

Additional comments by the Australian Democrats and the Australian Labor Party

National Health and Medical Research Council Amendment Bill 2006

1.1 Whilst we broadly support the restructure of the NHMRC provided for in this bill, we are concerned about the lack of time available for receiving submissions, the lack of advice from the outgoing Council on the bill and what we expect to be diminished accountability that would result from these changes.

Membership of Council

1.2 We oppose the removal of the requirement that membership of Council must include:

- an eminent scientist who has knowledge of public health research and medical research issues
- a person with expertise in the trade union movement
- a person with expertise in the needs of users of social welfare services
- a person with expertise in environmental issues

and, given the advice that this expertise is currently found in members who also have expertise in other areas, we recommend that the requirement for expertise remain and that the legislation be made clear that multiple categories of expertise may be found in individuals on the Council.

1.3 Whilst we support the inclusion of expertise in ethics, particularly in medical research, no argument was advanced in support of the necessity for the new category of persons with specific expertise in ethics relating to research involving humans, particularly if such an appointment means that the Chair of the Australian Health Ethics Committee is also a member of the new Council, as is the case at present.

Appointment AHEC Chair

1.4 We oppose the removal of the need for the Federal Health Minister to consult with State and Territory Health Ministers before appointing the Chair of AHEC in favour of the requirement of 'consulting appropriately'. The bill does not contain a definition of what this might mean, nor any certainty that it has been done and in our view this undermines the principle that the NHMRC should be at arms length from Government and a body that has broad acceptability and responds to national interests rather than those of the particular Federal Health Minister in question.

1.5 Appointments such as this should be made on merit and that there should be a formal process in place to ensure that this is the case.

Disclosure of Interests

1.6 We note that the Minister is not required to be advised if a member of the Council has disclosed an interest. We consider it the responsibility of the Minister to know if a member or members discloses an interest and regard this as an

accountability measure, not an administrative task as noted in the schedule prepared by the Department for the bill.

Accountability

1.7 We note the advice of the Australian Vice Chancellors' Committee (AVCC) concerning the altered reporting arrangements and agree with their recommendation that the bill should be amended to enable expert advice to be provided directly to the Minister.

Indigenous Health Research

1.8 Whilst we acknowledge the inappropriateness of defining particular research priorities for the NHMRC but indicate that we would be concerned if the proposed restructure had the result of diminishing the NHMRC's capacity to strategically respond to the serious problems of Indigenous health, significant progress in which area has been made in recent times through the involvement of members with Indigenous expertise working across the current committee structure.

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