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# Health research council of new zealand

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| **ANNUAL REPORT FROM AN ETHICS COMMITTEE** |

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| **The HRC Ethics Committee (HRCEC) is established under the Health Research Council Act (1990) as a committee of the Health Research Council. Section 25 covers the Committee’s functions. Set out below are the functions relevant to the approval of ethics committees:*** **To ensure that, in respect of each application submitted to the Council for a grant for the purposes of health research, an independent ethical assessment of the proposed research is made either by the Ethics Committee itself or by a committee approved by the Ethics Committee (section 25(1)(c)).**
* **To give, in relation to ethics committees established by other bodies, advice on –**
1. **the membership of those committees; and**
2. **the procedures to be adopted and the standards to be observed, by those committees (section 25(1)(f)).**

**Approved ethics committees are able to undertake independent assessment on behalf of the HRCEC.****\*\*\*\*\*\*\*\*\*\*****Health and Disability Ethics Committees (HDECs)** are established as Ministerial committees under section 11 of the New Zealand Public Health and Disability Act 2000. The function of an HDEC is to secure the benefits of health and disability research by checking that it meets or exceeds established ethical standards. The HDECs act in accordance with procedural rules contained in *The* *Standard Operating Procedures for Health and Disability Ethics Committees (the SOPs*).**Institutional Ethics Committees (IECs)** are established by organisations, such as universities or private companies and review research applications directly related to the organisation or their agent. Often the research that they review is not health related and they have policies and procedures that reflect the nature of the research that they review. |

**NOTE:**

**In compiling the report, ethics committees should take care to not provide information which would involve a breach of the Privacy Act 1993 and/or the Health Information Privacy Code 1994.**

# SUBMISSION

Please complete the annual report electronically and send to the Secretary of the HRCEC by e-mail.

Relevant declaration page with signatures may also be submitted electronically via email.

Email: ***llon@hrc.govt.nz***

# INQUIRIES

If you have any queries, please contact the Secretary of the HRCEC at the above e-mail address or by telephone on (09) 303 5221.

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| SECTION 1:general INFORMATION |

## 1.1 Name of Ethics Committee (EC)

**Pre-populated by the HRC**

## Dates of current HRC EC approval

**1 July 20xx – 30 June 20xx**

## Reporting period

**1 July 20xx – 30 June 20xx**

## 1.4 Mailing address

**All EC Chairperson and Administrator correspondence will be sent to this address**.

**(Provide address exactly as it should appear on a mailing label.)**

      Address line 1

      Address line 2

      Address line 3

      Address line 4

Suburb/City Postcode

**Website**

 **(Specific URL for EC information.)**

## 1.5 Administrator

Name                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title First Name Last Name

Phone (  )

E-mail

## 1.6 Chairperson

**(All correspondence to the chairperson will be sent to the “EC Mailing Address” as indicated in question 1.4.)**

Name                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title First Name Last Name

Phone (  )

E-mail

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| **SECTION 2:****CHAIRPERSON’S REPORT** |

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| **NOTE:**1. Please summarise the main progress, changes and any issues for the committee from the last reporting year.
2. Topics often mentioned are:
* workload
* resources
* changes to committee policies
* changes to structure of review (e.g. introduction of low risk expedited review)
* institutional climate (e.g. undergoing restructure)
* scenarios of difficult review, areas of review that caused difficulty for the EC in making a decision on any particular protocol(s)
* requests for advice on how to review particular topics, any other substantive changes which the committee or its Chair feels should be noted
* any questions on policy or other matters which the EC wish to put to the HRC EC for comment or guidance
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| **SECTION 3:****POLICIES AND PROCEDURES** |

1. **CHANGES IN POLICIES AND PROCEDURES**

**3.1 Please provide details of any changes in policies and procedures over the last reporting period.**

(Please reference the changes to the specific section and /or page number in the materials attached to this annual report. If there are no changes within the reporting period, please indicate so and go to section 4.)

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| **SECTION 4:****COMPOSITION OF COMMITTEE** |

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| **NOTE:** 1. Abbreviations:

L = lay person NL = non-lay person 1. A “lay person” is a person who:

has no affiliation to the institution that sponsors, funds, or conducts research reviewed by that committee; and is not a registered health practitioner, and has not been a registered health practitioner at any time during the five years preceding the date of their appointment; andis not involved in conducting health or disability research, or employed by an organisation whose primary purpose relates to health and disability research; and* may not otherwise be construed by virtue of employment, profession, and relationship or otherwise to have a potential conflict of bias with the work of the committee.
 |

## 4.1 Summary of experience and expertise of members.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No****(Provide reasons where necessary)** |
| Person with a recognised awareness of te reo Māori and understanding of tikanga Māori | [ ]  | [ ]  |
| Person with experience and expertise in ethical and moral reasoning | [ ]  | [ ]  |
| Lawyer | [ ]  | [ ]  |
| Person from the wider community**(Indicate from which community: e.g. person with experience and expertise in the perspectives of consumers of health and disability services, person from the ethnic community.)**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |
| Person with experience and expertise in the design and conduct of intervention studies  | [ ]  | [ ]  |
| Person with experience and expertise in the design and conduct of observational studies | [ ]  | [ ]  |
| Person with experience and expertise in the provision of health and disability services | [ ]  | [ ]  |
| Person with experience and expertise to review either qualitative or quantitative research  | [ ]  | [ ]  |
| Person from student community | [ ]  | [ ]  |
| Other experience and expertise **(specify)**  |       |

**4.2 Status of Chairperson and Deputy Chairperson of the EC.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Chairperson** | **Deputy Chairperson** | **Yes** | **No****(Provide reasons below)** |
| Lay person | Non-lay person | [ ]  | [ ]  |

## 4.3 No. of members in the following core membership categories.

**(Each member should only be listed under one core membership category: For Māori member, only list as Māori. For other members, only list under L/NL).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Māori*** | ***L*** | ***NL*** | **Total** |
| ***Male*** |       |       |       |       |
| ***Female*** |       |       |       |       |
| **Total** |       |       |       | **(combine the total of all columns)** |

**4.4 For an EC that reviews low risk health research, identify the members who are appropriately qualified health professionals and note their affiliations.**

|  |  |  |
| --- | --- | --- |
|  | Name of qualified health professional  | Affiliation |
| ***Clinically trained*** |  |  |
| ***In active practice***  |  |  |

**4.5 If there was only 1 qualified health professional, explain how the EC ensured that the review of low risk health research was carried out appropriately.**

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| **SECTION 5:****MEMBERSHIP** |

**5.1 List of EC members throughout the reporting period.**

|  |
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| **NOTE:** 1. As long as a member attended at least one meeting they need to be included in this list. This includes both new and retired members.
2. An ‘\*’ after a name indicates Māori member.
 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Name of member | GenderM/F | MembershipCategory (L/NL) | Expertise and experience | HowAppointed | Start - finish date |
| **1** | **Dr John Smith\*** | **M**  | **NL** | **e.g. Ethics and moral reasoning,** **Law,****Tikanga Māori** | **e.g. public nomination and interview by the committee**  | **03/02/07 - 05/02/10-** |
|    |               |    |    |        |         |       -        |
|    |               |    |    |        |        |       -       |
|    |               |    |    |        |        |       -       |
|    |               |    |    |        |        |       -       |
|    |               |    |    |        |        |       -       |
|    |               |    |    |        |        |       -       |
|    |               |    |    |        |        |       -       |
|    |               |    |    |        |        |       -       |

## 5.2 Provide a short biography for each member on the list.

|  |  |  |
| --- | --- | --- |
| **#** | **Name of member**  | **Short biography** |
| **1** | **Dr John Smith\*** | **Dr John Smith (Ngāti Hine) is a lawyer. He specialises in Māori issues. He completed a PhD in Law at the University of ABC. He was previously a member of XYZ Ethics Committee.** |
|  |  |  |

**5.3 Include any additional comments specific to the list of membership.**

 **(For example: “Clarify members augmented on the committee or used as consultants”.)**

**5.4 Indicate all retirements / resignations of members within the reporting period.**

|  |  |
| --- | --- |
| ***Name of Member***  | ***Retirement / Resignation date (dd/mm/yyyy)*** |
|  |  |
|  |  |
|  |  |

**5.5 Indicate all new appointments within the reporting period.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name of member*** | ***Membership category*** ***(L/NL)*** | ***Expertise and experience*** | ***Gender*** ***(m/f)*** | ***Dates of Appointment (dd/mm/yyyy – dd/mm/yyyy)*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5.6 Complete the attendance grid.**

**(Note: Please refer to the legend below for the membership attendance grid.)**

LEGEND:

* **\* After name indicates Māori member**
* **Y = Present**
* **A = Apology**
* **X = Meeting cancelled / No meeting scheduled**
* **/ = Not a member of committee during this time**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Members** | ***Membership category*** ***(L/NL)*** | **Jan** | **Feb** | **Ma**r | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Total** |
| John Smith \* | NL | X  | Y  | Y  | Y  | Y  | A  | Y  | Y  | Y  | / | / | / | 7/8 |
|       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| **Total no. of members present** |  |    |    |    |    |    |    |    |    |    |    |    |    |  |
| **No. of applications considered** |  |    |    |    |    |    |    |    |    |    |    |    |    |    |

**5.7 Include any additional comments specific to the membership attendance grid.**

 **(For example: “No meeting was scheduled for May because the committee did not meet quorum”.)**

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| **SECTION 6:****TRAINING FOR COMMITTEE**  |

## 6.1 Specify the training undergone by new members.

|  |  |  |
| --- | --- | --- |
| **Date** **(dd/mm/yyyy)** | **Details of training for new members** | **No. of attendees** |
|       |       |       |

## 6.2 Specify the on-going training for EC members.

|  |  |  |
| --- | --- | --- |
| **Date** **(dd/mm/yyyy)** | **Details of on-going training for EC members** **(This includes seminars and conferences that EC members attend.)** | **No. of attendees** |
|       |       |       |

**6.3 If no training was undertaken, provide reasons below.**

|  |
| --- |
| SECTION 7:OPERATIONS OF COMMITTEE |

# Assessment time

**7.1 Indicate the assessment time for ethics approvals.**

**(Assessment time is the time the EC starts the review process of the application to the time decision is made.)**

# B. chairperson’s delegation

**7.2 Indicate the number of decisions made by the Chairperson under delegated authority.**

# C. Second opinions

## 7.3 List and provide details of any second opinions sought / provided during the reporting period.

# D. COMPLAINTS

### **7.4 List and provide details of any complaints received during the reporting period.**

**(Include the nature of the complaint (administrative, or complaint regarding process or decision-making), the actions taken to resolve the complaint and a comment on the outcome. Specify the relevant meeting in which the original application was heard. Please ensure that no individuals/participants are identified.)**

# E. Incidental findings/UNexpected Events

### **7.5 List and provide details of any incidental findings/unexpected events during the reporting period.**

### **(Please ensure that no individuals/participants are identified.)**

# F. review of applications

**7.6 Summary of applications received by full EC.**

 **(All outcomes are referred to outcome of first review.)**

|  |  |
| --- | --- |
| No. of applications approved  |       |
| No. of applications approved subject to conditions / pending |       |
| No. of applications deferred and subsequently approved |       |
| No. of applications deferred as at time of report |       |
| No. of applications that were declined because of no/insufficient consultation with appropriate Māori/whanau/iwi/hapu |       |
| No. of applications that were declined because of no/insufficient consultation with appropriate cultural group |       |
| No. of applications declined (This excludes those with no/insufficient consultation with appropriate Māori/whanau/iwi/hapu/cultural group.) **(Complete question 7.9)** |       |
| No. of applications which do not require ethics committee approval  |       |
| No. of studies withdrawn by researcher |       |
| No. of studies terminated by sponsor |       |
| No. of studies transferred to another EC **(Complete question 7.10)**  |       |
|       (extra category for committee use) |       |
| **Total number of applications received by full EC**  |  |

**7.7 Summary of applications received under expedited / low risk review.**

 **(All outcomes are referred to outcome of first review.)**

|  |  |
| --- | --- |
| No. of applications approved |       |
| No. of applications approved subject to conditions / pending |       |
| No. of applications which do not require ethics committee approval  |       |
| No. of applications referred for full committee review |       |
|       (extra category for committee use) |       |
| **Total number of applications received under expedited / low risk review** |       |

|  |  |  |
| --- | --- | --- |
| **7.8** | **Total number of applications received (combine the total number of applications in 7.6 and 7.7).** |       |

## 7.9 If any research proposals were declined (other than no/insufficient consultation with appropriate Māori/whanau/iwi/hapu/cultural group), briefly outline the general reasons for declining approval for these research proposals.

**7.10 If any research proposals were transferred to another EC, briefly outline the reason for the transfer.**

**7.11 If a particular core membership category had no member present at a meeting, explain the process that ensure the Chair was satisfied, prior to a decision being reached, that the absent core member(s) were informed, had an opportunity to contribute their views, and these views were recorded and considered.**

**G. RESPONSE TO CULTURAL ISSUES**

**7.12 Briefly outline any issues the EC has with regards to researchers’ consultation with Māori/whanau/iwi/hapu.**

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| **section 8:** **details of protocols** |

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| **NOTE:**1. Please provide details of all protocols considered by the EC in the reporting period.
2. In the “outcome of first review” and “status at time of report” columns, please use the categories (as indicated in 7.6and 7.7) “Approved/ Approved subsequent to conditions/ Declined/ Deferred/ Transferred”.

(For outcome category “transferred”, please include the name of the committee the proposal was transferred to or from.)1. In the “locality column”, specify the location where the research will be undertaken. For example, in the hospital, at school.
 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference no.** | **Protocol title** | **Name of principal****investigator** | **Date****received** | **Date of first review** | **Outcome of first review** | **Status at time of report** | **Date of final outcome** | **Locality**  | **Funder** | **Consultation undertaken**  |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |
|    |         |        |        |        |        |        |      |       |       |        |

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| **SECTION 9:****DECLARATION** |

## Declaration by EC Chairperson

**Name of EC: Pre-populated by the HRC**

**I declare for the above named EC:**

• that the information supplied on this form and any attachment(s) is true and correct; and

• that, for the period to which this form relates, the EC has operated in accordance with
relevant Guidelines and Legislation.

**Name:**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: Date:**

## Declaration by Head of Organisation with Primary Responsibility for the EC

**Name of EC: Pre-populated by the HRC**

**On behalf of the above named organisation, and in relation to the above named EC,
I declare that:**

• I am duly authorised to sign this declaration;

• the information supplied on this form and any attachment(s) is true and correct;

• the EC is adequately resourced and maintained;

• for the period to which this form relates, the organisation ensured that the EC’s Terms
of Reference included information on the:

- scope of its responsibilities,

- relationship to non-affiliated researchers,

- accountability,

- mechanisms of reporting, and

- remuneration (if any) for members;

• the organisation accepts legal responsibility for decisions and advice received from the EC; and

• EC members are indemnified.

**Name:**                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title First Name Last Name

**Position :**

**E-mail :**

**Signature: Date:**

**Thanks for completing the annual report.**