



WA Country Health Service Human Research Ethics Committee Appointment Policy

1. Background

The WA Country Health Service (WACHS) Human Research Ethics Committee (HREC) reviews the ethical and scientific standards of all human research undertaken at WACHS site(s) or involving participants (including their data or tissue) from WACHS. It is responsible for fostering quality research and for ensuring that research undertaken meets the guidelines of the National Health and Medical Research Council (NHMRC) within the [National Statement on Ethical Conduct in Human Research \(National Statement\) \(2007\)](#) and operates in accordance with the [WA Health Research Governance Policy and Procedures \(2012\)](#) and the [WA Health Single Ethical Review Standard Operating Procedures \(2013\)](#).

2. Policy Statement

This policy outlines the recruitment process, appointment process and terms of appointment for members of the HREC, including new members and existing members.

3. Membership Composition Requirements

- 3.1 The HREC membership composition is to be in accordance with the National Statement and the [HREC Terms of Reference](#) consisting of the following member representatives:
- a) Chair: An individual with a high level of knowledge and expertise in research ethics, who is independent from the institution with no current salaried or contractual relationship.
 - b) Male and female layperson: At least two lay people, one man and one woman, who have no affiliation with the institution and do not currently engage in medical, scientific, legal or academic work.
 - c) Researcher: At least two people with knowledge of and current experience in, the areas of research that are regularly considered by the HREC (e.g. health, medical, social, psychological, epidemiological).
 - d) Professional care: At least one member with knowledge of, and current experience in the clinical/professional care, counselling, or treatment of people (e.g. medical practitioner, nurse, allied health practitioner).
 - e) Pastoral care: At least one person who performs a pastoral care role in a community, for example, an Aboriginal Elder or a minister of religion.
 - f) Lawyer: At least one lawyer, where possible one who is not engaged to advise the institution.
 - g) WACHS CE or nominee representative: The WACHS Chief Executive (CE) or a nominee from within WACHS.
 - h) WACHS Aboriginal representative: The WACHS Area Director of Aboriginal Health Strategy or proxy.

- 3.2 Given the wide geographical coverage of WACHS sites and regions across Western Australia and the uniqueness of each region; where possible, at least one member of the HREC must be representative of the north of WACHS, whereby they reside north of the 26 parallel south latitude.
- 3.3 As far as possible, members are to represent multiple regions within WACHS.
- 3.4 As far as possible, the HREC is to reflect the diversity of the Australian population.
- 3.5 At least one third of the members should be from outside WACHS. Where there is more than one member from within WACHS, the members, as far as possible, should each represent different WACHS regions.
- 3.6 No member may be appointed in more than one of the above listed categories.

4. Appointment Process

- 4.1 Appointment of HREC members must be through an open and transparent process.
- 4.2 In the event of a membership vacancy on the HREC, the following appointment process must be followed:
 - a) A briefing note is sent to the WACHS CE with request to advertise (including the current membership, membership category to fill, relevant selection criteria for that category and the WACHS delegate who is to be responsible for the recruitment process).
 - b) Once the briefing note is endorsed by the CE, the advertising commences for at least a two week period. OnBoardWA register must also be reviewed for potential suitable candidates.
 - c) On conclusion of the advertisement period, the delegate compiles a shortlist of suitable applicants for interviewing.
 - d) Interviews are conducted with the preferred applicant(s).
 - e) A briefing note is sent to the CE:
 - Detailing the proposed applicant(s) for appointment, their selection report and an appointment letter(s) for endorsement
 - Seeking endorsement from the Minister for Health with a submission to Cabinet setting out the proposed changes to the HREC membership.
 - f) Once the briefing notes are endorsed, Cabinet has approved the changes, and appointment letter(s) are signed, the successful applicant(s) is/are advised of their appointment and is sent a letter of appointment, member duties statement, confidentiality agreement and induction pack.
 - g) Other than the preferred applicant, all other suitable applicants are to be placed in a pool for a 12 month period. If a resignation is received by a HREC member or a member concludes their appointment term within these 12 months, applicants from the pool can be approached for appointment in order of ranking subject to Cabinet, Minister for Health and CE (or delegate) approval. After the initial 12 month period, the advertising process must commence from the beginning.

- 4.3 In the event a suitable applicant is identified for an institutional-specific membership category (as specified in 3.1g and 3.1h), then either the process outlined above (paragraph 4.2) or an alternative process can be adopted:
- a) A briefing note is sent to the CE with request to appoint for an institutional specific membership category (including the current membership, membership category to fill, relevant selection criteria for that category and the WACHS delegate who is to be responsible for the appointment process).
 - b) Once the briefing note is endorsed by the CE, a suitable applicant can be approached, who is to submit an expression of interest.
 - c) If the applicant is suitable, a briefing note is sent to the CE:
 - With the proposed applicant for appointment, and an appointment letter for endorsement
 - Seeking endorsement by the Minister for Health with a submission to Cabinet setting out the proposed changes to the HREC membership.
 - d) Once the briefing note is endorsed, Cabinet has approved the proposed changes, and appointment letter(s) are signed, the successful applicant is advised of their appointment, and is sent the letter of appointment, member duties statement, confidentiality agreement and induction pack.
- 4.4 Appointment of the HREC Chair may be sourced from within the HREC members or externally, based on their expertise and experience. Appointment of the HREC Chair is in accordance with this policy and the process outlined in section 4.2.
- 4.5 All parties must declare any interests that may arise in the appointment process and if the interest is deemed a conflict this must be handled in accordance with the [WA Health Managing Conflicts of Interest Policy and Guidelines \(2010\)](#).

5. Letters of Appointment

- 5.1 Members are to be appointed by letter from the CE which specifies the:
- a) particular category of membership to which the person is appointed
 - b) term of the appointment
 - c) conditions of appointment including confidentiality and the required attendance at meetings (as outlined in section 9)
 - d) provision of indemnity for liability arising in the course of work done on the HREC.

6. Member Duties Statement

- 6.1 Members are to be provided with a duties statement that outlines the responsibilities, expectations and input required according to the membership category to which they are appointed.
- 6.2 The requirements stipulated in this document must be adhered to for the duration of the appointment.

- 6.3 If a member is unable to complete the duties of the position during their appointment term, they are to submit their resignation from the HREC in writing to the HREC Chair.
- 6.4 Members must review, sign and submit this statement to the WACHS Research Governance Unit prior to the appointment start date specified in the appointment letter.

7. Confidentiality Agreement

- 7.1 All matters relating to the HREC are considered confidential. Members must sign the confidentiality agreement upon appointment, prior to the commencement of their term and adhere to this declaration for the duration of their appointment.

8. Indemnity Insurance

- 8.1 Indemnity insurance for liability arising in the course of work done on the HREC is covered by WACHS for all members for the duration of the appointment term as outlined in the appointment letter.

9. Conditions of Appointment

- 9.1 The Member Duties Statement and Confidentiality Agreement are reviewed, signed and returned to this office prior to the appointment start date. The requirements stipulated in these documents must be adhered to for the duration of the appointment.
- 9.2 Eligible members (as set out in the Premier's Circular 2017/08) shall be remunerated at the rate recommended by the Public Sector Commission.
- 9.3 Members are to advise WACHS Research Governance Unit, a minimum of 48 hours in advance of an inability to attend a meeting.
- 9.4 If a member fails to attend three meetings without adequate notice of absence or more than five meetings per calendar year (and the absence is not due to a roster plan), the member is to be considered to have resigned at which point, a process of appointment is to begin.
- 9.5 No member is to be appointed in more than one of the categories listed in paragraph 5.1.30 of the National Statement and section 3.1 of this policy. Members are to be appointed as individuals for their knowledge, qualities and experience.
- 9.6 As far as possible, HREC members are to participate in education and training funded or supported by WACHS.
- 9.7 Members must agree to their name and HREC membership category being made available to the public, including being published on the WACHS HREC website.
- 9.8 Appointments to the HREC are to be for a term of three years, however in order to ensure continuity of expertise and knowledge of the HREC, a staggered approach to appointment may be adopted resulting in appointment terms of less than three years.

- 9.9 Members may apply for a maximum of one additional term of three years or less (as outlined in paragraph 9.8) at the end of their first term, subject to approval from Cabinet, the Minister for Health, WACHS and the HREC Chair.
- 9.10 If a HREC member is unable to complete the duties of the position during their appointment term then they are to submit their resignation from the HREC in writing to the HREC Chair.
- 9.11 Notwithstanding paragraph 9.8 and 9.9, appointments to the HREC may be extended at the discretion of the CE and approval by Cabinet and the Minister for Health.
- 9.12 The CE may terminate the appointment of any member of the WACHS HREC with a notice period of one month if the CE is of the opinion that:
- a) the person has failed to carry out their duties as a member of the HREC as outlined in their appointment letter, duties statement and confidentiality agreement
 - b) the person is not fit to serve on the HREC
 - c) there is evidence of unethical behaviour and/or misconduct; or
 - d) it is necessary for the effective functioning of the HREC.
 - e) Notwithstanding the other conditions of this clause, the CE may, without prior notice, terminate a member of the HREC immediately for serious misconduct.

10. Re-appointment Process

- 10.1 In the event of a current HREC member approaching the end of their first appointment term, the member can apply for reappointment for another term subject to approval from WACHS.
- 10.2 In the event WACHS approves of the application for reappointment:
- a) a briefing note is sent to the CE:
 - with the proposed applicant for re-appointment and an appointment letter for endorsement.
 - seeking endorsement from the Minister for Health with a submission to Cabinet setting out the proposed changes to the HREC membership
 - b) once Cabinet and the Minister for Health has endorsed the proposal, and the CE has endorsed the briefing note and appointment letter(s) are endorsed, the current member is advised of their re-appointment, and is sent the letter of appointment, duties statement and confidentiality agreement.
- 10.3 Members cannot serve more than two consecutive terms (maximum of six years).

11. Roles, Responsibilities and Delegations

- 11.1 WACHS is responsible for conducting the appointment process with input from the Chair and HREC members as determined by the CE or delegate.
- 11.2 The WACHS CE is responsible for the policy framework and the endorsement of appointments or re-appointment of members, including the Chair.
- 11.3 The WACHS EDMS is responsible for the governance of the policy and operations of the HREC.
- 11.4 The WACHS Clinical Research Manager is responsible for administering the policy and evaluating annually or as required.
- 11.5 The HREC Chair is responsible for providing input as requested by the CE or delegate on the appointment or re-appointment of members.
- 11.6 The HREC members are responsible for providing input as requested by the CE or delegate on the appointment or re-appointment of members.

12. Compliance

- 12.1 Appointment of the HREC members and the minimum membership categories required are in accordance with the NHMRC, as outlined in the National Statement. As a registered HREC, the HREC must maintain compliance with these requirements.
- 12.2 It is a requirement of the WA Health Code of Conduct that employees and volunteers “comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”. Failure to comply may constitute suspected misconduct under the [WA Health Misconduct Policy \(2016\)](#) and/or an investigation into the matter by the CE.
- 12.3 Members to the HREC must comply with this policy. Non-compliance may result in termination of appointment.

13. Evaluation

- 13.1 Evaluation of this policy is to be carried out annually by the Clinical Research Manager, Medical Services.

14. Standards

- 14.1 This policy is in accordance with the National Safety and Quality Health Services Standards second edition:
Clinical Governance Standard 1:
 - 1.1 Governance, leadership and culture
 - 1.5 Organisational leadership.Partnering with Consumers Standard 2:
 - 2.5 Healthcare rights and informed consent.

15. References

[WA Health Misconduct Policy \(2016\)](#)

[WA Health Research Governance Policy and Procedures \(2012\)](#)

[WA Health Single Ethical Review Standard Operating Procedures \(2013\)](#)

[WA Health Managing Conflicts of Interest Policy and Guidelines \(2010\)](#)

16. Policy Framework

[Research Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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