It was noted that the ADWG recommend rounding of guideline values to one significant figure so as to not overstate the level of precision of these calculations. Quoting more significant figures misrepresents the degree of calculated precision and may lead to unfounded concern when guideline values are exceeded at the

second or third significant figure. Council expressed concern about the rounding up of the ADWG value for PFOA, noting that this could be interpreted negatively by the community. The ADWG do provide for exceptions to the rounding rule for some chemicals. These will be considered on a case-by-case basis.

Council:

- **ADVISED** that the draft fact sheet and ADWG guideline value be recommended to the CEO for release for public consultation, without rounding.
- **NOTED** that a guideline value for recreational water will be developed, derived from the ADWG guideline value.
- **DISCUSSED** whether there was a preference for a short term value specifically for PFAS was preferred, or the development of a methodology for determining a short term value which could be applied to other chemicals as required.
- **ADVISED** that the preferred approach was to develop a methodology.
- **NOTED** that a guideline value for recreational water and a methodology for deriving short term exposure values would come before them in due course.

## 22. DISINFECTION BY-PRODUCTS ADVISORY COMMITTEE: ADVICE TO COUNCIL

Ms Robertson provided a summary of the background to the development of a priority list of Disinfection By-Products (DBP).

Ms Robertson advised that the work for the ADWG is not funded and several chemicals, besides DBP, have been identified by stakeholders as a priority for review. NHMRC is seeking financial assistance of up to \$60,000 to engage a contractor to work with the DBPAC and WQAC to develop a methodology to update health guideline values. One jurisdiction has already provided some initial funding as this work is seen as important. This methodology would also be applicable to other chemicals identified in the ADWG. It is estimated the cost of updating fact sheets varies from \$3,000 to approximately \$10,000. The costs are predominantly dependent on the currency and quality of available chemical health risk assessments.

Council

- **ADVISED** that they agreed with the priority list of DBP for review and updating of health guideline values in the ADWG.
- **ADVISED** that work should be undertaken to explore complementary approaches to managing DBP, but noted that this work should be consistent with international work in this area.
- **ADVISED** that the issue of funding for this work should be raised at the Australian Health Protection Principal Committee (AHPPC).

*Action Item: ONHMRC to develop a paper for AHPPC consideration.*

## 23. JURISDICTIONAL REPORT

Council **NOTED** the issues discussed at the 15 March 2017 pre-Council meeting between the NHMRC CEO, the Chair of Council and the Commonwealth, State and Territory Chief Health Officers.

## 24. 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.

## 25. 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.

## 26. CONCLUSION OF NHMRC'S CLINICAL TRIALS REFORM WORK

Council **NOTED** the conclusion of NHMRC work to fulfil the requirements of two Commonwealth Government budget funding measures to expedite clinical trials reforms in Australia, and **NOTED** the list of activities completed under these measures.

**27. UPDATE ON BOOSTING DEMENTIA RESEARCH INITIATIVE**

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

**28. OUT-OF-SESSION ITEMS**

Council **NOTED** the outcome of the out-of-session activity between the 210<sup>th</sup> and 211<sup>th</sup> sessions of Council.

**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 11-12 October 2017.

The meeting closed at 2.20pm.