Australian Government
Department of Health, Disability and Ageing

Quality Standards for Human Research Ethics Committees (HRECs) and their Host Institutions

Report on Public Consultations 2025

Contents

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Summary

Development of national quality standards and an accreditation scheme aims to ensure that recognised standards in ethics review are met, and to build community and public confidence in ethics reviews and approvals.

The purpose of the Quality Standards for Human Research Ethics Committees (HRECs) and their Host Institutions - Report on Public Consultations 2025 (this report) is to share the findings of consultations conducted to inform development of national quality standards for Human Research Ethics Committees (HRECs) and their host institutions.

The consultations were conducted by the Department of Health, Disability and Ageing (the department) from March to April 2025, with stakeholders from Australia's health and medical research community.

The findings from the consultation will be used to inform further development and refinement of the quality standards and accreditation scheme.

Introduction

Health and medical research tests new ways to prevent and treat human diseases and shows us how we can improve our health systems. It provides significant economic benefits to Australians, both directly (by providing employment and improved productivity) and indirectly (by increasing lifespan and wellbeing).

In Australia, the institutions conducting health and medical research require that the research has been reviewed and approved by an appropriate ethics review body before its commencement. Any research that poses more than a low risk to participants must be reviewed by a Human Research Ethics Committee (HREC) functioning in accordance with the National Statement on Ethical Conduct in Human Research (the National Statement). HRECs provide advice on the protection of research participants and the scientific validity of the research. They are usually affiliated with a host institution, which establishes and resources the HREC as part of its responsibility for research.

Our excellent health system, multicultural population and stable socio-political environment make Australia an attractive place to conduct health and medical research. There are still opportunities to improve and streamline our ethics approval processes, however, to facilitate study commencement and attract international investment in clinical trials. For example, when researchers plan to conduct research at more than one institution (a multi-centre research study), they may be required to obtain approvals from multiple HRECs. This duplication of ethics review can slow down research, wasting valuable resources and undermining public trust and confidence in the ethics approval process.

Over the last two decades, Australia has made some progress to reduce duplication of ethics review. The National Mutual Acceptance (NMA) Scheme enables cross-jurisdictional acceptance of ethics review for multi-centre human research conducted in public health

organisations, but it only includes 33 of the 182 HRECs in Australia. The NMA Scheme does not extend to HRECs based in universities, government agencies or the private sector.

The Inter-Governmental Policy Reform Group (IGPRG) is leading national reforms to strengthen and streamline the regulatory and operating environment for health and medical research in Australia, including clinical trials. These reforms aim to position Australia as a global leader in health and medical research. The IGPRG's work is supported by the Commonwealth Department of Health, Disability and Ageing (the department). These reforms include the:

- National One Stop Shop, a single, national system for data and approvals
- National Standard Operating Procedures for Clinical Trials in Australia, a nationally consistent framework to support the conduct of clinical trials
- National Clinical Trials Governance Framework, which embeds clinical trials into the delivery of routine health services
- Quality Standards and an Accreditation Scheme for HRECs and their host institutions, which aim to improve the consistency and efficiency of ethics reviews.

All HRECs, including those hosted by public and private health organisations, universities, government agencies, research institutes, and the not-for-profit sector, will be able to apply for accreditation to the Quality Standards. Accreditation aims to assure that recognised standards in ethics review are met, and to build reciprocal confidence in ethics reviews and approvals.

In 2023, the first draft of the Quality Standards for HRECs and their Host Institutions (the draft Quality Standards) was developed, with input from IGPRG and an expert advisory committee, the Ethics Committee Advisory Group. This was followed by targeted consultations with Australia's health and medical research sector. Feedback from the targeted consultations was used to refine and further develop the draft Quality Standards.

In March and April 2025, the department conducted public consultations on the draft Quality Standards and options for the future accreditation scheme. This report summarises the feedback obtained from those consultations.

Consultation overview

The department used social media (Facebook, LinkedIn, Instagram, X/Twitter), industry publications (e.g. ARCS Cognitio, MJA Insight+) and direct engagement to publicise the consultations, to a potential audience of 5.6 million people. Industry-based stakeholders and their networks were engaged through conferences, webinars and electronic direct mail. Recipients were provided with the draft Quality Standards and invited to provide feedback using a consultation survey (Appendix 1).

Survey questions required either yes/no or Likert-scale responses. Open questions also provided respondents with an opportunity to expand on their answers. Qualitative data are summarised below for each topic addressed.

One hundred and five respondents completed the survey (Appendix 2). The top 5 groups of respondents were affiliated with universities/academic groups (24%), HRECs (22%), hospital/health organisations (17%), government (11%), and not-for-profit organisations

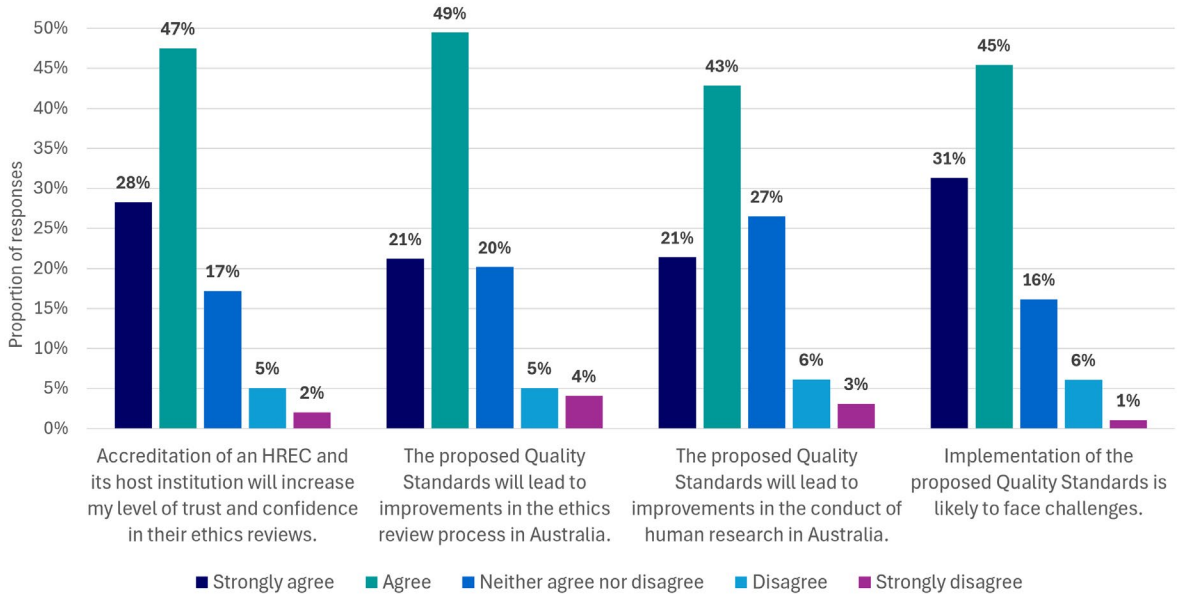
(8%). Respondents resided across all Australian states and territories and most were based in metropolitan areas (84 of 99, 85%). More than 80% of respondents reported that they had taken part in a health and medical research study.

Summary of consultation feedback

Evaluation of the draft Quality Standards

- Sixty-three per cent of respondents (62 of 98) agreed that the draft Quality Standards addressed the relevant issues adequately. Respondents said the standards would assist institutions and HRECs to benchmark their ethics review processes.
- Respondents suggested improvements to the draft Quality Standards, including adding an agreed definition of 'quality' and broadening the focus to 'health and medical research' (not just clinical trials). Some respondents raised concerns about the potential cost and administrative burden of preparing for accreditation.
- Seventy-nine per cent of respondents (78 of 99) were likely to recommend adoption of the Quality Standards to others.
- Three quarters of respondents (75 of 99) agreed that accreditation would increase their level of trust and confidence in ethics reviews (Figure 1).
- Most respondents agreed that introducing the Quality Standards would lead to improvements in the ethics review process (70 of 99, 71%) and the conduct of human research in Australia (63 of 98, 64%) (Figure 1). Around three-quarters of respondents (76 of 99, 77%) acknowledged that implementation may be challenging.

Figure 1. Responses to the evaluation question: Please indicate how strongly you agree or disagree with the following statements (n=98-99 for each question).



High-quality HRECs and ethics reviews

When describing high-quality ethics reviews, respondents highlighted the importance of HRECs adequately considering the risks and potential benefits of the research, as well as the regulatory and cultural contexts of the study. High-quality reviews were described as those that provided accurate, appropriate, and useful feedback to researchers, and incorporated feedback from consumers or people with first-hand experience of the disease or issue being studied. How HRECs considered difficult issues, such as waivers of consent and management of data or biospecimens, were also flagged as important indicators of quality.

Respondents identified high-quality HRECs as being accessible, transparent (about their contact details and members' expertise), and having collaborative and supportive relationships with researchers. High-quality HRECs also demonstrated good communication, efficient workflows, clear policies and procedures, a robust system for dealing with complaints, and good integration with the institution's governance processes.

Building trust and confidence in ethics reviews

When asked how to build trust and confidence in ethics review, respondents suggested:

- encouraging relationships among HRECs and institutions through annual national conferences/forums, providing opportunities for collaboration, education, and improved communication
- increasing transparency about the ethics review process through improved reporting processes, publishing information about members' backgrounds/expertise, or providing opportunities for members to observe meetings at other HRECs
- improving standardisation and consistency by developing standardised assessment forms, standard operating procedures (SOPs) and training for HREC members
- strengthening engagement with participants and communities by enabling HRECs and host institutions to better understand community research needs and expanding representation for experienced consumers or community members on HRECs.

Improving HREC and ethics review quality

Respondents were asked about several measures for improving the quality of the ethics review process in Australia. Overall, respondents supported:

- requiring greater transparency from accredited HRECs, including publishing up-to-date contact details and information about their members' expertise
- institutions providing HREC members with training in declaring their interests, and in identifying and managing conflicts of interest
- institutions providing training in cultural safety and unconscious bias to their researchers, HREC members and administrative staff involved in ethics review
- institutions introducing and documenting a preliminary review for all ethics applications, prior to their presentation to the HREC

- requiring applications submitted under the Therapeutic Goods Administration's Clinical Trial Notification (CTN) and Clinical Trial Approval (CTA) schemes to be reviewed by an HREC participating in the accreditation scheme
- needing to attract and retain HREC members, while promoting diversity, expertise and accountability
- developing a national conflict of interest policy or additional guidance specifically for HREC members.

Greater transparency about an HREC's membership was viewed as contributing to its perceived quality, by increasing public trust and confidence, improving accountability, and reassuring participants and communities that potential conflicts of interest had been addressed. Respondents saw institutions providing remuneration for HREC members not affiliated with the host institution (external members) as an opportunity to recognise their commitment and expertise.

A future accreditation scheme

Respondents were asked to identify the main benefits of accreditation for institutions and HRECs based outside of health care. They saw accreditation as an opportunity to promote greater standardisation, consistency and quality in ethics review processes. It would reduce duplication, improve institutions' reputations, increase public trust, and educate institutions and HRECs about best practices.

Aside from its potential cost and administrative requirements, some respondents indicated that the benefits of accreditation may be less clear for HRECs that review research other than health and medical research (e.g. education or sociology). Also, healthcare-based HRECs might not accept reviews from HRECs based outside of healthcare, due to concerns about their lack of clinical expertise. Others commented that a future accreditation scheme would need to accommodate the different administrative and governance structures that exist in different types of institutions.

Regarding a suitable accrediting body, the most often identified candidates were NHMRC (with or without assistance from another body) or an unspecified independent accreditation body or interdisciplinary committee.

Respondents preferred accreditation visits to be scheduled in advance, rather than conducted at short (24-48 hours') notice, at least initially. Respondents also preferred accreditation status to remain valid for at least three years.

Involving participants, researchers and communities in accreditation

The ethics review process is about ensuring the scientific value of the research, and the protection of, and respect shown to, research participants. In the future, institutions hosting an HREC might be able to improve the quality of their ethics reviews by incorporating the views of research participants and their communities into accreditation. This could involve institutions:

- surveying participants to learn about their experiences

- hosting public forums for participants to share their experiences, suggest improvements, and receive education about the ethics review process
- establishing transparent procedures for participants to raise concerns and make complaints
- gathering feedback from researchers to build collaborative relationships with HRECs
- forming advisory groups with diverse representation including participants, consumers and community members, to provide broad perspectives on the research experience.

What do participants expect from the ethics review process?

When asked what research participants might want to know about the HREC that reviewed the research, respondents emphasised:

- the background and expertise of HREC members
- assurance that ethics reviews were conducted in accordance with the National Statement
- transparency about how decisions were reached and outcomes of any past reviews
- confidence that the HREC met the Quality Standards and was accredited
- that HREC members' interests had been appropriately declared and that conflicts of interest had been managed
- that the perspectives of relevant communities and health consumers had been included.

Respondents suggested that participants would expect the ethics review process to prioritise their safety, privacy and data security, to be conducted respectfully, thoroughly and ethically (with benefits exceeding risks), and to be well-informed by evidence. They would also expect the HREC's decision-making to be unbiased, transparent and timely.

Conclusions

The public consultation provided broad support for the draft Quality Standards and for the introduction of an accreditation scheme for HRECs and their host institutions. Survey respondents reported that adoption of the Quality Standards would be important for assisting institutions and HRECs to benchmark their processes and for improving trust and confidence in ethics reviews.

High-quality ethics reviews were identified as those that provided researchers with clear guidance, with evidence of robust deliberations that balanced the risks and benefits of the study, and relevant and appropriate input from scientific experts. Consistency, a lack of bias and timeliness were also identified as important determinants of ethics review quality. Although public consultation has occurred over several years with strong sector engagement, support and input, it is noted that the number of survey responses (105 respondents, mostly metropolitan-based) may be a limitation. It is also noted that some health and medical research poses less than a low risk to participants and therefore does not need HREC review.

To promote trust and confidence in the ethics review process and facilitate mutual acceptance, respondents called for HRECs to provide greater transparency about their

members' expertise and highlighted the opportunity for more communication and collaboration among HRECs and host institutions. Respondents also recognised that institutions should provide standardised training and resources for HREC members and staff involved in ethics review, which would enable streamlining through adoption of consistent practices. The importance of appropriate engagement with participants and communities was also emphasised.

Next steps

- Refine and update the Quality Standards using feedback from both the targeted and public consultations.
- Design an accreditation model and phased implementation plan.
- Develop a national Conflict of Interest policy or guidance document, accompanied by a training module.
- Establish a community of practice and/or forum/s to provide training, education, and collaboration opportunities.

Appendix 1. Consultation survey

QUALITY OF AN ETHICS REVIEW

In our previous consultations with the health and medical research sector, we have identified several important characteristics of high-quality ethics reviews. These include:

- The HREC's decisions have been made with close reference to the National Statement on Ethical Conduct in Human Research (the National Statement)
- There has been an adequate discussion of ethical principles and collective decision making
- The scientific review has been conducted with advice from relevant experts, and has an appropriate level of detail
- The review is consistent with existing local policies.

Q: Are there any other characteristics of high-quality ethics reviews that we have not identified? Please provide your answer in the box below.

Q: How do you suggest these characteristics could be assessed by an accrediting body?

QUALITY OF AN HREC

We have also identified several features of high-quality HRECs that could be assessed by the future accreditation scheme. They include:

- The HREC declining to review a proposal when it lacks appropriate expertise, and referring it to another HREC
- Regular documentation of HREC members' declarations of interests, to aid in the identification and management of conflicts of interest
- Conducting reviews in a timely manner
- The HREC using the full range of decisions available to it (approval, rejection, requesting modifications).

Q: Are there any other features of a high-quality HREC that we have not listed?

Q: How would you suggest that these features could be assessed by an accrediting body?

PRELIMINARY REVIEW

For HRECs, early identification of incomplete or insufficient applications can enable steps to be taken promptly to address those defects, and as a result, promote the timeliness of ethics reviews.

Preliminary review involves researchers consulting the HREC Secretariat or research ethics advisors during the preparation of their ethics application. It could improve the quality of ethics applications by:

- Helping to identify applications that are incomplete or insufficient quality
- Helping to identify issues that may be challenging for the HREC
- Ensuring that low-risk applications are diverted to pathways other than the HREC, so that HREC members can focus their attention and expertise on higher-risk applications.

Q: Should it be a requirement for accreditation that institutions are required to perform a preliminary review for all applications submitted to their HREC? Why/why not?

ACCREDITATION FOR HRECS AND INSTITUTIONS NOT BASED IN HEALTH CARE

Accreditation provides an assurance of quality to participants, researchers, sponsors, other HRECs and their host institutions. It may also facilitate mutual acceptance of ethics review for multi-site health and medical research studies.

For HRECs and institutions that operate outside of health care and review or conduct other types of research in addition to health and medical research (such as universities, private companies or not-for-profit organisations), the financial and administrative burden of undergoing the accreditation process may be too high.

Q: What do you think would be the main advantages of accreditation for institutions and HRECs based outside of the healthcare system?

Q: Do you think that institutions and HRECs based outside of the healthcare system might not want to seek accreditation? Why?

SPECIALISED HRECS

To provide an assurance of quality, some areas or phases of health and medical research may require review by a specialised HREC. Potential areas of specialisation could include any or all of the following:

- Early-phase clinical trials
- Paediatric research
- Research involving Aboriginal and Torres Strait Islander peoples
- Genomics
- Data linkage
- Technology-based research, such as Artificial Intelligence (AI).

Possible additional requirements for specialised HRECs seeking accreditation could include:

- being able to demonstrate specialised scientific expertise
- having members completing Good Clinical Practice (GCP) training
- having additional members with personal experience of the specialised area of research
- having greater diversity or community representation on the HREC.

Q: Can you suggest any other requirements to be fulfilled by specialist HRECs seeking accreditation? Please explain your answer.

CLINICAL TRIAL NOTIFICATION (CTN) AND CLINICAL TRIAL APPROVAL (CTA) SCHEMES

In Australia, the Therapeutic Goods Administration (TGA) regulates the importation into and/or supply of 'unapproved' therapeutic goods for use in a clinical trial through two schemes: Clinical Trial Notification (CTN) and Clinical Trial Approval (CTA).

Under both schemes, the HREC is responsible for considering the scientific and ethical issues of the proposed trial protocol. The CTN scheme is a notification process while the CTA scheme involves quality and safety evaluation by the TGA. The CTA scheme is generally for higher-risk or novel treatments, where there is no or limited knowledge of safety.

Q: Should it be a requirement for clinical trials that are submitted under the CTN and CTA schemes to be reviewed by an accredited HREC that is hosted by an accredited institution? Please give a reason for your answer.

TRUST AND CONFIDENCE IN ETHICS REVIEW

In multi-site studies, low confidence in the quality of the lead HREC's ethics review can lead to duplication of review processes, which can delay study start-up and waste resources.

The Draft Quality Standards include a requirement for HRECs and their host institutions to undertake regular quality assessment of their ethics review processes. HRECs and institutions may also be required to participate in workshops or forums to discuss the findings of their quality assessment and share common issues in ethics review (and how they might be resolved).

Three examples of quality assessment procedures for ethics committees and their host institutions include:

- The Shared Ethical Debate used by Research Ethics Committees (RECs) in the UK
- The Plan-Do-Check-Act (PDCA) approach recommended by the European Committee on Standardisation
- Element 1.5.B of the AAHRPP (Association for the Accreditation of Human Research Protection Programs) Evaluation Instrument for Accreditation.

Q: Can you suggest any other ways to build trust among accredited HRECs and host institutions and improve reciprocal confidence in ethics reviews?

PAYING EXTERNAL HREC MEMBERS FOR THEIR TIME

An HREC's external members are those members who are not formally affiliated with the HREC's host institution (through employment, for example).

Institutions paying external HREC members for their time (as opposed to engaging them purely as volunteers, or only paying their expenses, such as parking) might improve the quality of ethics reviews by:

- Increasing diversity among the HREC's membership. Paying external members could make serving on an HREC a more attractive option for more people, as not everyone can afford the time commitment.
- Recognising the role of external HREC members. Members may take their role more seriously and complete their reviews in a timely manner if they are being paid.
- Facilitating better engagement between HRECs and professionals such as statisticians, who could advise on study design and prevent poorly-designed studies from being approved.

Q: What do you think about paying external HREC members for their contribution to the HREC, beyond reimbursement for expenses such as parking? Why/why not?

Q: If external HREC members were to be paid, should it be by a standard amount or at the institution's discretion?

Q: Are there any other issues associated with paying external HREC members?

HREC MEMBERS' CONFLICTS OF INTEREST

According to the National Statement, members of any review body must disclose any interests that may constitute an actual or potential conflict of interest, including any:

a. personal involvement or participation in the research;
b. financial or other interest or affiliation; or
c. involvement in competing research.

Q: For HRECs seeking accreditation, do you think that a national conflict of interest policy or additional guidance is needed to aid in the identification and management of members' conflicts of interest? Why/why not?

Q: Should institutions seeking accreditation be required to provide training to HREC members about identifying and managing conflicts of interest? Please provide a reason for your answer.

INSTITUTIONAL CONFLICTS OF INTEREST

Institutional conflicts of interest may occur when an institution has financial or reputational interests (such as education or promoting its research) that conflict with its obligations to protect human research participants.

Examples of institutional conflicts of interest include:

- when the research conducted by the institution could affect the value of the institution's patents or its equity in a biotechnology, pharmaceutical, or medical device company
- when institutions seek and receive gifts or grants from companies, or when they sponsor a research project
- when senior officials acting on behalf of the institution have financial interests that may be affected by their administrative decisions
- when hosting specific research activities will provide additional benefits to the institution, such as adding prestige, gaining a competitive advantage, or enabling the institution to attract, retain and engage lead clinicians and researchers into the future.

Q: Please indicate whether you agree or disagree with the following statements about institutional conflicts of interest for HRECs and their host institutions that are seeking accreditation.

- The existing requirements in the National Statement are sufficient to address potential institutional conflicts of interest on HRECs.
- For accreditation, institutions should be required to appoint an independent chairperson to the HREC.

- Accredited HRECs should be required to have a greater proportion of members from outside the host institution.

CULTURAL SAFETY

Cultural safety involves reflecting on our cultural identity and on the potential impact of our own culture on interpersonal relationships. In health and medical research, examples of interpersonal relationships could be those that exist between a researcher and a participant, or between a clinician and a patient.

Institutional staff, HREC members and researchers can foster cultural safety by acknowledging and addressing their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may influence the way they plan, assess and conduct research.

Critically, the presence or absence of cultural safety is determined by the recipient (in research, this is the participant).

The Draft Quality Standards include a requirement for institutions to provide mandatory training in cultural safety and unconscious bias to their researchers, HREC members and administrative staff involved in ethics review. Institutions should also have a means for evaluating the effectiveness of the training.

Q: Do you think that institutions should be required to provide mandatory training in cultural safety and unconscious bias to their researchers, HREC members and administrative staff involved in ethics review?

Q: How should institutions evaluate the effectiveness of their cultural safety training?

DESIGN OF THE ACCREDITATION SCHEME

Accreditation of HRECs and their host institutions would involve trained assessors performing a thorough review of various aspects of the ethics review process, including policies and procedures.

Assessors would then provide a report to an independent entity, who decide on whether the standards have been satisfactorily met. Maintaining accreditation would require the institution and its HREC to undergo this process at regular intervals.

Q: Who do you think would be a suitable accrediting body? Please provide a reason for your answer.

Q: Should accreditation visits be scheduled, to give the HREC and institution time to prepare, or should they be conducted at short notice (e.g. 24-48 hours notice)? Please provide a reason for your answer.

Q: How long should an HREC's or an institution's accreditation status be valid for?

INCORPORATING EXTERNAL FEEDBACK INTO THE ACCREDITATION SCHEME

Ultimately, the ethics review process is about ensuring the scientific value of the research and the protection of, and respect shown to, research participants.

Institutions and HRECs might be able to improve the quality of ethics reviews in the future by better incorporating the views of research participants and their communities. Some examples of how their views could be incorporated into the future accreditation scheme include:

- Requiring institutions to ask participants about their experience in taking part in a research study
- Requiring institutions to maintain a register of complaints related to the institution's research practices
- Asking researchers to report the most common questions asked by participants when they are asked to sign the consent form
- Asking the community if the institution's research adequately addresses its needs.

Researchers could also be asked confidentially to provide a rating for the institution's ethics review processes.

Q: What do you think prospective research participants would want to know about the HREC that reviewed the research project?

Q: What else do you think that participants expect from the ethics review process?

Q: Can you suggest any other ways that feedback from participants, researchers or the community could be incorporated into the proposed accreditation scheme?

TRANSPARENCY

There are approximately 200 registered HRECs in Australia, and it can sometimes be challenging to find their current contact details. This information may assist participants and the community in providing feedback on research projects that the HREC has approved.

Q: Should it be a requirement for accreditation that each HREC and its host institution make their contact details publicly available?

Q: Some HRECs publish details about their individual members, while others do not provide this information, citing privacy concerns. Do you think that transparency about the HREC's membership has any influence on its perceived quality?

EVALUATION

Q: Do you believe that the proposed Quality Standards address the relevant issues adequately? Please give a reason for your answer.

Q: How strongly do you agree with these statements?

- Accreditation of an HREC and its host institution to the Quality Standards will increase my level of trust and confidence in their ethics reviews.
- The proposed Quality Standards will lead to improvements in the ethics review process in Australia.
- The proposed Quality Standards will lead to improvements in the conduct of human research in Australia
- Implementation of the proposed Quality Standards is likely to face challenges.

Q: How likely are you to recommend the adoption of the proposed Quality Standards to others? Why/why not?

A FEW MORE QUESTIONS ABOUT YOU

Q: Have you ever taken part in a health or medical research study?

Q: Which of the following best describes where you are located? (Metropolitan, regional, rural area)

Q: In which state or territory are you based?

END OF SURVEY

Appendix 2. Survey participants

The department thanks everyone who participated in the consultations. Your feedback will ensure the effectiveness of the Quality Standards in improving the consistency and efficiency of the ethics approval process in Australia.

Out of the 105 survey respondents, 26 (25%) completed the survey anonymously, and 28 respondents (27%) did not report being affiliated with any particular organisation.

The remaining respondents identified as being affiliated with the following organisations:

Organisation name	Organisation name
Advanced Pharmacy Australia (AdPha)	North Metropolitan Health Service
Aboriginal Health and Medical Research (AH&MRC) Ethics Committee	NSW Health
Alfred Health	NSW Population and Health Services Research Ethics Committee
Australasian Biospecimen Network Association (ABNA)	NT Health
Australian Alliance for Indigenous Genomics (ALIGN)	Peninsula Health
Australian Centre for Health Services Innovation, Queensland University of Technology	Perth Children's Hospital (CAHS)
Australian Commission for Safety and Quality in Health Care (ACSQHC)	ProPharma
Australian Genomics	Queensland Health
Australian Government Department of Health, Disability and Ageing	Queensland University of Technology
Australian Health Practitioner Regulation Agency (AHPRA)	Royal Melbourne Hospital
Australian Leukemia and Lymphoma Group	Safer Care Victoria
Barwon Health	SA Health CALHN
Bellberry Limited	Silver Chain Group Ltd
Breast Cancer Trials	St Vincent's Hospital Sydney
Charles Sturt University	Swinburne University of Technology
Commonwealth Scientific and Industrial Research Organisation (CSIRO)	The Children’s Hospital at Westmead, SCHN
Eastern Health	The Kids Research Institute Australia
Edith Cowan University	The Royal Children's Hospital
Epilepsy Action Australia	The University of Melbourne
Fiona Stanley Hospital	The University of New England
Genetic Support Network of Victoria	The University of Queensland

Organisation name	Organisation name
Goldsmiths Pty Ltd	The University of Sydney
Heart Support Australia	The University of Tasmania
Institute for Healthy Communities Australia	The University of Western Australia
Medical Technology Association of Australia (MTAA)	Townsville University Hospital and Health Service
Melbourne Health	UNSW Sydney and Sydney Children's Hospital Network
Metro North Hospital and Health Service	UNSW Sydney
Metro South Hospital and Health Service	Victorian Cancer Biobank
Murdoch Children's Research Institute & University of Melbourne	Victoria University
NHMRC	Western Sydney University

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All information in this publication is correct as at 21 July 2026