Forensic and Scientific Services – Human Ethics Committee
Functions and Terms of Reference

1 Scope
The Forensic and Scientific Service Human Ethics Committee (FSS-HEC) is registered with the National Health and Medical Research Council (NHMRC) (Registration number EC00305) and is constituted and functions in accordance with the NHMRC National Statement on Ethical Conduct in Human Research (2007 updated March 2014) (NS).

The FSS-HEC reviews and oversees research and other projects involving the non-diagnostic use of human tissue and confidential data; and provides the Queensland Health Forensic and Scientific Services (QHFSS) Executive with independent advice on human ethical issues affecting QHFSS and its clients.

2 Responsibilities
2.1 The FSS-HEC, using established ethical principles, and with reference to the relevant ethical codes and guidelines will:
   (a) Review written applications, which entail:
      ▪ The retention and use of autopsy tissues, organs and fluids for research and other non-diagnostic purposes under the Transplantation and Anatomy Act 1979;
      ▪ The use of primarily diagnostic/evidentiary material held by QHFSS (i.e. human tissues etc. originating from coronial autopsies, forensic cases, public health testing and other sources) for research and other non-diagnostic/non-forensic purposes; and
      ▪ Use of documents, records, reports and statistical data held at QHFSS (including those relating to coronial cases) for research and other purposes not originally envisaged.
   (b) Provide advice about the level of review required for the use of human material and data for quality assurance and process improvement activities.
   (c) Establish a framework to review proposals for use of human tissue and data involving no more than low risk that meets the requirements of NS 5.1.18–21.
   (d) Where necessary, consider options for and recommend a procedural framework within which (a), (b) and (c) will operate. This will include oversight and monitoring of ongoing projects (NS 5.5); and determining the manner in which applications to the FSS-HEC should be submitted.
   (e) Consider options for, and make recommendations on, procedural guidelines for any FSS activities which raise difficult human ethical issues. These may include autopsies generally, the handling of human tissues, complaints, policy implementation and responding to commissions of inquiry (e.g. whether to test items referred by concerned relatives for illicit drugs; disposal methods for human tissues).
It is expected that such matters would be referred in writing, for example by the appropriate Manager on behalf of the QHFSS Executive.

2.2 The FSS-HEC may require applicants seek legal advice to ensure that proposed research complies with relevant regulatory requirements.

2.3 The FSS-HEC will refer applications for additional approvals as required. Examples include:

(a) Projects involving coronial cases/material require approval from the State Coroner.

(b) Where access to coronial documents is required for research, approval under s.53(7) of the Coroners Act 2003 as a “genuine researcher” must be obtained.

(c) Disclosure of confidential health information for research requires approval under Chapter 6, Part 4 of the Public Health Act 2005 (PHA) if consent is not obtained and the information is identifiable or potentially re-identifiable. The PHA does not apply to health information held by the Queensland Department of Health if its disclosure is authorised under another Act of law.

(d) Where site authorisation or approval of FSS resources is required, or a study agreement or student deed is necessary, approval is facilitated through the FSS Research Office.

(e) These approvals must be obtained before the project can commence.

2.4 The FSS-HEC will:

(a) Advise the QHFSS Executive of the ethical acceptability of projects reviewed.

(b) Provide advice to researchers about their obligations to ensure that all research involving human material and data complies with the NS and relevant legislation.

(c) Advise the relevant committee if the FSS-HEC considers that ethical approval for research or other projects involving human material should be withdrawn.

(d) Maintain a local register for all proposals submitted to the FSS-HEC. This will include conditions of approval, monitoring and reporting requirements and the current status of projects.

(e) Ensure its operations comply with the requirements of the National Statement.

(f) Provide an annual report to the QHFSS Executive and the National Health and Medical Research Council (NHMRC) to ensure continuing registration with the Australian Health Ethics Committee (AHEC) as a compliant human research ethics committee.

3 Relationships

3.1 The FSS-HEC will:

(a) Report through its Chairperson to the QHFSS Executive.

(b) Liaise and consult with the Queensland Department of Health, Health and Medical Research Unit, other ethics committees; research facilities; other relevant projects; and applicants through the Chairperson and Secretary.

3.2 Fees may be levied by QHFSS to recover costs associated with ethical review and monitoring of research projects from applicants external to the Queensland Department of Health. In addition, all costs associated with seeking coronial and
next of kin consent and retention of autopsy tissues for approved projects must be borne by the projects.

4 Levels of ethical review

4.1 Requests for exemption will be considered by the FSS-HEC Secretary and noted by the full Committee (NS, 5.1.22 -23).

4.2 Low and Negligible Risk Applications will be delegated to two members of the FSS-HEC and the Chairperson and noted by the full Committee (NS, 5.1.20 (c)).

4.3 Low risk studies requiring a waiver of consent will be reviewed by the FSS-HEC (NS, 2.3.6).

4.4 All research that involves more than low risk or is listed under NS 5.1.6(b) must be reviewed by the full Committee (NS, 5.1.6).

4.5 Amendments and extensions of approval may be reviewed and approved by the Chairperson or the Secretary between meetings. Substantial amendments may require full Committee review and / or ratification.

4.6 Quality assurance and evaluation activities will be reviewed in accordance with the institutional ethical review process.

5 FSS-HEC PROCEDURES:

5.1 Composition and Appointment of FSS-HEC Members (NS 5.1.29 - 5.1.34)

5.1.1 Both the Chairperson and the Secretary are appointed by the FSS Executive or delegate.

5.1.2 Prospective members of the FSS-HEC may be recruited by expressions of interest, direct approach, nomination or advertisement, and appointed in accordance with the NS (NS 5.1.34 – 5.1.36).

5.1.3 The appointment of members to the FSS-HEC will be at the discretion of the QHFSS Executive and considered for review at least every three years (NS 5.1.34).

5.1.4 The membership of the FSS-HEC will be constituted according to NS 5.1.30 and will include the following:

(a) “a chairperson, with suitable experience, whose other responsibilities will not impair the HREC’s capacity to carry out its obligations under this National Statement”;

(b) “at least two lay people, one man and one women, who have no affiliation with the institution and do not currently engage in medical, scientific, legal or academic work”;

(c) “at least one person with knowledge of, and current experience in, the professional care, counselling or treatment of people; for example, a nurse or allied health professional”;

(d) “at least one person who performs a pastoral care role in a community, for example, an Aboriginal elder, a minister of religion”;

(e) “at least one lawyer, where possible one who is not engaged to advise the institution”; and

(f) “at least two people with current research experience that is relevant to research proposals to be considered at the meetings they attend. These two
members may be selected, according to need, from an established pool of inducted members with relevant expertise”.

5.1.5 The minimum membership of the FSS-HEC is eight (NS 5.1.29).

5.1.6 No member may be appointed in more than one of the minimum membership categories. A pool of inducted members may be appointed to attend meetings and provide expertise where required (NS 5.1.31).

5.1.7 Additional members with specific knowledge and expertise relevant to the role of the HEC may be appointed and should include experience in reflecting and analysing ethical decision-making (NS 5.1.32 and 5.1.33).

5.1.8 Gender balance and multicultural representation are desirable (NS 5.1.29(a)).

5.1.9 At least one third of the members should be appointed from outside QHFSS (NS 5.1.29(b)).

5.2 Conditions of Member Appointment

5.2.1 Members should be appointed as individuals for their knowledge, qualities and experience, and not as representatives of any organisation, group or opinion (NS 5.1.35).

5.2.2 Before appointment, members should acknowledge in writing their acceptance of the FSS-HEC Terms of Reference and any requirements for confidentiality and conflict of interest required by the Department of Health (NS 5.2.4).

5.2.3 Members should be provided a letter of appointment including the date of appointment, length of tenure, assurance that indemnity will be provided by the Department of Health in respect of the conduct of their duties as a FSS-HEC member, meeting attendance responsibilities and general responsibilities as a FSS-HEC member (NS 5.1.9, 5.1.36, 5.2.4).

5.2.4 New members should be provided induction material and individual mentoring via the Chairperson or other member of the FSS-HEC (NS, 5.1.28(b)).

5.2.5 Each member should become familiar with the NS and consult other guidelines relevant to the review of specific research proposals and prepare for and attend scheduled meetings (NS 5.2.3 (a) and (b)).

5.2.6 Members should attend continuing education and training in research ethics at least every three years (NS 5.2.3 (c)).

5.2.7 Throughout their tenure, members are given the opportunity to attend conferences and workshops, supported by QHFSS, that are relevant to the roles and responsibilities of the FSS-HEC.

5.2.8 All essential and necessary expenses incurred by members in carrying out their FSS-HEC duties will be paid for or reimbursed by QHFSS on production of original receipts.

5.2.9 Parking and refreshments will be provided at QHFSS to facilitate members’ attendance at meetings.

5.2.10 Membership of the FSS-HEC may be terminated at any time without notice or reason either by the member or the QHFSS Executive.
5.3 Appointment of FSS-HEC Secretary (*NS 5.1.26*)

5.3.1 The Secretary is an employee of QHFSS and provides administrative and ethical advice on the process of human ethical review of research projects and other quality assurance and process improvement activities.

5.3.2 The Secretary reports to the Chairperson of the FSS-HEC in matters related to the activities of the Committee.

5.3.3 The primary role of the Secretary is to provide leadership in directing and managing human ethics at QHFSS in accordance with the NS and other relevant policies, guidelines and legislation pertaining to human research in Australia.

5.3.4 The Secretary of the FSS-HEC is responsible for the administration of applications made by researchers to the FSS-HEC and for the management of institutional ethical review processes.

5.4 Applications and Submissions

5.4.1 The FSS-HEC require applications for research approval to be submitted using the online National Ethics Application Form (NEAF) and Application for Ethical Review of Negligible or Low Risk Research form. One signed hard copy and an electronic copy of the ethics application must be submitted to the Secretary of the FSS-HEC. In addition, an electronic copy of the following documents should be sent with the ethics application:

- Research protocol
- Curriculum Vitaes for the principal investigators
- Consent form and Information sheet (where applicable)
- Other Supporting Documentation (where relevant)

5.4.2 All other submissions to the FSS-HEC must be in writing – e.g. requests for advice on ethical issues and applications for access to human material for non-diagnostic purposes other than research. Advice regarding the format for these submissions should be sought from the Secretary of the FSS-HEC.

5.4.3 The Chairperson and Secretary will determine if any expert advice is required.

5.5 Meetings: (*NS 5.1.37 and 5.2.28 – 5.2.31*)

5.5.1 Meetings will be scheduled monthly, except for January. However, a scheduled meeting may be cancelled if no submissions are received (*NS 5.1.37*).

5.5.2 A timetable of meetings will be promulgated by November of the preceding year and published on the Queensland Department of Health FSS-HEC internet site.

5.5.3 Notice of meeting will be given at least two (2) weeks before any meeting.

5.5.4 A electronic copy of the applications for consideration, including the NEAF, information sheet and consent form, questionnaires or other relevant correspondence (where applicable) will be forwarded to all members at least one (1) and preferably two (2) weeks before the meeting.

5.5.5 The Chairperson may reschedule a meeting and convene additional meetings to consider urgent matters.
5.6 Meeting Procedures: *(National Statement sections 5.1.30, 5.2.2 - 5.2.4, 5.2.28 – 5.2.31)*

5.6.1 It is the responsibility of each member to decide, independently, whether, in his/her opinion, the conduct of each application submitted to the FSS-HEC conforms with established ethical principles and relevant ethical codes and guidelines *(NS 5.2.2).*

5.6.2 Members of the Committee must disclose any conflict of interest in relation to matters on the agenda prior to discussion of the item. In such instances the FSS-HEC will determine whether, and to what extent, the member will be excluded from deliberations *(NS 5.2.4).*

5.6.3 Decisions by the Committee about whether the research project meets the requirements of the NS must be informed by the exchange of opinions from each of the members who constitute the minimum membership of the FSS-HEC. To promote an interactive “team spirit” in the committee and to help apply ethical standards consistently this exchange should, ideally, take place at a meeting with all members present *(NS 5.2.29).* *(Please also see 5.6.8 and 9).*

5.6.4 Questions or issues raised should be linked by members to the relevant section of the National Statement.

5.6.5 Where there is less than full attendance in person of the minimum membership at a meeting, the Chairperson must be satisfied, before a decision is reached, that members from all membership categories have had an opportunity to contribute their views and that these have been recorded and considered in the decision making process *(NS 5.2.30).*

5.6.6 Efforts should be made to reach decisions by general consensus *(NS 5.2.31).* Failure to agree may require an extension of time to reconsider the application and its possible modification, especially when any member is not satisfied that the welfare and rights of participants are protected. Dissenting and supporting opinions should be summarised in the minutes, including those submitted by absent members. If necessary, decision will be by simple majority. However, the committee may impose conditions to take into account the dissenting views.

5.6.7 To ensure informed consideration of projects/issues the FSS-HEC may invite the applicant to attend the meeting to discuss a proposal. However, the applicant will be required to leave the meeting before any outcome is decided.

5.6.8 Members who are unable to attend a meeting in person may arrange to participate via teleconference, and/or forward their reviews in writing to the FSS-HEC Secretary or Chairperson prior to the meeting.

5.6.9 Members should inform the Chairperson if a leave of absence is required. If unable to attend three or more consecutive meetings, members should consider their availability to remain on the Committee.

5.6.10 In the absence of the Chairperson, the Chairperson/Secretary may appoint an Acting Chairperson.

5.6.11 Members will maintain appropriate confidentiality of the content of applications and the deliberations of FSS-HEC matters *(NS 5.1.37 (t)).*
5.7 **Documentation and Records** *(NS 5.2.23 – 5.2.27)*

5.7.1 The Secretary of the FSS-HEC will arrange for minutes of the meetings to be recorded. These will include a summary of the discussion, any dissenting views and the conclusions/recommendations/actions agreed.

5.7.2 The recommendations and actions will be agreed at the meeting.

5.7.3 Minutes will be ratified at the following meeting or within 30 calendar days of the meeting.

5.7.4 Decisions will be communicated to researchers in writing and should refer to the National Statement *(NS 5.2.21 and 5.2.22).*

5.7.5 Letters of approval to applicants will specify conditions of the approval; reporting and monitoring requirements; and the duration of the approval.

5.7.6 Copies of applications, associated documents and correspondence will be retained by the Secretary of the Committee *(NS 5.2.25).*

5.7.7 Where possible email will be used to communicate with FSS-HEC members and applicants.

5.8 **Monitoring of projects** *(NS 5.5)*

Regular monitoring of projects, at least annually, is a NHMRC requirement and is ultimately a responsibility of QHFSS and the FSS-HEC *(NS 5.5.1).* However, project leaders also have a significant responsibility in monitoring their projects *(NS 5.5.3).*

5.8.1 **QHFSS responsibilities**

(a) The Secretary of the FSS-HEC will ensure that Project leaders are asked for annual progress reports *(NS 5.5.5).*

(b) In consultation with the QHFSS Principal Quality Advisor, the Secretary will arrange appointment of appropriate auditors to randomly review projects, where a project is perceived to be high risk. These audit reports will be reviewed by the FSS-HEC Secretary and any non-compliance and others issues of concern referred to the FSS-HEC.

(c) The FSS-HEC may seek advice from external experts when practices that raise concerns are identified in relation to approved projects.

(d) Where the FSS-HEC has reason to believe that continuance of a project will compromise participants’ welfare ethical approval may be withdrawn or suspended *(NS 5.5.7).*

5.8.2 **Project leaders responsibilities**

The FSS-HEC requires project leaders to:

(a) Ensure that projects **do not** commence before ethical approval, legal advice, and other relevant approvals have been obtained.

(b) Ensure that adequate records are maintained and access to these provided to the FSS-HEC when requested.

(c) Provide progress reports at intervals specified by the FSS-HEC and at completion of any project *(NS 5.5.5).*
(d) Notify the Secretary of the FSS-HEC in writing of:
   - circumstances occurring at any time during the project which may affect the ethical approval;
   - any complaints that raise ethical issues regarding the conduct of an approved project;
   - proposed changes to an approved research protocol; and
   - the cessation of a project prior to the expected date of completion.

(e) Provide a copy of published results, presentations at conferences, etc. to the FSS-HEC.

5.9 Handling Complaints (NS 5.6)

5.9.1 Complaints about the operation of the FSS-HEC

The QHFSS Executive expects the FSS-HEC to explain the ethical grounds for rejecting a proposal and/or to suggest modifications which would facilitate its re-submission (NS 5.2.22 (a)). Therefore, advice and decisions of the FSS-HEC on ethical matters are generally not subject to appeal.

However, the NS identifies that there may be justifiable differences of opinion as to whether a research proposal meets the requirements of the NS and requires organisations to provide a process for dealing with such complaints. Complaints of this nature will be managed through the Health Support Queensland (HSQ) Opportunities for Quality Improvement (OQI) management process as follows:

(a) Complaints and appeals should be submitted in writing to the Secretary.

(b) The Secretary will discuss the matter with the Chairperson of the FSS-HEC and log the complaint in the Quality Information System (QIS) within one week of receipt. Generally, the Chairperson will be the person responsible for actioning the complaint. However, the Chairperson may refer the complaint to the Senior Director QHFSS or other authorised officers as required.

5.9.2 Complaints regarding the conduct of projects approved by the FSS-HEC

(a) Consent forms for projects approved by the FSS-HEC must include contact details where participants and families of deceased may refer complaints regarding the conduct of the project.

(b) Complaints about the conduct of projects including those from participants or families of deceased donors should be submitted in the first instance to the person nominated in the consent form. These should be forwarded, preferably in writing, to the Secretary for referral to the Chairperson within one week of receipt where possible.

(c) Where the complaint raises questions regarding the ethical acceptability of the project the Chairperson must consider whether the project should be suspended while the matter is investigated. The Chairperson may need to seek advice from the FSS-HEC or other appropriate sources.

(d) Matters that involve QHFSS system failures will be logged as an OQI in QIS within one week and investigated, actioned and followed up in the usual manner.
(e) Other matters, which may involve projects external to QHFSS or may be more appropriately handled by other Queensland Department of Health processes, will be referred to the relevant person/unit.

5.9.3 Responding to complaints

(a) Where possible, a written response will be sent to the complainant detailing the result of any investigation of the complaint within one month of receipt. However, complex matters may take longer to resolve and in these cases a letter should be sent outlining any actions being taken and the proposed time frame for a response.

(b) The outcome of any investigation and the actions undertaken from this investigation must be referred to the QHFSS Executive for ratification or noting, as appropriate.

(c) If the matter is not satisfactorily resolved, the complainant may lodge a submission in writing to the Senior Director of QHFSS.

(d) Where complaints relate to research projects copies of all correspondence should be forwarded to the QHFSS Research and Human Ethics Unit.

5.9.4 Allegations of Research Misconduct

(a) Allegations of research misconduct must be handled in accordance with the HSQ Procedure for Handling Research Complaints and Allegations of Misconduct.

(b) Where possible, allegations constituting a minor breach of the NHMRC Australian Code for the Responsible Conduct of Research 2007 (the Code) are to be investigated and resolved by the Chairperson of the FSS-HEC in accordance with the FSS-HEC Terms of Reference.

(c) Allegations constituting a major breach of the Code are to be referred directly to the QHFSS Designated Person for investigation and recommendation to the Chief Executive, HSQ.

5.10 Consent requirements \textit{(NS 2.2, 2.3 & 3.4.1(b))}

QHFSS generally requires consent to be obtained from participants/next-of-kin for use of human samples/data for non-diagnostic/non-evidentiary purposes. This consent should conform with established ethical and legal requirements for informed consent and therefore, must be:

- voluntarily given.
- based on sufficient information and an adequate understanding of the project and the implications of participation.
- specific to the purpose(s) outlined in the application

The FSS-HEC may decide that the waiver of this requirement is justified in some cases (e.g. where samples/data are non-identifiable). The FSS-HEC will consider requests for waiver of consent for a project that meet the requirements outlined in NS 2.3.5 – 2.3.8.

Summary descriptions of all research projects for which consent has been waived under paragraphs 2.3.6 and 2.3.7 of the NS must be recorded in the FSS-HEC Annual Report \textit{(NS 2.3.8)}. 
Retrieval and/or use of tissues at autopsies, must comply with the Transplantation and Anatomy Act 1979 which requires consent from the Coroner (in coronial cases) and next of kin, and designated officer authorisation.

The next of kin consent in coronial cases must be obtained by a professional approved by the QHFSS Executive who will ensure that the consent is voluntary and families understand what tissues will be retained and the purposes for which these will be used.

Consent will be obtained for the purposes outlined in the application and approved by the FSS-HEC. These must not be materially altered without prior authorisation by the FSS-HEC.

Asking pathologists to agree to unspecified research does not meet the requirement of informed consent and is generally insufficient. In some instances, the FSS-HEC may approve retention of tissue for particular types of research (e.g. research into tissue disease; research into diseases of the brain). However, such approval is subject to approval from an appropriately constituted ethics committee for any project for which this tissue is used.

5.11 Retention, use, storage and disposal of human tissue and associated records

The FSS-HEC requires that:

(a) All material is used only for the purposes described in the written application and approved by the FSS-HEC.

(b) Details of arrangements for storage and the proposed method of disposal are provided prior to release of material by QHFSS.

(c) Remaining tissues (unless considered insignificant in amount by the FSS-HEC) which have been retrieved from coronial autopsies must be returned to QHFSS for disposal in an appropriate manner.

(d) The material will not be distributed or released to any person other than personnel under the direct supervision of the applicant; and will not be sent to any location other than that specified in the written application.

(e) Where access to post-mortem reports and other coronial documents has been authorised, only essential data should be abstracted and any copies made for this purpose shredded on site, unless otherwise agreed in writing at the discretion of the FSS-HEC.

5.12 Confidentiality, privacy and de-identification of material

In general, the FSS-HEC requires material used for non-diagnostic purposes to be non-identifiable unless applicants are able to provide compelling reasons in their applications why material should remain identifiable or potentially re-identifiable, for example to allow information from different sources to be matched up. Approved projects accessing such material must observe confidentiality and privacy obligations to participants or deceased and their families and ensure that confidential information is only used for the purposes for which approval is provided. The same privacy and confidentiality laws that govern medical and health care information will apply.

Authorisation under relevant legislation may be required before access to health information or coronial documents for research is permitted. See 2.3 of this document for further information.
However, it is recognised that some agencies, because of their status under legislation (e.g. Public Health Act 2005; Hospital and Health Boards Act 2011), may be entitled to disclose health information for various purposes.

5.13 Ethical principles

The ethical principles which are to guide members of the FSS-HEC include (but are not limited to):

- integrity
- respect for autonomy and the need for informed consent (see above)
- confidentiality and privacy (see above)
- maleficence versus beneficence and non-maleficence i.e. the balance between potential harms and potential benefits;
- "distributive justice" i.e. the need for the benefits and burdens of the research to be distributed fairly in the community.

QHFSS expects that applicants submitting projects for FSS-HEC approval will be able to provide assurances and/or undertakings that:

- research is planned to produce clear results intended for publication in refereed literature, and will be conducted or supervised by persons with experience, qualifications and competence appropriate to the research.
- applicants have made/are making conscientious efforts to access all relevant subjects, etc for the project.

QHFSS also expects that research into Aboriginal and Torres Strait Islander Health will also abide by the ethical principles sent out in the NHMRC Value and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (2003).

5.14 Indemnity for committee members

5.14.1 The Queensland Department of Health provides indemnity for members of the FSS-HEC and external expert reviewers for liabilities that may arise in the course of bona fide conduct of their duties in this capacity. Indemnity is provided through Queensland Government Insurance Fund (QGIF) in accordance with Queensland Government Human Resources Policy 13 – Indemnity for Queensland Health Employees and Other Persons.

5.14.2 The risk of legal liability affecting committee members will be minimised by:

- requiring applicants upon approval of the project to complete a signed declaration agreeing to comply with the conditions prescribed by the FSS-HEC and to accept responsibility for legal liability arising from any aspect of the project.
6 REFERENCES

1. NHMRC *National Statement on Ethical Conduct in Human Research 2007*
2. NHMRC and Universities *Australia Australian Code for the Responsible Conduct of Research 2007*
3. *Transplantation and Anatomy Act 1979*
4. *Coroners Act 2003*
5. *Hospital and Health Boards Act 2011*
6. *Public Health Act 2005*
7. *Criminal Code Act 1899*
8. *NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research 2007*
9. *Ethical Practice in Laboratory Medicine and Forensic Pathology – WHO 1999*
10. *NHMRC Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research 2003*
11. HSQ Procedure for Handling Research Complaints and Allegations of Research Misconduct

7 AMENDMENT HISTORY

<table>
<thead>
<tr>
<th>Revision</th>
<th>Date</th>
<th>Author/s</th>
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<tr>
<td>0</td>
<td>8 July 2000</td>
<td>Michelle Daly/Charles Naylor/Carolyn Sutherland</td>
<td>First Issue</td>
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<tr>
<td>1</td>
<td>July 2002</td>
<td>Carolyn Sutherland</td>
<td>changes to 2.5(a) regarding scope of the HEC</td>
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<tr>
<td>2</td>
<td>January 2004</td>
<td>Carolyn Sutherland</td>
<td>change to name of the committee from HREC to HEC</td>
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<tr>
<td>3</td>
<td>January 2008</td>
<td>Carolyn Sutherland</td>
<td>Complete rewrite to reflect requirements of new National Statement 2007</td>
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<td></td>
<td>April 2008</td>
<td>QIS2 Migration Project</td>
<td>-Headers and Footers changed to new CaSS format. Amended Business references from QHSS to FSS, QHPSS to CaSS and QHPS to Pathology Queensland</td>
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<tr>
<td>Version 4</td>
<td>April 09</td>
<td>QIS2 Migration Project</td>
<td>Changed revision to version and updated hyperlinks for QIS2</td>
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<tr>
<td>Version 5</td>
<td>July 2010</td>
<td>Carolyn Sutherland</td>
<td>Change to Complaints procedure 4.7.2(6) to reflect current practice</td>
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<tr>
<td>Version 6</td>
<td>September 2013</td>
<td>Lucretia Angus</td>
<td>Headers and footers changed to HSSA format. Removal of reference to CaSS Research Committee. Updated procedures for member appointments, meetings, new indemnity clause. Added information on allegations of research misconduct.</td>
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<tr>
<td>Version 7</td>
<td>October 2014</td>
<td>Lucretia Angus</td>
<td>Headers and footers changes to HSQ format. Reference to HSSA changed to HSQ. Insertion of clause 4.6.</td>
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