

AHREC Terms of Reference

1. Title

Aboriginal Health Research Ethics Committee (AHREC)

2. Relationship with the Host Organisation

The Aboriginal Health Research Ethics Committee (AHREC) is a sub-committee of the Aboriginal Health Council of South Australia Inc. (AHCSA) under the AHCSA Constitution, and, reports to the AHCSA CEO and the National Health & Medical Research Council (NHMRC) as a registered Human Research Ethics Committee (HREC).

3. Purpose

- 3.1 AHREC is guided by the AHCSA Constitution and operates in accordance with the NHMRC National Statement on Ethical Conduct in Human Research and other relevant federal and state legislation and regulations. The Committee reviews studies also with respect to Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research, the Australian Code for the Responsible Conduct of Research 2007 and the South Australian Aboriginal Health Research Accord. AHREC's deliberations take into account AHCSA's priorities and commitment to develop and assess culturally appropriate methods of research for the benefit of the South Australian Aboriginal Community.
- 3.2 All research submitted to AHREC must place the needs, priorities and well-being of the South Australian Aboriginal Community before the needs of the study and present a partnership approach at all phases with a feasible knowledge translation strategy involving relevant Aboriginal organisations.
- 3.3 All research submitted to AHREC must meet with good research practice and present a rigorous methodology in terms of quantitative representativeness and qualitative data saturation. The methodology should be designed to adequately answer the study's research questions and achieve meaningful research outcomes for the South Australian Aboriginal Community.
- 3.4 If an application does not meet the requisite research and ethical standards (i.e. inadequate sample size, community consultation, governance structure, lack of understanding of research methods, inability to articulate or respond to the Committee's concerns), it is at AHREC's discretion to not further review the study, advise its re-submission at least 3 months after the initial review or progression without the Aboriginal component.
- 3.5 In view of 3.3 and 3.4, in order to ensure that applicants are properly and adequately supervised, and, the students' well-being is protected, the Committee requires supervisors of all students wishing to conduct research in the Aboriginal health sector to thoroughly assess the feasibility of achieving the scope with respect to the student's timeframes, capabilities and academic level. All applicants, regardless of their academic or professional level, must be aware of the ethical and research standards they need to meet.
- 3.6 If the Committee assesses that a submission by a student or an inexperienced researcher is sub-standard and under- or inadequately-supervised (e.g. there is a significant room for improvement in all aspects of the application), it may refer the student or researcher to their research office and/or the Head of School for support and review of relevant guidelines ahead of any further correspondence with the Committee.

4. Scope of Review

4.1 AHREC reviews studies that are directly related to health and well-being of Aboriginal people. Health and well-being are defined as per the National Aboriginal Community Controlled Health Organisation's definition, where it is stated that:

Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.

4.2 The researchers are required to seek AHREC's approval in relation to the following characteristics that are reviewed on a case by case basis:

- the primary research goals and questions of study are directly related to health; and
- the experience of Aboriginal and/or Torres Strait Islander people (hereafter referred to as Aboriginal) is an explicit focus of all or part of the research; or
- data collection is explicitly directed at Aboriginal people; or
- it is proposed to conduct sub-group analysis and separately analyse Aboriginal people in the results; or
- the information, potential over-representation in the dataset or geographic location has an impact on one or more Aboriginal communities;
- Aboriginal health funds are a source of funding;
- if it is a review of governmental services with impact on the Aboriginal Community or organisations and there is an intention to disseminate key findings or recommendations in a public report.

4.3 The researchers are required to acquire appropriate approvals at an organisational or university level or from the relevant governmental departments. Aboriginal involvement on the interpretation of findings is strongly recommended:

- if the study is not directly related to health;
- if it is a mainstream study and its proposed references to Aboriginal people are only in terms of demographics at the total sample level with no sub-group analysis; or
- if the proposed study does not hold research characteristics (e.g. no hypotheses) and is an evaluation or audit of projects for reporting purposes or continuous quality improvement activities with no intention to publish in peer-reviewed journals.
- if it is a scoping review of publicly available information/services or systematic literature review.

5. Membership

5.1 The composition of membership is to be gender balanced to the greatest extent possible and must be approved by the AHCSA CEO in accordance with the peak body functions of AHCSA and consists of full members from the Greater Metropolitan Adelaide and surroundings, and, also a pool of inducted members. The operational requirements such as funding and travel/accommodation costs are taken into account by AHCSA in terms of the composition of membership.

5.2 The majority of members shall be Aboriginal and accept the role on a voluntary basis. Cab-charges are provided for home travel upon notification.

5.3 AHREC Executive Officer monitors the membership needs on an ongoing basis and induct new members to AHREC in consultation with AHCSA's leadership and AHREC chairperson(s). In order to ensure that AHCSA meets the requirements of its core service agreement with SA Health in relation to the respectful behaviour clauses, prior to appointment, AHREC full members and inducted members will undergo an orientation on the purpose of AHREC with the Executive Officer, and, are required to adhere to the following:

- The Terms of Reference of the AHREC
- The AHCSA Code of Conduct
- The Grievance Policy of the AHCSA
- The AHCSA Conflict of Interest Policy
- Confidentiality Agreement
- Declaration of residency in view of article 5.1

5.4 The tenure of membership is for five (5) years with eligibility for extension for 5 additional years upon. Members may be re-appointed for further terms by the AHCSA CEO upon recommendation from the AHREC Chairperson.

5.5 The Chairperson and Deputy Chairperson shall be Aboriginal and can be appointed by the AHCSA CEO or elected from within the AHREC membership by simple majority for tenure of two (2) years. The Chairperson and Deputy Chairperson are eligible for extension for 2 additional years upon expression of interest approved by the AHCSA CEO. The Chairperson and Deputy Chairperson may be reappointed for further terms by the AHCSA CEO. Under special circumstances such as unavailability of suitable persons, illness or death, a non-Aboriginal person can temporarily be delegated by the AHCSA CEO to chair AHREC.

5.6 AHREC maintains a pool of inducted members to continue to meet core membership and quorum requirements.

5.7 As per NHMRC requirements at least one third of the members should be from outside the institution for which the HREC is reviewing research.

5.8 The minimum membership and quorum will be in accordance with the requirements of the NHMRC National Statement on Ethical Conduct in Human Research (2007). As per article 5.2.28 of the National Statement, *"as far as possible, each HREC meeting will be arranged to enable at least one member in each category to attend. Meeting papers should be provided enough in advance to enable members to be fully informed"*. AHREC members can contribute towards meetings by also:

- 5.8.1 submission of comments before or after meetings.
- 5.8.2 *by indicating they are supportive of other members' deliberation if they are provided with and adequate opportunity to provide comments.*

5.9 AHREC conducts annual trainings and also disseminates at least 1 hour equivalent relevant training materials for self-paced learning.

6. Meetings

- 6.1 It is at the discretion of the AHCSA CEO to attend AHREC meetings as an observer.
- 6.2 Meetings are considered quorate if members who are not present at a meeting were provided an opportunity to raise concerns ahead of the meeting, provided comments or indicated that they do not have any particular ethical concerns.
- 6.3 If a member is not able to attend a scheduled meeting due to an emergency on the day, the Executive Officer may seek their comments and review of deliberations after the meeting in order to ensure quorate decision-making.
- 6.4 Members shall make an attempt to attend all scheduled meetings. AHREC is convened for a minimum of eight (8) times per calendar year excluding January and may schedule or utilise scheduled meetings to meet Committee needs as it deems appropriate (e.g. training).
- 6.5 The members present at a meeting may decide whether they delegate authority to the Chairperson, Deputy Chairperson, Executive or a specialised member of the Committee to adjudicate on researchers' responses.
- 6.6 The 'conflict of interest' is a standing item of the meeting agenda and AHREC requires members to disclose conflicts of interest in relation to all proposals under review. No members of the Committee are adjudicated on proposals in which they may have a conflict of interest and/or be personally involved.

7. Disputes

- 7.1 Any disputes arising from membership, breach of AHCSA policies, or function of AHREC shall be dealt with:
- In the first instance by mediation amongst the individuals involved.
 - If unable to be resolved then the matter shall be referred to the AHCSA CEO.
 - If still unable to be resolved the dispute shall be referred to the Grievance Committee of the AHCSA Board.
- 7.2 If determined by a majority of the AHREC membership or AHCSA CEO that a member has breached the TOR, AHCSA Code of Conduct and/or confidentiality of the AHREC, or the member is absent for three (3) consecutive meetings without notice or contribution, AHCSA CEO may remove or request a member of AHREC to resign from AHREC.

8. Approvals

AHREC's ethical approvals are contingent upon researchers' agreement to its standard conditions of approval and any special conditions of approval specified in the response letter. The researchers may negotiate a condition should there be grounds to meet study objectives. The onus of ethical research conduct with respect to the NHMRC National Statement, Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research, the Australian Code for the Responsible Conduct of Research 2007 and the South Australian Aboriginal Health Research Accord lies solely with the principal researchers and their organisations.