



Upper South A Regional Ethics Committee

Annual Report

January 2005 to December 2005

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Published in January 2007 by the
Ministry of Health
PO Box 5013, Wellington, New Zealand

ISBN 978-478-30729-0 (Book)
ISBN 978-478-30732-0 (Internet)
HP 4345

This document is available on the New Zealand Health and Disability Ethics Committees
website: <http://www.newhealth.govt.nz/ethicscommittees/>

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This report provides an overview of the work of the Upper South A Regional Ethics Committee from January 2005 to December 2005. The report was presented to the Upper South A Regional Ethics Committee at its meeting on 27 March 2006.

The report details applications received for ethical approval and other work undertaken by the committee.

Chairperson's Report

The committee was established in December 2004 and had its first meeting in January 2005. Over the year, the committee processed 75 new applications. The committee experienced some membership changes, but a core of experienced members was maintained.

Alieke Dierckx undertook the administration of the Upper South A Regional Ethics Committee in 2005.

Carolyn Mason
Chairperson

Committee Membership

Appointments

The following members were appointed in November 2004 by the Minister of Health, pursuant to section 11 of the New Zealand Health Public Health and Disability Act 2000.

Chairperson

Carolyn Mason	BSc MA (Philosophy)
Representation	Lay member
Member category	Ethicist
Gender	Female
Date of appointment	November 2004
Term of appointment	3 years
Retirement date	August 2008
Professional affiliations	BSET (British Society for Ethical Theory)
Iwi affiliations	None

Deputy Chairperson

Alison Luckey	MRCOG1 Dip Pharm Med
Representation	Non-lay member
Member category	Health practitioner
Gender	Female
Date of appointment	November 2004
Term of appointment	3 years
Retirement date	October 2009
Professional affiliations	–
Iwi affiliations	None

Members

Christopher Budgen	
Representation	Non-lay member
Member category	Pharmacist/pharmacologist
Gender	Male
Date of appointment	November 2004
Term of appointment	2 years
Resignation Date	March 2005
Professional affiliations	New Zealand Association of Pharmacists
Iwi affiliations	None

Carolynn Bull	MA LLB
Representation	Lay member
Member category	Lawyer
Gender	Female
Date of appointment	November 2004
Term of appointment	2 years
Retirement/Resignation	November 2010
Professional affiliations	–
Iwi affiliations	Kai Tahu
Derek Cone	JP Dip Grad (Otago)
Representation	Lay member
Member category	Consumer representative
Gender	Male
Date of appointment	November 2004
Term of appointment	2 years
Retirement/resignation	November 2010
Professional affiliations	New Zealand Justice of Peace Association – NZCCA
Iwi affiliations	None
Andrea Duncan	BA Psychology
Representation	Lay member
Member category	Consumer representative
Gender	Female
Date of appointment	November 2004
Term of appointment	3 years
Retirement/resignation	March 2005
Professional affiliations	Lifeline
Iwi affiliations	None
Dianne Harker	MA Nursing
Representation	Non-lay member
Member category	Health researcher
Gender	Female
Date of appointment	November 2004
Term of appointment	2 years
Retirement/resignation	August 2005
Professional affiliations	NZNO
Iwi affiliations	None
John Horwood	MSc (Hons)
Representation	Non-lay Member
Member category	Biostatistician
Gender	Male
Date of appointment	November 2004
Term of appointment	3 years
Retirement/resignation	November 2010
Professional affiliations	–
Iwi affiliations	None

Tom Marshall	MA Dip Clin Psych MNZCC Psych
Representation	Non-lay member
Member category	Health researcher
Gender	Male
Date of appointment	November 2004
Term of appointment	3 years
Retirement/resignation	April 2008
Professional affiliations	–
Iwi affiliations	None

Eddie Moke	MBS
Representation	Lay member
Member category	Community representative
Gender	Female
Date of appointment	November 2004
Term of appointment	3 years
Retirement/resignation	November 2010
Professional affiliations	–
Iwi affiliations	Te Arawa, Ngai Tahu

Lee-Ann Ryan-Verry	BA Psychology
Representation	Lay member
Member category	Community representative
Gender	Female
Date of appointment	November 2004
Term of appointment	2 years
Retirement/resignation	November 2006
Professional affiliations	–
Iwi affiliations	Ngai Tahu

Russell Scott	MB ChB FRACP PhD
Representation	Non-lay member
Member category	Health practitioner
Gender	Male
Date of appointment	November 2004
Term of appointment	2 years
Retirement/resignation	November 2010
Professional affiliations	–
Iwi affiliations	None

Changes to membership

- Christopher Budgen resigned in March 2005.
- Andrea Duncan passed away in March 2005.
- Dianne Harker resigned August 2005.

The following appointments were made by the Minister of Health during 2005.

Ellen McCrae	BPharm
Representation	Non-lay member
Member category	Pharmacist/pharmacologist
Gender	Female
Date of appointment	July 2005
Term of appointment	3 years
Retirement/resignation	July 2011
Professional affiliations	–
Iwi affiliations	None

Liz Richards	PQCIH (Professional Qualification of the Chartered Institute of Housing), MA (Housing)
Representation	Lay member
Member category	Community representative
Gender	Female
Date of appointment	July 2005
Term of appointment	3 years
Retirement/resignation	July 2011
Professional affiliations	–
Iwi affiliations	None

Deputy Chairperson

Alison Luckey was elected Deputy Chairperson at the Committee's inaugural meeting on 7 February 2005.

Members' attendance

Member	M/F	Lay/ non-lay	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Carolyn Mason Ethicist	F	L	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	A	10/11
Alison Luckey Health practitioner	F	NL	Y	Y	Y	Y	Y	A	A	Y	Y	Y	Y	09/11
Christopher Budgen Pharmacist/ pharmacologist	M	NL	Y	Resigned March 2005										01/01
Carolynn Bull* Lawyer	F	L	Y	Y	Y	Y	Y	Y	A	Y	A	Y	Y	09/11
Derek Cone Consumer rep	M	L	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Andrea Duncan Consumer rep	F	L	Y	Passed away 2005										01/01
Dianne Harker Health researcher	F	NL	Y	Y	Y	Y	Y	Y	Resigned August 2005					06/06
John Horwood Biostatistician	M	NL	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Tom Marshall Health researcher	M	NL	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Ellen McCrae Pharmacist	F	NL	Commenced August 2005						Y	Y	Y	Y	Y	05/05
Edie Moke* Community rep	F	L	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Liz Richards Community rep	F	L	Commenced August 2005						Y	A	Y	Y	Y	04/05
Lee-Ann Ryan-Verry* Community rep	F	L	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11
Russell Scott Health practitioner	M	NL	Y	Y	A	Y	A	A	Y	Y	Y	Y	Y	08/11
No. of members present			12	10	9	10	9	8	9	10	10	11	10	
No. of applications			7	7	6	8	7	1	10	5	9	8	7	75

* = Māori member

Y = Present

A = Apology

Training

New member training

All members of health and disability ethics committees including those with previous experience were offered training in January and February 2005. The training was held in Auckland, Wellington and Christchurch. The following members of the Upper South A Regional Ethics Committee attended one or both of the training days on 4 and 5 February 2005: Carolyn Mason, Christopher Budgen, Carolynn Bull, Derek Cone, Andrea Duncan, Dianne Harker, John Horwood, Alison Luckey, Edie Moke, Russell Scott.

Ongoing training

While no ongoing training was offered to all members in 2005, the following meetings of specialist members were held.

Edie Moke attended the inaugural ceremony for disposal of identified Māori samples at the Christchurch School of Medicine and Health Sciences on 6 September 2005.

Meeting of legal members and chairpersons

A meeting of the legal members and chairpersons was held on 23 June 2005 covering the role of the legal member, indemnity of members, compensation and research on people who are unable to consent themselves. The following members of the Upper South A Regional Ethics Committee attended: Carolyn Mason, Carolyn Bull and Edie Moke.

Meeting of the Māori members

A meeting of the Māori members of the committees was held on 28 June 2005 and covered a number of topics including the role of the Māori member, consultation with Māori, the cultural section of the application form, tissue banking and recent changes to Right 7(10) of the Code of Health and Disability Services Consumers' Rights. The following members of the Upper South A Regional Ethics Committee attended: Edie Moke and Carolyn Bull.

Chairpersons' meeting

Two meetings of the chairpersons of the multi-region and regional ethics committees were held in 2005. Carolyn Mason attended the chairpersons' meetings on 14 April 2005 and 13/14 October 2005.

Research community education

Carolyn Mason and Alieke Dierckx spoke to public health and general practice students doing the Social Research Methods paper on 23 March 2005.

Carolyn Mason spoke to forensic genetics students at the University of Canterbury about DNA banking in February 2005.

Meetings with researchers

Carolyn Mason and Tom Marshall met with a researcher of a qualitative research project in March 2005.

Various members from both Upper South A and Upper South B regional ethics committees met with staff at the Christchurch Clinical Studies Trust in April 2005.

Various members from both the Upper South A and Upper South B regional ethics committees met with staff at the Van der Veer Institute for Parkinson's and Brain Research on 12 July 2005.

Meeting in Greymouth

As the West Coast is part of the Upper South Region, the committee met in Greymouth on 1 October 2005.

Approval by the Health Research Council

The committee is approved by the Health Research Council until December 2007.

United States Department of Health & Human Services Registration

The Upper South A Regional Ethics Committee is registered with the United States Department of Health & Human Services. The registration number is IRB00004667 – Upper South A Regional Ethics Committee.

Response to Cultural Issues

Number of applications deferred because Māori guidelines were not read	0
Number of applications for which consultation with Māori was considered appropriate	75
Number of applications returned through insufficient consultation on cultural issues	0 (Evidence of consultation required and carried out concurrently)
Process the committee has for following through on consultation	Confirming written evidence of consultation is received, ensuring researchers implement suggestions
Cases of unsatisfactory reasons for not including Māori	0
Mechanisms in place to facilitate consultation with Māori by researchers	Researchers have been given advice on whom to contact, as and when required
Examples of Māori not being included in research	Case studies, research exclusively on Asian, South Pacific or European populations, research on diseases that do not occur among Māori people

Applications

The committee held 10 scheduled meetings and one scheduled subcommittee meeting from February 2005 to December 2005.

Upper South A Regional Ethics Committee statistics for February–December 2005

Applications approved	62
Applications deferred but later approved	4
Applications deferred	1
Applications declined	1
Applications carried forward (approved subject to conditions)	5
Approval not required	4
Total number of applications received	77
Applications considered under delegated authority	2
Total number of applications considered by the committee	75
Total	77

Other committee statistics

Number of matters arising	8
Number of general business items	13
Number of amendments reviewed by committee	8
Number of amendments approved under CPD	18

Audit or matters not requiring ethical approval

Four projects were confirmed as audits or surveys not requiring ethical approval in accordance with the section 4.1, page 26, of the Operational Standard for Ethics Committees, March 2002.

Innovative practice

No applications for innovative practice were received.

Second opinions

No second opinions were sought.

Complaints

No complaints were received.

Guidelines for the Chairperson's Delegation

At its meeting on 31 January 2005, the committee agreed to delegate the following authority to the Chairperson.

The Chairperson may approve under delegated authority the following:

- Advertisements, letters or minor information sheet changes
- Applications provisionally approved by the committee subject to final approval by the Chairperson, usually after review by nominated committee members.

The Chairperson may approve the following after review by a minimum of one health professional. A subcommittee of health professional and lay members may be involved, and where possible such a subcommittee should include a Māori member. The subcommittee is recommended by the Chairperson, and members will be contacted by the administrator by phone or email to confirm their availability. If any subcommittee member has a major concern and recommends the application or amendment be reviewed by the full committee, the application or amendment will be placed on the agenda for consideration at the next committee meeting, and the researcher will be advised:

- Student applications, especially where there is a time constraint for the course and where there is minimal potential for harm to participants, for example, questionnaires, interviews
- Applications where the consequences of delaying approval would be significant
- Amendments that do not adversely affect participant safety
- Confirmation of approval of ongoing applications after receipt of the researcher's annual report.

Appendix 1: Applications received December 2004 to December 2005

Appendix I details the applications considered by the committee in open meetings from December 2004 to December 2005. Nine applications were considered in 'closed' meetings.

Project key	Full title	Primary investigator	Date received	Meeting reviewed	Outcome	Why deferred/declined	Status at time of report	Date of approval	Locality organisations	Form	Sponsor	Consultation undertaken
URA/05/02/001	Determining the degree of demoralisation among refugee and migrant clients attending a New Zealand Mental Health Service	Dr Lynne Briggs	13/01/05	7/02/05	Approved subject to conditions		Approved	6/01/05	CDHB Refugee Resettlement Support	Nil		Māori Research Consultation Committee, University of Otago
URA/05/02/002	A qualitative descriptive study of youth with Crohn's disease	Teresa Lynch	14/01/05	7/02/05	Approved subject to conditions		Approved	14/03/05	Christchurch Hospital	A		Annette Finlay, CDHB
URA/05/02/003	Memory-guided reaching and adaptation to disrupted performance of rhythmic saccades in Parkinson's disease	Dr Michael MacAskill	24/01/05	7/02/05	Approved subject to conditions		Approved	1/04/05	Christchurch Hospital	A		Elizabeth Cunningham, Christchurch School of Medicine
URA/05/02/004	Evaluation of stroke service developments in Christchurch	Dr Carl Hanger	15/01/05	7/02/05	Approved		Closed	16/02/05	The Princess Margaret Hospital	Nil		No consultation – retrospective review only
URA/05/02/005	A clinical trial of the effectiveness of povidone iodine and fluoride varnish in preventing the progression of dental caries in young children waiting for dental treatment under general anaesthesia	Martin Lee	24/01/05	7/02/05	Approved subject to conditions		Approved	13/05/05	School and Community Dental Service, Christchurch Hospital	A		Vera Keefe, Dr Pauline Koopu of Te Rangahau Hauora a Eru Pomare at the Wellington School of Medicine and Health Sciences are co-investigators
URA/05/02/006	Hospital inpatients' perceptions of emergency department (ED) / emergency observation area (EOA) transfer to medical wards and the subsequent discharge process	Ms Sandra Richardson	24/01/05	7/02/05	Approved subject to conditions		Approved	21/03/05	Christchurch Hospital	Nil		Dr Sally Keeling, Health Care of the Elderly; Annette Finlay, Chairperson, Te Komiti Whakarite; Gill Coe, Eldercare Canterbury; Lyn Hosie, Quality Facilitator, Department of Internal Medicine; Paul Abernathy, Community Care Manager, Pegasus Health
URA/05/02/007	Impaired tongue movement in individuals with Parkinson's disease and speech disorder: Direct computerised analysis using electropalatography (EPG)	Dr Megan McAuliffe	25/01/05	7/02/05	Approved subject to conditions		Approved	8/04/05	University of Canterbury	Nil		Department of Māori, University of Canterbury, Annette Finlay, Te Komiti Whakarite

Project key	Full title	Primary investigator	Date received	Meeting reviewed	Outcome	Why deferred/declined	Status at time of report	Date of approval	Locality organisations	Form	Sponsor	Consultation undertaken
URA/05/03/014	Videendoscopy of the pharyngeal end of the Eustachian Tube in patients with chronic middle ear disease and normal volunteers	Mr PA Bird	16/02/05	7/03/05	Deferred	Participant information sheet and consent form to be written in compliance with the Guidelines for Completion of the National Application Form (NAF-2005 v1). The current form does not meet requirements in many respects.	Approved subject to conditions		Christchurch Hospital	Nil		Annette Finlay, Māori Development
URA/05/03/015	Pre-transplant pharmacokinetics as a predictor of dose requirement post renal transplantation (OTH/506-KTR-401)	Associate Professor Richard Robson	21/02/05	7/03/05	Approved subject to conditions		Approved	22/06/05	Christchurch Hospital	B	Janssen-Cilag Pty Ltd	Te Komiti Whakarite
URA/05/03/016	Healthy lifestyle programme – moving on: a proposal to run a programme for people with mental health problems who are community support worker (CSW) clients of Stepping Stone Trust (SST)	Elizabeth Jane Gawith	21/02/05	7/03/05	Declined	Project not classed as research in current form	Approved subject to conditions		Stepping Stone Trust	A		
URA/05/03/019	A multicentre, randomised, double-blind, parallel-design study to evaluate the lipid-altering efficacy of two formulations of MK_0524A compared to NIASPAN(TM) (protocol MK-0524A-026-01)	Professor Russell Scott	23/02/05	7/03/05	Approved subject to conditions		Re-confirmed	13/04/05	Christchurch Hospital	B	Merck Sharpe & Dohme	Mr Peter Mason
URA/05/03/020	Medication compliance and factors that influence it: a study of Dunedin adults with asthma	Dr David Clark	23/02/05	7/03/05	Approved subject to conditions		Closed	16/05/05	University of Otago	Nil		Ngai Tahu Research Consultation Committee
URA/05/04/030	The effects of the Lee Silverman Voice Treatment (LSVT) programme upon articulation in individuals with Parkinson's Disease (PD)	Dr Megan McAuliffe	3/11/05	4/04/05	Approved subject to conditions		Approved	17/06/05	Van der Veer Institute for Parkinson's and Brain Research CDHB	Nil		Annette Finlay, Te Komiti Whakarite
URA/05/04/031	The experience of smoking for people over 65 years who also have a severe and persistent mental illness	Glynis Dodson	21/03/05	4/04/05	Approved subject to conditions		Approved	6/05/05	The Princess Margaret Hospital	Nil		Danielle Daniels, Kaiawhina Kaumatua, Princess Margaret Hospital
URA/05/04/032	Registered nurses' experience of using health assessment skills within the first year of practice – a phenomenological study	Rachel Clarke	21/03/05	4/04/05	Approved		Approved	6/04/05	Christchurch Hospital The Princess Margaret Hospital	Nil		Annette Finlay, Te Komiti Whakarite; Danielle Daniels, Māori Research Advisor Princess Margaret Hospital
URA/05/04/034	The relation between cognition and eye movement control in Parkinson's disease	Saskia Van Stockum	21/03/05	4/04/05	Deferred	Cognitive tests on which study is based were not submitted	Approved	16/05/05	CDHB	A		Elizabeth Cunningham, Christchurch School of Medicine

Project key	Full title	Primary investigator	Date received	Meeting reviewed	Outcome	Why deferred/declined	Status at time of report	Date of approval	Locality organisations	Form	Sponsor	Consultation undertaken
URA/05/04/035	An exploratory descriptive study of the impact of institutionalisation on family relationships between the spouse and family members of older people in a long term hospital facility	Alex McAllum	21/03/05	4/04/05	Approved		Approved	3/08/05	Merivale Retirement Village, George Manning House, Rannardale War Veterans Home, Churchill Hospital, Homestead Iam Home & Hospital, Wesleycare	Nil		Elizabeth Cunningham
URA/05/05/045	How well do patients remember information about their physiotherapy rehabilitation after discharge from the acute orthopaedic setting?	Katie Croft	7/04/05	2/05/05	Approved subject to conditions		Closed	24/06/05	Christchurch Hospital	A		Melanie Taitte-Pitama (Iwi Ngai te Rangī), Annette Finlay (Te Komiti Whakaitē)
URA/05/05/046	Investigation of the relationship between colour vision, ophthalmic electrodiagnoses and the impact of age related macular degeneration on the lives of older adults	Glynnis Ann Clarke	18/04/05	2/05/05	Approved subject to conditions		Approved subject to conditions		CDHB	A		Elizabeth Cunningham
URA/05/05/047	The influence of work-related stress on nurses' smoking: a comparison of perceived stress levels in smokers and non-smokers in a sample of psychiatric nurses	Dr Mike Goulding	18/04/05	2/05/05	Approved subject to conditions		Approved	5/07/05	Abacus Counselling and Training Services	Nil		Elizabeth Cunningham, Phil Paitira (Te Korowai, Hillmorton Hospital), Annette Finlay
URA/05/05/048	The potential effects of colonoscopy bowel preparation with oral sodium phosphate on attention and concentration (primarily) in patients aged 70 years and over.	Dr Murray Barclay	18/04/05	2/05/05	Deferred	Minimisation of harm: Invasive study with potential to yield no meaningful results	Approved	4/07/05	Van der Veer Institute for Parkinson's and Brain Research	Nil		Annette Finlay, Te Komiti Whakaitē
URA/05/05/049	Modelling the effects on hospital admissions of weather, air pollutants and viral infection	Dr Michael Epton	19/04/05	2/05/05	Approved		Approved	9/05/05	Christchurch School of Medicine	Nil		No consultation – retrospective review only
URA/05/05/050	The application of advanced nursing competencies in the perioperative setting – a case study approach	Fran Jefferson	20/04/05	2/05/05	Approved subject to conditions		Approved	1/06/05	Burwood Hospital	Nil		Mere Hibbs, Heather Harding
URA/05/05/051	Maintenance Nicotine Replacement Therapy (MNRT) to reduce consumption in chronic server smokers: A pilot study	Dr Mark Wallace-Bell	19/04/05	2/05/05	Approved subject to conditions		Approved	25/06/05	Department of Psychological Medicine	Nil		Elizabeth Cunningham
URA/05/05/052	Treatment outcomes in a Youth Dedicated Therapeutic Community Programme at Odyssey House, Christchurch	Associate Professor Doug Seilman	19/04/05	2/05/05	Approved subject to conditions		Approved	3/08/05	Odyssey House	Nil		J Marsters, H Peka, Paul Robertson, Elizabeth Cunningham
URA/05/06/061	Use of hand held laser scanning in the assessment of lower limb volume and swelling in cellulitis – a preliminary validation study	Dr Laurens Manning	9/05/05	30/05/05	Approved subject to conditions		Approved	22/08/05	CDHB	A		Annette Finlay

Project key	Full title	Primary investigator	Date received	Meeting reviewed	Outcome	Why deferred/declined	Status at time of report	Date of approval	Locality organisations	Form	Sponsor	Consultation undertaken
URA05/06/062	Benzodiazepine countdown in methadone maintenance patients	Dr Samuel Ritz	11/05/05	30/06/05	Ethical approval not required		Ethical approval not required	8/06/05	Hillmorton Hospital	Nil		
URA05/06/063	The effects of the Lee Silvermand Voice Treatment (LSVT) programme upon articulation in individuals with Parkinson's disease (PD) – Retrospective review	Dr Megan McAuliffe	16/05/05	30/05/05	Approved		Approved	29/06/05	CDHB	Nil		No consultation required – retrospective review only
URA05/06/064	Geothermal air pollution and health – A pilot study to validate exposure and occurrence of biological and clinical effects in healthy adults	Dr Michael Durand	15/05/05	30/05/05	Approved subject to conditions		Closed	20/07/05	University of Canterbury	A		Catherine Moran, University of Canterbury. No formal consultation has taken place since the study is unlikely to involve Maori participants.
URA05/06/065	DNA polymorphism and gene rearrangements	Dr Suzanne Benjes	16/05/05	30/05/05	Approved subject to conditions		Approved	8/06/05	Christchurch School of Medicine and Health Sciences	A		Elizabeth Cunningham
URA05/06/066	Complementary and alternative medicine in adults: an exploratory study	Kris Wilson	18/05/05	30/05/05	Approved subject to conditions		Approved	10/08/05	University of Canterbury	Nil		Elizabeth Cunningham
URA05/06/067	A pilot study of the DEVAX Axxess plus Biolimus drug eluting stent for the treatment of de-novo bifurcated lesions of the left main coronary artery	Dr Dougal McClean	18/05/05	30/05/05	Approved subject to conditions		Approved	3/08/05	CDHB	B	Devax Inc	Annette Finlay
URA05/07/078	Emotional events as triggers for past trauma	Pearl Makeig	20/06/05	1/07/05	Approved		Approved	15/08/05	Brighton Pier Counselling	Nil		Not applicable, no Maori participants
URA05/08/088	Māori and physical activity in Marlborough; part 2 of the research project carried out for Maata Waka ki Wairau Inc	Ms Melissa Love	13/07/05	1/08/05	Ethical approval not required		Ethical approval not required		Poumanawa Oranga Ltd	Nil		Maata Waka ki Wairau Inc consulted with Poumanawa Oranga Ltd. No independent consultation was undertaken.
URA05/08/089	Prevalence of cardiovascular risk factors among people enrolled in general practices in Rangiora: retrospective review	Dr Ian Sheerin	11/07/05	1/08/05	Deferred	Study design	Approved	12/10/05	Christchurch School of Medicine, Rangiora Medical Centre, Medical Corner Doctors	Nil		He Oranga Pounamu
URA05/08/090	Administration of pro re nata (PRN, as needed) psychotropic medications by nurses for psychiatric symptom management in general medical and surgical inpatients over the age of 64	Ms Patricia Margaret Rasmussen	18/07/05	1/08/05	Approved subject to conditions		Approved	19/09/05	Christchurch Hospital	Nil		Elizabeth Cunningham

Project key	Full title	Primary investigator	Date received	Meeting reviewed	Outcome	Why deferred/declined	Status at time of report	Date of approval	Locality organisations	Form	Sponsor	Consultation undertaken
URA/05/08/091	Administration of pro re nata (PRN) (as needed) medications by nurses for psychiatric symptoms in general medical and surgical inpatients over the age of 64: retrospective review	Ms Patricia Margaret Rasmussen	18/07/05	1/08/05	Ethical approval not required		Ethical approval not required		Christchurch Hospital	A		
URA/05/08/092	Management of duodenal polyps: retrospective review	Dr Andrew R Lienert	18/07/05	1/08/05	Approved subject to conditions		Approved subject to conditions		Christchurch Hospital	Nil		No consultation – audit
URA/05/08/093	Exploring women's understanding of their first sexual experiences	Ms Katherine M Brown	18/07/05	1/08/05	Approved subject to conditions		Approved	6/09/05	Family Planning Association (FPA), Youth Health Centre	Nil		Elizabeth Cunningham
URA/05/08/096	Recognition of facial expressions of emotion in dementia patients	Ms Tracey McLellan	20/07/05	1/08/05	Approved subject to conditions		Approved	19/09/05	University of Canterbury	A		Annette Finlay
URA/05/08/097	Mediators of impaired microvascular reperfusion injury in acute myocardial infarction	Dr Mark N Nallaratnam	19/07/05	1/08/05	Approved subject to conditions		Approved	4/11/05	National Radiation Laboratory	A		Annette Finlay
URA/05/09/108	Mechanisms of change in social phobia during cognitive behavioural therapy	Marion Rudge	17/08/05	5/09/05	Approved subject to conditions		Approved	14/09/05	University of Canterbury	Nil		Te Komiti Whakarite
URS/05/09/109	Pilot study to develop a new clinical test for measuring insulin sensitivity in the general population	Dr G Shaw	22/08/05	5/09/05	Approved subject to conditions	Transferred to Multi-region Ethics Committee 20/11/05	Approved	9/11/05	Christchurch Hospital, Dunedin Hospital	A		Elizabeth Cunningham
URA/05/09/110	Characteristics, experiences and training needs of victim support workers in Canterbury	Dr Annette Beautrais	22/08/05	5/09/05	Approved subject to conditions		Approved	19/10/05	Victim Support, C/- Christchurch Police	Nil		Elizabeth Cunningham
URA/05/09/111	A comparison of oral keratin versus placebo in the enhancement of hair, skin and nail appearance	Dr Rob Kelly	22/08/05	5/09/05	Approved subject to conditions		Approved	25/10/05	Keratec Ltd	Nil		Annette Finlay
URA/05/09/112	Evaluation of LA-Crosse transeptal catheter system	Dr Ian Crozier	24/08/05	5/09/05	Approved subject to conditions		Approved	5/10/05	Christchurch Hospital	B	Savacor Inc	Te Komiti Whakarite
URA/05/10/122	Marlborough Māori experience in accessing mental health services via primary health care: an exploratory study	Lorraine Eade	18/09/05	1/10/05	Approved subject to conditions		Approved	9/11/05	Wairau Hospital, Te Rapuora o Te Wai Harakeke	Nil		Ngati Rarua Iwi Trust, Ngati Roarangatira Manawhenua Ki te Tau Ihu Trust, Te Rapuora o Te Wai Harakeke
URA/05/10/123	Thyroid hormone resistance: the role of mutational analysis – retrospective review	Dr Chris Florkowski	18/09/05	1/10/05	Approved		Approved	12/10/05	Canterbury Health Laboratories	Nil		No consultation – retrospective review only
URA/05/10/124	Comparison of quantitative cerebrospinal fluid (CSF) bilirubin assay with spectrophotometric assessment of CSF in the diagnosis of subarachnoid haemorrhage. Retrospective review.	Dr Chris Florkowski	18/09/05	1/10/05	Approved		Approved	12/10/05	Canterbury Health Laboratories	Nil		No consultation – retrospective review only

Project key	Full title	Primary investigator	Date received	Meeting reviewed	Outcome	Why deferred/declined	Status at time of report	Date of approval	Locality organisations	Form	Sponsor	Consultation undertaken
URA05/10/125	Allotmentisation in multi-transfused patients with Myelodysplastic syndrome – retrospective review.	Dr Jennifer Butler	18/09/05	1/10/05	Approved		Approved	12/10/05	New Zealand Blood Service	Nil		Retrospective review only – consultation not required
URA05/10/126	Determining a grading system for thyroid eye disease based on clinical examination, ocular investigations and imaging. Explore relationships between clinical presentation, imaging findings and risk of progression and poor outcomes.	Dr Rebecca Stack	21/09/05	1/10/05	Approved subject to conditions		Approved	11/01/06	Christchurch Hospital	Nil		Annette Finlay
URA05/10/127	An investigation of expressive speech and language disorders following moderate and severe traumatic brain injury (TBI)	Dr Megan McAuliffe	21/09/05	1/10/05	Approved subject to conditions		Approved	26/10/05	University of Canterbury, Laura Fergusson Trust, Christchurch Hospital	Nil		Te Komiti Whakarite
URA05/10/129	Validation of numerical fluid simulations in the Circle of Willis using Phase Contrast MRI	Professor Tim David	18/09/05	1/10/05	Approved subject to conditions		Approved	24/10/05	St George's Hospital	A		Elizabeth Cunningham
URA05/10/130	A multi-national, randomised, phase III, GCG intergroup study comparing pegylated liposomal doxorubicin (CAELYX) and carboplatin vs paclitaxel and carboplatin in patients with epithelial ovarian cancer in late relapse (>6 months)	Dr Bernie Fitzharris	21/09/05	1/10/05	Deferred		Approved	28/11/05	Christchurch Hospital, Wellington Hospital, Capital & Coast DHB, Auckland City Hospital, Palmerston North Hospital	A	NHMRC Clinical Trials Centre Sydney	Te Komiti Whakarite
URA05/11/142	Discrimination of genuine and posed facial expression: a developmental ERP study	Mr Mark Carlisle Otley	12/10/05	31/10/05	Approved subject to conditions		Approved subject to conditions		Van der Veer Institute for Parkinson's and Brain Research	Nil		Annette Finlay
URA05/11/143	Vacuum assisted closure (VAC) as an adjunct to compression bandaging for healing of venous stasis ulcers – a pilot study	Ms Catherine Hammond	17/10/05	31/10/05	Approved subject to conditions		Approved	19/11/05	Nurse Maude Association	A		Elizabeth Cunningham
URA05/11/144	Prostate cancer in New Zealand: (2) transrectal ultrasound guided biopsy of the prostate: histological outcomes and the fate of the biopsy negative patient	Dr Peter Davidson	13/10/05	31/10/05	Approved subject to conditions		Approved	7/12/05	Canterbury Urology Research Trust	Nil		Peter Mason
URA05/11/145	A profile of Māori engaged with opiate substitution therapy in Christchurch	Mr Paul Robertson	19/10/05	31/10/05	Approved subject to conditions		Approved	28/11/05	Hillmorton Hospital	Nil		Suzanne Pitama
URA05/11/146	Crohns histology review: retrospective review	Peter Stiven	19/10/05	31/10/05	Approved		Approved	9/11/05	Christchurch Hospital	Nil		
URA05/11/147	Māori consumers perspectives on genetic research	Suzanne Pitama	19/10/05	31/10/05	Approved subject to conditions		Approved	28/11/05	Christchurch School of Medicine He Oranga Pounamu	Nil		Christchurch School of Medicine

Project key	Full title	Primary investigator	Date received	Meeting reviewed	Outcome	Why deferred/declined	Status at time of report	Date of approval	Locality organisations	Form	Sponsor	Consultation undertaken
URA/05/11/149	The design, implementation and evaluation of a heart disease and diabetes education programme for Māori	Josephine (Jo) Mary Elizabeth Janssen	13/10/05	31/10/05	Approved subject to conditions		Approved	21/12/05	Te Hauora o Ngati Rarua	A		Te Hauora O Ngati Rarua
URA/05/12/161	The impact of postnatal depression on the speech and language development of preschool children	Dr Gail Gillon	14/11/05	28/11/05	Approved subject to conditions		Approved subject to conditions		University of Canterbury	Nil		
URA/05/12/162	The diagnostic accuracy and safety of computed tomography coronary angiography as compared with conventional coronary angiography	Dr Anouska Moynagh	14/11/05	28/11/05	Approved subject to conditions		Approved subject to conditions		Christchurch Hospital	A		
URA/05/12/163	Retrospective audit of anaesthetic agents and electroconvulsive therapy (ECT) EEG seizure data	Dr D Booth	16/11/05	28/11/06	Approved subject to conditions		Approved	25/01/06	Hillmorton Hospital	Nil		No consultation required, retrospective review only
URA/05/12/166	The incidence of pneumocystis pneumonia in immunocompromised rheumatology patients – retrospective review	Dr Katherine Meull	15/11/05	28/11/05	Approved		Approved	5/12/05	Christchurch Hospital	Nil		No consultation – retrospective review only
URA/05/12/167	The role of streptococcus pseudopneumoniae and oxidative stress in exacerbations of chronic obstructive pulmonary disease (COPD)	Dr Michael Epton	16/11/05	28/11/06	Approved subject to conditions		Approved	30/1/06	Canterbury Respiratory Research Group	A		Elizabeth Cunningham

Applications approved by the Chairperson under delegated authority

Project key	Full title	Primary investigator	Date received	Meeting reviewed	Outcome	Why deferred/declined	Status at time of report	Date of approval	Locality organisations	Form	Sponsor	Consultation undertaken
URA/05/01/CPD	Clinical presentation of patients with positive sputum cultures for streptococcus pseudopneumoniae	Professor David Murdoch	15/01/05				Completed	17/01/05	Canterbury Health Laboratories	Nil		
URA/05/02/CPD	Immunostaining for oestrogen and progesterone receptor on invasive carcinoma of the breast – a comparison of Dakocytomation ER/PR pharmDx with current antibodies – AUDIT	Dr Megan McAuliffe	10/08/05				Ethical approval not required		Canterbury Health Laboratories	Nil		

Appendix 2: Upper South A Regional Ethics Committee Terms of Reference

Public authority of the Upper South A Regional Ethics Committee

The Upper South A Regional Ethics Committee (Upper South A REC) was established as a Ministerial committee under section 11 of the New Zealand Public Health and Disability Act 2000. These Terms of Reference outline the role and functions of the Upper South A REC.

Authority of the Upper South A Regional Ethics Committee

The Upper South A REC shall have responsibility with the Upper South B Regional Ethics Committee for ethics committee review of health and disability research and innovative practice occurring in the following District Health Board regions:

- Nelson Marlborough
- West Coast
- Canterbury
- South Canterbury.

The Upper South A REC is jointly responsible with the Upper South B Regional Ethics Committee for any health and disability research that is currently being undertaken in the above DHB regions, provided that such research has previously been given ethical approval by an approved regional ethics committee.

Relation to the Operational Standard for Health and Disability Ethics Committees

These Terms of Reference have precedence over the Operational Standard for Health and Disability Ethics Committees (Operational Standard) on any point of conflict, but otherwise, the Operational Standard applies to the Upper South A REC.

Relations with other public sector organisations

The Upper South A REC shall liaise with other relevant ethics committees on matters of common interest, such as jurisdiction over borderline cases. The Upper South A REC shall inform the Ministry of Health and the National Ethics Advisory Committee of any matters that arise in its operation that potentially have policy significance.

Approval of the Upper South A Regional Ethics Committee

The Upper South A REC has to be approved for the purposes outlined in the following enactments:

- The Injury Prevention, Rehabilitation, and Compensation Act 2001
- The Health Research Council Act 1990
- The Health Information Privacy Code 1994.

Role of the Upper South A Regional Ethics Committee

The primary role of the Upper South A REC is to provide independent ethical review of health research and innovative practice that will be conducted in its region of authority to safeguard the rights, health and wellbeing of consumers and research participants and, in particular, those persons with diminished autonomy. In order to do this, the Upper South A REC shall:

- i. foster an awareness of ethical principles and practices in the health and disability sector and research community
- ii. facilitate excellence in health research and innovative practice for the wellbeing of society
- iii. collaborate with researchers to ensure the interests, rights, dignity, welfare, health and wellbeing of participants and consumers are protected
- iv. give due consideration to community views
- v. consistent with section 4 of the New Zealand Public Health and Disability Act 2000 and He Korowai Oranga, recognise and respect the principles of the Treaty of Waitangi
- vi. operate in accordance with the Operational Standard for Health and Disability Ethics Committees
- vii. operate in accordance with any guidance issued or approved by the Minister of Health.

Composition and membership

Guiding principle

The primary guiding principle for appointing members to the Upper South A REC is to ensure that the Upper South A REC has the appropriate expertise, skills, knowledge and perspectives to conduct ethical review of the best quality.

Member numbers

The number of members of the Upper South A REC should be 12.

Lay/non-lay membership

One half of the total membership shall be lay members, including a lay Chairperson and a non-lay Deputy Chairperson. A lay person is a person who is not:

- currently, nor has recently been, a registered health practitioner (for example, a doctor, nurse, midwife, dentist, pharmacist)
- involved in conducting health or disability research or who is employed by a health agency and who is in a sector of that agency that undertakes health research
- construed by virtue of employment, profession or relationship to have a potential conflict or professional bias in a majority of protocols reviewed.

Member categories

The Upper South A REC's lay membership shall include:

- an ethicist
- a lawyer
- consumer perspectives
- community perspectives.

The Upper South A REC's non-lay members shall include:

- two health researchers
- a pharmacist or pharmacologist
- a biostatistician
- two health practitioners.

Whole committee requirements

At any time, consistent with the New Zealand Public Health and Disability Act requirements for District Health Boards, the Upper South A REC shall have at least two Māori members. Māori members should have a recognised awareness of te reo Māori and an understanding of tikanga Māori. All members of the Upper South A REC are expected to have an understanding of how the health sector responds to Māori issues and their application to ethical review.

The Upper South A REC's membership should include expertise in the main kinds of health and disability research (for example, interventional, observational, kaupapa Māori and social research) and in both quantitative and qualitative research methods.

Members should possess an attitude that is accepting of the values of other professions and community perspectives, and it is important for committees to be comprised of people from a range of backgrounds and ethnicities.

Despite being drawn from groups identified with particular interests or responsibilities in connection with health and community issues, Upper South A REC members are not in any way the representatives of those groups. They are appointed in their own right, to participate in the work of the Upper South A REC as equal individuals of sound judgement, relevant experience and adequate training in ethical review.

Terms and conditions of appointment

Members of the Upper South A REC are appointed by the Minister of Health, pursuant to section 11 of the New Zealand Public Health and Disability Act 2000, for a term of office of up to three years. The terms of office of members of the Upper South A REC shall be staggered to ensure continuity of membership. Members may be reappointed from time to time. No member may hold office for more than six consecutive years. After serving the maximum six-year term, members shall not be considered for reappointment until at least three years after their retirement from the Upper South A REC.

Persons who have served six consecutive years on any Health Research Council (HRC)-approved ethics committee shall not be immediately eligible for appointment to the Upper South A REC. Those persons shall not be eligible for appointment to the Upper South A REC until at least three years after their retirement from any HRC-approved ethics committee. Persons who have served less than six years on any HRC-approved ethics committee will be eligible to be appointed to the Upper South B REC for a term that is equal to the difference of six years and the term already served by that person on any HRC-approved ethics committee or a shorter period.

A person may not be a member of the Upper South A REC and National Ethics Advisory Committee or the Health Research Council Ethics Committee simultaneously.

Unless a person sooner vacates their office, every appointed member of the Upper South A REC shall continue in office until their successor comes into office. Any member of the Upper South A REC may at any time resign as a member by advising the Minister of Health in writing.

Any member of the Upper South A REC may at any time be removed from office by the Minister of Health for inability to perform the functions of office, bankruptcy, neglect of duty, or misconduct, proved to the satisfaction of the Minister.

The Minister may from time to time alter or reconstitute the Upper South A REC, or discharge any member of the Upper South A REC, or appoint new members to the Upper South A REC for the purpose of decreasing or increasing the membership or filling any vacancies.

Chairperson and Deputy Chairperson

The Minister shall appoint a member of the Upper South A REC to be its Chairperson. The terms and conditions of appointment for members of the Upper South A REC also apply to the person appointed as Chairperson. The Chairperson shall preside at every meeting of the Upper South A REC at which they are present.

The Upper South A REC shall appoint a non-lay member as Deputy Chairperson.

The Chairperson and Deputy Chairperson may act with the delegated authority of the Upper South A REC between meetings.

Duties and responsibilities of a member

This section sets out the duties and responsibilities generally expected of a person appointed as a member of the Upper South A REC. This is intended to aid Upper South A REC members by providing them with a common set of principles for appropriate conduct and behaviour.

General

Upper South A REC members should have a commitment to protecting the interests of human participants while promoting and facilitating excellence in research and innovative practice.

There is an expectation that Upper South A REC members will make every effort to attend all Upper South A REC meetings and devote sufficient time to become familiar with the affairs of the Upper South A REC and the wider environment within which it operates.

Members have a duty to act responsibly with regard to the effective and efficient administration of the Upper South A REC and the use of Upper South A REC funds.

Conflicts of interest

Upper South A REC members should perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect the Upper South A REC and its members and will ensure Upper South A REC retains public confidence.

Upper South A REC members attend meetings and undertake Upper South A REC activities as independent persons responsible to the Upper South A REC as a whole. Members are not appointed as representatives of professional organisations or particular community bodies. The Upper South A REC should not, therefore, assume that a particular group's interests have been taken into account because an Upper South A REC member is associated with this group. Members should declare, and the committee regularly review, their actual and potential conflicts of interest.

When Upper South A REC members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or from undertaking an activity consistent with the Upper South A REC's functions, they should declare that conflict of interest and withdraw themselves from the discussion and/or activity.

A member of the Upper South A REC who has a proposal before the Upper South A REC or who has an involvement in the proposal, such as a supervisory role, shall not take part in the Upper South A REC's assessment of that proposal. The member may be present to answer questions about a proposal but should take no part in the discussion surrounding the consideration of the proposal or any decision relating to the proposal. This will allow proposals to be considered in a free and frank manner. The Upper South A REC must exhibit transparency in avoiding or managing any real or perceived conflict of interest.

Confidentiality and information sharing

Agendas and minutes of all Upper South A REC meetings should be available to the public. Copies of proposals should be available to individuals outside the Upper South A REC, subject to deletions in accordance with the Official Information Act 1982 and any deletions necessary to protect the privacy of individual persons. If an applicant would like their proposal to remain confidential, they must give reasons, consistent with the Official Information Act 1982, to satisfy the Upper South A REC that the proposal should remain confidential. The reasons for keeping a proposal confidential are subject to review by the Ombudsmen.

It is desirable for the members of the Upper South A REC to have an opportunity to discuss issues arising from applications with key contacts and support people prior to the consideration of proposals. This process should be encouraged. However, due to the need to protect any personal information, names or identifying details should not be circulated or made known outside the Upper South A REC. The Upper South A REC will need to consider the Privacy Act 1993 and the Health Information Privacy Code 1994 in developing these processes.

Within the Upper South A REC, members with particular community expertise should be consulted and provide advice on the appropriate consultative process for all ethical issues concerning particular communities of interest.

Committee meetings

Meetings of the Upper South A REC shall be held monthly or less frequently, as determined by the workload.

At any meeting, a quorum shall consist of at least seven members or the minimum number constituting a majority. The quorum must include a reasonable representation of members with health practitioner, research, ethical and community/consumer expertise, knowledge and perspectives.

As part of the accountability to the public they protect, it is desirable for the meetings of the Upper South A REC to be open to the public. Meetings of the Upper South A REC should therefore be:

- i. open meetings for the discussion of broad issues, particularly if the Upper South A REC is reviewing health research
- ii. closed meetings when necessary to ensure the privacy and confidentiality of participants
- iii. closed meetings when applicants provide good and sufficient reasons for this to occur, and the minutes of the meeting should reflect these reasons.

Information about the dates and times of committee meetings should be made available to the public.

Applicants may attend meetings, in person or by teleconference, to talk to their proposal and answer any questions the Upper South A REC may have. Attendance is not mandatory. The Upper South A REC should advise applicants that they may be asked to leave the meeting while the Upper South A REC considers the proposal.

Subject to the provisions set out in this document, the Upper South A REC may regulate its own procedures.

Decision-making process

Wherever possible, the Upper South A REC should determine matters by consensus decision. Where a consensus cannot be reached, a vote shall apply, with a two-thirds majority of those voting required for any decisions, and the Chairperson having a casting vote.

In relation to research involving Māori, it is important that Māori expertise be available to ensure that all issues are appropriately considered. Where it is not possible for Māori members to attend an Upper South A REC meeting or for those members views to be sought and represented at the meeting, the matter should be deferred.

On occasion, individual members may wish to abstain from some or all of the decision-making process because of strong personal moral or religious reasons. Such abstentions shall not affect the approval process.

Ethics committee actions

For each application it reviews, the Upper South A REC must state to its applicant whether its action is to Approve, Approve subject to conditions, Defer, or Decline that application. It must state its grounds for any action to Defer or Decline. For any action to approve subject to conditions, it must specify the conditions, the grounds for these, and its process for assessing whether these conditions are subsequently met. In all cases, it must state which matters its action is based upon, and which are instead matters of comment, information, or advice to its applicant.

Expert advice and consultation

Members may wish to consult on ethical issues with, for example, individuals, groups, iwi and hapū, and this should be encouraged and supported. Consultation should be carried out in a timely manner.

Where the Chairperson or a quorum of Upper South A REC members believes there is insufficient expertise on the Upper South A REC to assess an application or an issue, the committee should seek additional expert advice.

Advice may be sought from recognised experts with:

- i. specialist knowledge in particular fields of science and medicine
- ii. knowledge of the experiences and perspectives of people with disabilities
- iii. awareness of gender health perspectives
- iv. consumer and/or research participant perspectives
- v. an understanding of community health issues
- vi. an understanding of relevant cultural perspectives
- vii. an understanding of developing Māori research methodologies
- viii. expertise in te reo Māori
- ix. expertise in ethical theory.

It should be noted that the above list gives examples, without restricting the range, of external expertise that may be sought.

Where external consultation has taken place or advice has been sought, this should be documented and recorded where appropriate in the Upper South A REC's decision on a proposal.

Second opinions and appeals

At any stage in its deliberations, the Upper South A REC may seek a second opinion from the Health Research Council Ethics Committee, in accordance with the Operational Standard.

The decisions of the Upper South A REC may be appealed to the Standing Committee on Appeals convened by the National Ethics Advisory Committee, in accordance with the Terms of Reference of the National Ethics Advisory Committee and any guidance promulgated by the Standing Committee on the appeals process.

Training for members

Training should be provided for new members and chairpersons within six months of appointment to the Upper South A REC.

Reporting requirements

The following provides a checklist of requirements for annual reporting. Annual reports should be submitted to the Minister of Health and will be tabled by the Minister of Health in the House of Representatives.

The annual report shall include information on the membership of the Upper South A REC, including any change in the Upper South A REC's membership or other substantive changes the Upper South A REC or its chairperson feels should be noted.

The annual report shall also include a list of the national and multi-region research and innovative treatment protocols reviewed in the preceding year outlining the following details:

- i. the research title
- ii. principal investigator
- iii. institutions where the research is to be/has been undertaken
- iv. date of first review
- v. date of final outcome
- vi. outcome (which will be one of: approved, approved with conditions, deferred, declined)
- vii. for each protocol deferred or declined, the reason(s) for the decision.

The annual report shall also include:

- i. A list of training undertaken by Upper South A REC members, and a statement on processes for orientation and training of new Upper South A REC members should be included.
- ii. A list of complaints received by the Upper South A REC (if any), the actions taken to resolve the complaint and a comment on the outcome of the complaint(s).
- iii. Any areas of review that caused difficulty for the Upper South A REC in making a decision on any particular protocol(s), and any questions on policy or other matters the Upper South A REC referred to the National Ethics Advisory Committee or the Health Research Council Ethics Committee for comment or guidance.

In compiling annual reports, the Upper South A REC should take care not to provide information that would involve a breach of the Privacy Act 1993 and/or the Health Information Privacy Code 1994.

Fees and allowances

Members of the Upper South A REC are entitled to be paid fees for attendance at meetings. The level of attendance fees are set in accordance with the State Services Commission's framework for fees for statutory bodies.

The Chairperson shall receive an attendance fee of \$330 per day (plus half a day's preparation fee). The attendance fee for members is set at \$250 per day (plus half a day's preparation fee). The Chairperson and Deputy Chairperson shall receive an allowance of up to one extra day each per month to cover additional work undertaken under the delegated authority of the Upper South A REC by the Chairperson and Deputy Chairperson. The Ministry of Health shall pay actual and reasonable travel and accommodation expenses of the Upper South A REC members.

Servicing of the Upper South A Regional Ethics Committee

The Ministry of Health shall employ staff and provide resources to service, advise and administer the Upper South A REC out of the allocated budget for ethics committees.

