

MINUTES
207th Session
Council of the National Health and Medical Research Council
Thursday 10 March 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 Sharon Lewin	Chair, Health Translation Advisory Committee
Prof Michael Kidd AM	Member with expertise in health care training
Prof Brendan Crabb AC	Member with expertise in health research & medical research issues (via video 9-12.30pm)
Prof Sandra Eades	Member with expertise in the health needs of Aboriginal persons and Torres Strait Islanders
Ms Karen Carey	Member with expertise in consumer issues
Prof David Story	Member with expertise in professional and post-graduate medical training
Prof Jonathan Carapetis	Member with expertise in Public Health
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
Prof Paddy Phillips PSM	CMO, SA
Prof Dinesh Arya	CHO, NT
Prof Gary Geelhoed	CMO, WA
Dr Roscoe Taylor	A/g CHO, VIC
Prof Tony Lawler	Principal Medical Advisor, TAS
Dr Paul Kelly	CHO, ACT

Apologies

Adj Prof Debra Thoms	Commonwealth Chief Nurse and Midwifery Officer
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Observers

Mr Mark Cormack	Department of Health
Dr Robert Herkes	Australian Commission on Safety and Quality in Health Care
Dr Andrew Kettle	Australian Institute of Health and Welfare
Prof Helen Zorbas	Cancer Australia

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 207th Session of Council at 9am and welcomed attendees to the third meeting of the 2015 - 2018 NHMRC triennium. The Chair acknowledged the Nggunawal People as traditional owners of the land upon which the meeting was held.

The Chair noted apologies from Adj Prof Thoms (observer) and noted that Prof Crabb was participating in the meeting via video conference from India. 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. Ms Carey declared that she had an interest in item 17 and would not participate in the discussion on this matter.

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

Council **ADVISED** the Chair that the draft Session Report of the 206th Session of Council was accepted as a true and accurate record of proceedings.

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 Programme
- Update on the Medical Research Future Fund (MRFF)
- Prof Kelso's trip to the United States with the Minister for Health as part of the Australia-US Business Week
- The Senate Enquiry into the Bill for the Prohibition of Live Imports of Primates for Research and associated media issues

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

3. GOVERNMENT'S BROAD INNOVATION AGENDA

Dr Willis provided Council with an overview of the Australian Government's broad Innovation Agenda. He highlighted a number of initiatives from the *Industry Innovation and Competitiveness Agenda* and the *National Innovation and Science Agenda* that may intersect with the work of the NHMRC. This included the *Boosting Commercial Returns from Research Strategy* and the *Review of Research Policy and Funding Arrangements* (the Review).

Members discussed two of the recommendations from the Review: to expedite the timeline between the close of grant applications and outcome announcement; and universities filtering applications prior to NHMRC submission. The likelihood of successful implementation was also discussed.

Mr Cormack, Deputy Secretary of the Department of Health, provided more detail on the purpose of the Biomedical Translation Fund (BTF) and how it will work. The CEO explained how NHMRC's Development Grants scheme may assist in providing a pipeline of projects to feed into the BTF.

Council **NOTED** the key elements and initiatives of the Government's broad Innovation Agenda and potential implications for NHMRC.

4. NHMRC STRATEGY AND RESPONSIVENESS

Mr Singh introduced the item inviting Council to comment on the forward program of strategic discussions.

Council indicated that the list of topics for discussion in the agenda paper did cover the important areas of strategic interest for NHMRC. It was suggested that research wastage and 'big data' be given a higher priority for discussion than had been proposed in the agenda paper. Council suggested that more than one strategic topic could be placed on each Council agenda.

Council asked for HTAC's consideration of 'big data' to be brought forward for discussion once HTAC was in a position to report on the topic, preferably in the second half of 2016. It was suggested that Council's consideration of 'big data' then be incorporated into a brief for the Department of Health.

Council discussed the positive progress towards greater data sharing in health and also the need for data to be interpreted with care, highlighting a perceived gap in Australia's capacity in informatics/data science. Prof North noted that last triennium Council had been provided with a detailed overview of benefits and pitfalls of data sharing which had been developed by the Prevention and Community Health Committee (PCHC). Prof Robinson requested that the paper be incorporated in papers for Council's next meeting.

Council:

- **NOTED** ONHMRC's response to the strategic issues and opportunities identified by Council in 2015; and
- **ADVISED** on the proposed topics for strategic discussion at future meetings.

Action Item: ONHMRC to provide the data sharing document, developed by PCHC during the last triennium, in the next Council papers.

5. STRATEGIC DISCUSSION ON PROGRESS OF CURRENT CORPORATE PLAN AND FUTURE DIRECTIONS

Members were asked to note that the *National Health and Medical Research Council Act 1992* (NHMRC Act) requires NHMRC to consult with Council regarding the development of the annual Corporate Plan. Members also noted that NHMRC is proposing to retain the high-level, strategic content of the 2015–2016 Corporate Plan, while adding any material required to extend the outlook of the Corporate Plan to 2019–20, including priorities or activities identified by Council that may not already be covered.

Overall, members considered that the current plan largely covered the key strategic priorities and activities. There was some general discussion regarding potential additional issues, and the following matters were raised:

- Ensuring that NHMRC's international goals are articulated
- The importance of funding research that meets the health needs of Australians
- Adding material regarding the importance of supporting early and mid-career Aboriginal and Torres Strait Islander researchers
- Considering further emphasis on health systems research
- Ensuring that community engagement and participation are adequately covered (noting that these underpin many of NHMRC's activities)
- Ensuring that the *Statement on consumer and community participation in health and medical research* is referenced

- Considering LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) researchers in material related to supporting a diverse research workforce
- Ensuring that changes in wider government policy are covered.

In considering whether some areas would benefit from further focus, members raised the following issues:

- It was agreed that some of the items discussed by Council in Agenda Item 4, including the importance of health services research and primary care, should be captured in the corporate plan.
- The importance of research being conducted in hospitals, and possible models for providing support for such research, was discussed in some detail. It was noted that this would be discussed further at Agenda Item 8.

There was also a brief discussion about ways of measuring performance for some of the specific activities in the corporate plan (e.g. metrics related to the quality of research) and the importance of ensuring that, where necessary, an explanation of the measurement approach is provided.

Council:

- **NOTED** the report on progress against the current Corporate Plan, and agreed that the content of the report provided was clear and that there were no issues that required additional discussion; and
- **ADVISED** that the items outlined above should be considered for inclusion in the NHMRC Corporate Plan 2016–2017.

6. STRATEGIC FUNDING ALLOCATION AND PRIORITIES

Dr Willis provided an overview of NHMRC's current funding recommendation provisions, including how NHMRC has previously addressed strategic funding allocations and priorities. He highlighted that the objective of the current proposal is to establish a framework to quarantine a component of the MREA for structural strategic priority areas.

Members were supportive of the proposal to undertake strategic funding 'below the line' in key areas to address structural issues in health and medical research, such as Aboriginal and Torres Strait Islander peoples' health, health services and public health research, women in health and medical research, or research areas from priority partnerships.

Council discussed:

- the importance of funding additional Aboriginal and Torres Strait Islander peoples' health-focused applications and researchers.
- the Women in Health Science Committee suggestion of funding additional women returning to their research career after a break.
- that some NHMRC schemes already target priority areas i.e. Targeted Calls for Research and Centres of Research Excellence.
- that applications considered for 'below-the-line' funding would still be of high quality.

Council:

- **SUPPORTED** the proposal to allocate a proportion of funding to TCRs, with any remainder to be used strategically to fund below the line in key areas to address structural issues in health and medical research. RC will identify the appropriate ratio of the split between TCRs and below-the-line funding as part of its guidance on expenditure of the MREA.
- **ADVISED** that RC and ONHMRC use a principles-based approach to develop a strategic framework that identifies health and medical research areas in which Australia needs to build capacity and capability.

7. RESEARCH COMMITTEE (RC) REPORT

Prof North provided Council with an update on the main agenda items discussed at the Research Committee (RC) meeting on 24 February 2016 which included:

- MREA historical allocations and dealing with flat funding
- Peer review and the burden on the research community
- Structural Review of NHMRC Grants Programme

Council **NOTED** the RC Report.

8. A STRATEGIC FRAMEWORK FOR THE IDENTIFICATION AND PRIORITISATION OF TARGETED CALLS FOR RESEARCH

Dr Willis introduced the item and summarised the proposed *Framework for the Identification and Prioritisation of Targeted Calls for Research* (the Framework). Dr Willis outlined that NHMRC's current system of identifying and implementing Targeted Calls for Research (TCRs) could benefit from being more strategic and structured as it does not currently provide a systematic approach to call prioritisation. The proposed Framework provides a process for identifying and prioritising TCRs, with a revised set of priority – and impact – driven *Principles for Consideration of a TCR*.

The RC Chair added that RC supported the proposed Framework and particularly welcomed the involvement of the Australian Health Ministers' Advisory Council (AHMAC), as it would not only have an impact on priority setting but also provide a forum for NHMRC to collaborate with State, Territory, and Commonwealth Governments.

The Chair of Council noted that the alternative pathways through which a TCR can be identified involved the right composition of people, including NHMRC's Principal Committees.

The CEO advised Council that AHMAC had agreed 'in principle' at its recent meeting to work with the NHMRC.

The members of Council outlined a number of considerations. These included:

- The importance of TCRs to focusing not only on the 'big' issues, but also on areas such as rare diseases which, individually, may not impose a high burden of disease.
- NHMRC's ability to respond to urgent calls for research within the scope of the Framework.
- The importance of learning from previous TCR experiences to understand the actual impact/outcome of particular TCRs, in order to establish their benefit as a research funding mechanism.
- The 'Community Pathway' needs to include professional groups as well as community groups.
- The strategy behind how much funding is allocated to TCRs each year and how funding will be staged.
- TCRs developed in consultation with AHMAC should involve appropriate mechanism to ensure implementation/translation of research outcomes.
- Currently, TCRs focus on a 'subject', and perhaps consideration needs to be given to targeting 'people'.

The Chair proposed that a paper be provided to Council at the next meeting outlining how funding for TCRs would be allocated and staged over coming years. The Chair also requested that RC report to Council on progress in implementing the proposed TCR Framework.

Council **ADVISED** the CEO to implement the *Framework for Identifying and Prioritising Targeted Calls for Research* (the Framework) including the revised *Principles for Consideration of a Targeted Call for Research* (the Principles), subject to any concerns being addressed by ONHMRC.

Action: ONHMRC to provide Council with a paper at the July meeting outlining how funding for TCRs would be allocated and staged over the coming year.

Action: RC to report to Council on the progress in implementing the proposed TCR framework.

9. NHMRC INTERNATIONAL ENGAGEMENT STRATEGY

Dr Willis introduced the item on the revised draft of the *NHMRC International Engagement Strategy 2015-19*. He advised that the Strategy had been updated following input from the last Council meeting.

The members of Council offered the following general comments:

- a strategic approach to international engagement is important;
- that significant international engagement already occurs through the grant funding of the NHMRC and research organisation collaborations;
- that NHMRC considers how to engage proactively with other Government agencies on international issues, including with Department of Foreign Affairs diplomats and the Chief Scientist;
- the importance of peer reviewers assessing applications in the international context.

Council **ADVISED** the CEO on the draft *NHMRC International Engagement Strategy 2015-19* ahead of its release on the NHMRC website when finalised.

10. PRINCIPLES AND GUIDELINES FOR THE CARE AND USE OF NON-HUMAN PRIMATES FOR SCIENTIFIC PURPOSES

Members were asked to consider the *principles and guidelines for the care and use of non-human primates for scientific purposes* (NHP Guidelines) which were a revision of NHMRC's 2003 *Policy on the care and use of non-human primates for scientific purposes*. Members were also asked to provide advice on the following issues raised by NHMRC's Animal Welfare Committee (AWC) that were identified during the development of the NHP Guidelines:

- the importance of and need for national oversight of non-human primate research;
- collection of animal use statistics for all animals used for scientific purposes, including non-human primates;
- NHMRC undertaking inspections of the non-human primate breeding colonies.

Members recognised the complexity of the issues raised by the AWC with respect to research involving non-human primates, and the role and remit of NHMRC in this area. Members noted that there was a current Senate inquiry into proposed amendments to the *Environment Protection and Biodiversity Conservation Act 1999*, which seeks to ban the importation of live non-human primates for research purposes. The reporting date for this inquiry is 15 March 2016.

Council **ADVISED** that consideration of *the principles and guidelines for the care and use of non-human primates for scientific purposes*, and the issues raised by NHMRC's Animal Welfare Committee, should be deferred until the report from the Senate Inquiry regarding the importation of live non-human primates for research purposes had been released.

11. NICNAS PRESENTATION: NATIONAL ASSESSMENT OF CHEMICALS ASSOCIATED WITH COAL SEAM GAS

The Chair welcomed Dr Sneha Satya from the National Industrial Chemicals Notification and Assessment Scheme (NICNAS) to the Council meeting to provide Council with a presentation on the *National Assessment of Chemicals Associated with Coal Seam Gas*.

The Chair noted that it is anticipated that the NICNAS report will be publically released around mid-2016 and that, until then, the information in the presentation was to remain confidential.

Council **NOTED** the NICNAS presentation and thanked Dr Satya.

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

Ms Robertson provided Council with a report on the status of guidelines in clinical practice and public health.

It was noted that the *Joint Statement and Recommendations on Vitamin K administration to newborn infants to prevent Vitamin K deficiency bleeding in infancy* (the Statement) was now over five years of age.

Council advised that the Office should contact the Colleges that were involved in the development of this Statement, to provide advice on the currency and use of the document and identify any changes in practice that may have resulted from any change in the evidence base. Council indicated that, depending on the advice from the Colleges, it may be necessary to review or partially review the evidence and update the information sheet.

Pending further advice from the Colleges, Members advised that the NHMRC website should maintain the status of the Statement as current.

Council:

- **NOTED** the update on current activity in relation to clinical and public health guidelines;
- **NOTED** the relative importance for revision of documents that are approaching five years of age and those approaching 10 years of age in 2016; and
- **ADVISED** the NHMRC to seek further advice on the need to review the Statement on Vitamin K.

Action: ONHMRC to write to the relevant Colleges involved in the development of the Vitamin K brochures to identify if there have been any changes in practice around the administration of Vitamin K to newborns as a result of any change in the evidence base.

13. PATIENT BLOOD MANAGEMENT GUIDELINES MODULE 6 – NEONATAL AND PAEDIATRICS

Ms Carey declared an interest for this agenda item. It did not preclude her from taking part in the discussion but she did not vote.

A/Professor Helen Liley (Guideline Committee Chair) was in attendance to answer Members' questions.

Mr Singh introduced the guidelines noting that the current guideline, which was developed by the National Blood Authority, is the last in a series of six modules with the first having been published in 2010. He discussed the decisions of the two previous Councils that considered the earlier modules, which established precedents about authentic consumer representation (precluding health professionals from acting in dual consumer roles), novel nomenclature for consensus based recommendations (to ensure constancy across modules) and the appropriate declaration and management of competing interests.

Dr Chant, who had acted as Council spokesperson for all the Patient Blood Management Guideline Modules, confirmed that no issues of concern had been raised with her.

In discussion, Members asked that future updates of the guidelines consider cost effectiveness matters in greater depth, which A/Prof Liley agreed to convey to the National Blood Authority.

Council **ADVISED** the CEO to approve the draft *Patient Blood Management Guidelines: Module 6 – Neonatal and Paediatrics*, being the recommendations on pages 11 to 25 of Attachment A.

14. NHMRC GUIDE FOR HEALTH PRACTITIONERS FOR MANAGING INDIVIDUAL EXPOSURE TO LEAD IN AUSTRALIA

Ms Robertson informed Council that the Statement and Information Paper on *Evidence on the Effects of Lead on Human Health* was considered by Council in March 2015 and published in May 2015. The guidance *Managing individual exposure to lead in Australia - A guide for health practitioners* (the Guide) was developed as a companion document. The Guide provides the basic principles on the detection and management of exposure from which States and Territory Health departments can develop specific advice.

Members discussed the proposed timeframe of three months post remediation (of the source of the lead) for follow-up blood lead testing for individuals with a blood lead level between 5 and 20 µg/dl. Dr Chant suggested an alternative position based on the half-life of lead in blood: “follow-up testing should be undertaken at six months or earlier if clinically indicated”.

Members agreed that the Guide be updated to reflect this revision.

Members also referred to the table in section 8 of the Guide and noted that several jurisdictions had now revised, or are in the process of revising, their notification levels from ≥ 10 to ≥ 5 µg/dl.

Council **ADVISED** the CEO to publish the Guide *Managing individual exposure to lead in Australia – A guide for health practitioners*, pending the amendments described above.

Action: ONHMRC to check with jurisdictions in regards to notification levels and update the Guide to reflect the above changes.

15. AUSTRALIAN HEALTH ETHICS COMMITTEE (AHEC) REPORT

Prof Olver provided Council with an update on the main agenda items discussed at the AHEC meeting on 3 December 2015 which included:

- AHEC work plan for the 2015-18 triennium
- Revisions to *The National Statement on Ethical Conduct in Human Research*
- The revision of two research ethics guidelines for research involving Aboriginal and Torres Strait Islander People:
 - Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research 2003; and
 - Keeping Research on Track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics in 2005.
- Ethical guidelines for organ transplantation from deceased donors – this paper is on the agenda for Council’s consideration today.
- Xenotransplantation – this paper is on the Council agenda for noting today.

Council **NOTED** the AHEC Report.

16. XENOTRANSPLANTATION

Prof Olver informed Council that the draft *Chapter 3.6: Xenotransplantation* is for inclusion in the National Statement. It was developed by the previous AHEC and approved by the current AHEC on 3 December 2015.

At AHEC's request, NHMRC has also prepared the explanatory material to contextualise the draft chapter during public consultation.

The draft chapter has been developed in response to a 2009 Council recommendation. There have been other regulatory considerations, external to the NHMRC that have meant that the Council has not been able to consider this draft chapter until now.

Council **NOTED** the draft *Chapter 3.6: Xenotransplantation* and the accompanying explanatory material, to be released for public consultation.

17. ETHICAL GUIDELINES FOR ORGAN TRANSPLANTATION FROM DECEASED DONORS

Professor Olver introduced the item, noting that Council had considered the penultimate draft *Ethical guidelines for organ transplantation from deceased donors* (Ethical Guidelines) at its meeting on 1 December 2015, and advised AHEC to consider the following issues:

- The appropriateness of references to a 'living will'. On page 26 of the draft, the second dot point refers to a 'living will'. Council had noted that while this term does not have any legal status, it was a term often used by the community.
- Whether the Ethical Guidelines should include specific reference to the unique health issues experienced by Aboriginal and Torres Strait Islander people in the context of organ transplantation.

Members noted that these issues had been considered by AHEC at its meeting on 3 December 2015.

AHEC had agreed that, as the term 'living will' was used only as an example of evidence that may support ethical practice with respect to deceased directed donation, the wording was appropriate and should not be changed. Members noted that the Ethical Guidelines provided ethical principles and guidelines that can be applied in various situations, and that the implementation of these principles and guidelines was beyond the scope of the document.

AHEC had referred the draft Ethical Guidelines to the Principal Committee Indigenous Caucus (PCIC) for comment. PCIC had agreed to amendments to the document to provide additional guidance on issues related to Aboriginal and Torres Strait Islander people and organ transplantation. In summary, these changes were:

- amendments to key sections of the document to include reference to issues related to Aboriginal and Torres Strait Islander people, such as the need for inclusion of Aboriginal Hospital Liaison Officers in the support team for potential recipients and references to respect for culture; and
- the addition of a case study specific to Aboriginal and Torres Strait Islander people (Case Study 14).

Council:

- **ADVISED** the CEO to issue the *Ethical guidelines for organ transplantation from deceased donors*.
- **NOTED** that a proposal would be provided to the next meeting regarding the possible development of new guidelines that would specifically address issues relating to organ transplantation and allocation for Aboriginal and Torres Strait Islander people.
- **NOTED** that a proposal would be provided to the next meeting regarding the revision of other NHMRC ethical guidelines for organ and tissue donation and transplantation that were now out of date.

18. HEALTH INNOVATION ADVISORY COMMITTEE (HIAC) REPORT

Professor 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 for the 2015-18 triennium
- NHMRC's role in funding research into transparency and accountability in healthcare
- NHMRC's role in the Australian Government's Innovation Agenda
- Recognising industry experience in peer review.

Council **NOTED** the HIAC Report.

19. HEALTH TRANSLATION ADVISORY COMMITTEE (HTAC) REPORT

Professor Lewin provided Council with an update on the main agenda items discussed at the HTAC meeting on 25 November 2016 which included:

- NHMRC Advanced Health Research and Translation Centres
- NHMRC's research translation activities
- Developing an NHMRC strategy for translation.

Other items that are on the HTAC agenda but yet to be discussed are big data and clinical trials reform.

Council **NOTED** the HTAC Report.

20. CHAIR'S REPORT

Professor Robinson reported to Council that he was in Stockholm in January where he visited the Swedish Research Council and heard of their experience and the challenges of administering both scientific research and medical research.

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

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

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

22. INITIATIVES FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Prof Eades provided Council with an update on the main agenda items discussed at the Principal Committee Indigenous Caucus (PCIC) meeting on 17 December 2015 which included:

- PCIC work plan for the 2015-18 triennium
- Research translation in Indigenous health
- Ethical guidelines for organ transplantation and allocation
- Targeted Call for Research – identification and research priorities
- Tripartite Agreement on international Indigenous Health
- Centres of Research Excellence.

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

23. UPDATE ON FUNDING SCHEMES AND STATISTICS OF ANNOUCEMENTS

Council:

- **NOTED** the application data for funding rounds; and

- **NOTED** the status update on funding schemes.

24. UPDATE ON NHMRC'S CLINICAL TRIALS REFORM WORK

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

25. UPDATE ON THE BOOSTING DEMENTIA RESEARCH MEASURE

Council **NOTED** progress on implementation of the Boosting Dementia Research 2014 budget measure.

26. JURISDICTIONAL REPORT

Council **NOTED** the issues discussed at the 1 December 2015 pre-Council meeting between the NHMRC CEO, the Chair of Council and the Commonwealth, State and Territory Chief Health Officers (CHOs).

27. DEVELOPING NORTHERN AUSTRALIA INITIATIVE

Council **NOTED** progress on the implementation of the Australian Government's *Developing Northern Australia Budget Initiative – Northern Australia Tropical Disease Collaborative Research Programme* (the Programme).

28. ACTIVITIES UNDERTAKEN IN RELATION TO THE RESEARCH TRANSLATION FACULTY CASES FOR ACTION

Council **NOTED** the activity undertaken in relation to the Research Translation Faculty Cases for Action.

29. OUT OF SESSION PAPERS

Council **NOTED** the outcome of the Out-of-Session activity between the 206th and 207th sessions of Council.

30. MINOR CHANGES TO THE IMMUNISATION HANDBOOK (10th EDITION)

Professor Baggoley declared an interest for this agenda item. It did not preclude him from taking part in the discussion but he did not vote.

Mr Singh introduced the item as a late paper, noting that the Chief Medical Officer had written to the Chief Executive Officer on 3rd March 2016, requesting urgent consideration of changes to the influenza chapter of the *Australian Immunisation Handbook* (the Handbook). He reminded members that the Handbook was assessed according to the NHMRC procedures and requirement for approval of the Handbook which were approved by Council in 2010. This allows members to classify amendments as category one (minor) changes, which members can agree to exempt from public consultation under s14B of the NHMRC Act, or category two (major) changes, for which members require public consultation to have taken place.

Council:

- **ADVISED** the CEO to approve minor changes to the influenza chapter of the *Australian Immunisation Handbook*, as amended, and in accordance with s14A of the NHMRC Act; and
- **AGREED** to dispense with the requirement for public consultation, in accordance with s14B of the NHMRC Act.

CLOSE OF MEETING

The Chair noted that this would be Prof Baggoley's last Council meeting given that he would be retiring as the Commonwealth Chief Medical Officer in July 2016. The Chair thanked Prof Baggoley for his many years of

outstanding service to NHMRC, the Australian Government and the Australian community.

Prof Baggoley noted that he has been part of the NHMRC Council in one way or another since 2007 and was honoured and grateful for the privilege and for the kind words expressed by the Chair on behalf of the Council.

The Chair noted that the next Council meeting would be held in Canberra on 13-14 July 2016 with the Council Dinner being held on 13 July 2016.

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

The meeting closed at 2.45pm.