

**First Annual Report  
to the Minister of Health**

**National Advisory Committee on Health and  
Disability Support Services Ethics**

December 2002

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**NATIONAL ETHICS  
ADVISORY COMMITTEE**

NATIONAL ADVISORY COMMITTEE ON HEALTH  
AND DISABILITY SUPPORT SERVICES ETHICS

KĀHUI MATATIKA O TE MOTU

## Foreword

This is the first annual report of the National Advisory Committee on Health and Disability Support Services Ethics. This ministerial advisory committee was established under section 16 of the New Zealand Public Health and Disability Act 2000, and its members were appointed in December 2001. The shortened name by which it is known is the National Ethics Advisory Committee ('the NEAC'). The NEAC's statutory functions are to provide advice to the Minister of Health on ethical issues of national significance regarding health and disability research and services, and to determine nationally-consistent ethical standards and provide scrutiny for such research and services.

The NEAC's Terms of Reference require it to address as its first task certain matters arising from the Ministerial Inquiry into the Under-Reporting of Cervical Smear Abnormalities in the Gisborne Region ('the Gisborne Inquiry'). These matters concern the operation of ethics committees, guidelines on conducting observational studies, and second opinion and appeals processes. These are stated fully below in the Terms of Reference. The Minister has also asked the Committee to consider a fourth priority matter, also arising from the Gisborne Inquiry: the review of current processes for the ethical review of national and multi-centre research. Work for this project involves the review of current processes, exploration of alternative processes, and the development of options and recommendations for the ethical review of national and multi-centre research.

The NEAC has agreed with the Minister of Health a work programme for 2003 that gives priority to the four matters arising from the Gisborne Inquiry Report. It will develop its advice on these matters in the light of consultation with key stakeholders. It is agreed that the NEAC will present its advice on these priority matters to the Minister in November 2003. The Minister has also stated that, in future, the NEAC will be responsible for revisions of the 2002 Ministry of Health document *Operational Standard for Ethics Committees*, and for the development of a Māori ethical framework for health research. As part of the wider work programme, this latter project will involve consultation with the Māori members of regional ethics committees.

In pursuing its work and in developing its advice to the Minister, the NEAC is mindful that there is considerable public interest in ethical issues concerning health and disability. Members of the NEAC are representative of a broad range of disciplines, professions and interests. Expertise in ethics, public health and health care, Māori health, health and disability research, and law are brought to bear on all matters considered by the Committee. Māori representatives make a critical contribution to the development of options for a Māori framework for health and disability research.

A handwritten signature in black ink, appearing to read 'Andrew Moore', with a stylized flourish at the end.

Andrew Moore  
Chair

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## Summary of the Work Programme for 2002

On 20 November 2002 the Minister of Health agreed to a work programme set out by the NEAC. The programme gives priority to the four assigned functions that relate to the Recommendations of the Ministerial Inquiry into the Under-Reporting of Cervical Smear Abnormalities in the Gisborne Region (Gisborne Inquiry). The NEAC will develop its advice on these matters in the light of consultation with key stakeholders. The work on all four priority areas is scheduled to be completed by the end of November 2003. A full report will then be submitted to the Minister of Health for approval.

Outlined below is a summary of the work to be carried out in each area.

**1. Develop guidelines on conducting observational studies in an ethical manner and establish parameters for the ethical review of observational studies (including guidance regarding weighing up the harms and benefits of this type of health research).**

This work will involve developing a definition of observational studies; considering the distinction between audit and research; considering the ethical issues to guide observational studies; reviewing current guidelines and where appropriate developing new guidelines to be included in the Operational Standard.

**2. Consider the application of second opinion and appeals processes and recommend their appropriate use for ethics committees.**

This work will involve reviewing the current system for second opinions and appeals; exploring the ethical and legal principles relating to these procedures; and developing options and recommendations for the application of second opinions and appeal processes.

**3. Review the current processes for the ethical review of national and multi-centre research.**

This work will involve reviewing the current process for ethical review of national and multi-centre research; exploring alternative review processes including the establishment of a national committee; and developing options and recommendations for the ethical review of national and multi-centre research.

**4. Review the operation of ethics committees and the impact their decisions are having on independently funded evaluation exercises and on medical research generally in New Zealand.**

This work will involve identifying specific concerns about the functioning of ethics committees as expressed in the Gisborne Inquiry; developing a definition of independently-funded evaluation exercises; examining the operation of ethical review; and developing options and recommendations.

A range of methods will be used to carry out this work. Consultation with key stakeholders is featured in the work plan for each priority area and will include written submissions on discussion documents and stakeholder participation in focus groups and forums. Key stakeholders identified by NEAC include regional and institutional ethics committees, relevant national committees established to consider ethical issues concerning services and research,

health and disability researchers, consumers of health and disability services, and participants in health and disability research.

At this stage of the work it is not possible to comment on the shape of the recommendations that might result from this work. However, given the nature of the priority areas on which the NEAC is working, there is a possibility that the final recommendations may propose structural or procedural change for some aspects of the current system for ethical review in the health and disability research area.

## **Membership of the National Advisory Committee on Health and Disability Support Services Ethics at December 2002**

### **Dr Andrew Moore – Chairperson**

Dr Andrew Moore is a Senior Lecturer and Acting Head of the Department of Philosophy at the University of Otago, where his teaching, research and community service activities focus on ethics, political philosophy and bioethics.

Andrew's practical experience in clinical ethics and health research ethics includes previous health and disability ethics committee memberships at the Otago regional level and with the National Ethics Committee on Assisted Human Reproduction. He has also been a member of the human subjects ethics committee at the University of Otago.

In addition, Andrew is currently a member of the National Health Committee and of the Health Research Council's Data and Safety Monitoring Board for clinical trials.

### **Professor Michael Ardagh**

Professor Michael Ardagh (MBChB, PhD, FACEM, DCH) is currently Professor of Emergency Medicine at the Christchurch School of Medicine and specialist Emergency Physician at the Christchurch Hospital Emergency Department. His duties involve a mix of patient care in the Emergency Department, supervision of junior medical staff, education and research.

Michael attained a PhD in bioethics from the University of Otago in 2001, with a thesis exploring issues of ethics related to resuscitation.

### **Dr Dale Bramley**

Dr Dale Bramley is a medical graduate of the University of Auckland (MChB, MPH (Hons), FAFPHM). He is currently a Public Health Medicine Specialist working for the Waitemata District Health Board. He also works part time as a lecturer in Public Health for the Department of Community Health, University of Auckland.

Dale is a member of the National Cardiovascular Advisory Committee, which is currently writing the new Cardiovascular Health Strategies. He is also convenor and current chair of the Māori National Cardiovascular Committee. He has a keen interest in Māori Health, Epidemiology, Cardiovascular Disease and Health Informatics.

Dale has tribal affiliations to Ngāti Hine and Nga Puhi.

### **Dr Anne Bray**

Dr Anne Bray has been involved for many years in a large range of activities and organisations concerned with people with disabilities.

Her primary interest is in ethical issues and research with implications for disadvantaged groups and individuals.

Anne is the Director of the Donald Beasley Institute, an independent disability research institute in Dunedin. She has also undertaken academic study in the law and ethics, and served as a member of the previous National Ethics Committee, and the National Health Committee.

## **Dr Fiona Cram**

Dr Fiona Cram is Māori with tribal affiliations to Ngāti Kahungunu. Fiona is the mother of one son.

Fiona has a PhD in social and developmental psychology from the University of Otago and lectured in Social Psychology at the University of Auckland for seven years. She is now a Senior Research Fellow with the International Research Institute of Māori and Indigenous Education, at the University of Auckland.

Fiona's research interests are wide-ranging including Māori health, justice and education. Currently she is engaged in research with older Māori women and men examining their stories about, definitions of, and explanations for Māori health and wellbeing. Fiona's specialist research areas also include research methodologies and ethics, including Kaupapa Māori research philosophy and practice, Māori health research, evaluation research, qualitative and quantitative research methods, and community-based research training.

Fiona has been a member of the Health Research Council, the Māori Health Committee and the Public Health Research Committee of the Health Research Council.

## **Philippa Cunningham**

Philippa Cunningham is a barrister in private practice in Auckland with experience representing a number of clients with medico-legal problems. She is also a trained nurse.

Medical, legal and ethical issues have been of interest to Philippa for many years, particularly since the Cartwright Inquiry in 1988, at which Philippa was one of the counsel assisting the Commissioner. Philippa chaired the Cartwright Evaluation Team set up by the Auckland Area Health Board

to monitor implementation of the recommendations from the Cartwright Inquiry.

Philippa has had local body experience having served as a councillor, the Mayor of Mt Eden Borough, and as a community board member in Auckland.

Philippa is also a member of the National Ethics Committee on Assisted Human Reproduction.

In 2003 Philippa will complete a postgraduate Diploma of Professional Ethics at Auckland University.

## **Professor Donald Evans**

Professor Donald Evans completed his PhD in Moral Philosophy and taught for twenty-nine years at the University of Wales. He founded a postgraduate Centre for Bioethics at the University and developed the first European Masters course in Bioethics. He has authored and edited seven books and more than sixty learned papers and book chapters. He was elected a member of the Academy of Humanitarian Research, Moscow in 1996 and was a longstanding member of the Governing Body of the Institute of Medical Ethics.

Donald has conducted research projects for the UK Department of Health on ethical review of Multi Centre Research and on the Training of Ethics Committee members. He has acted as a consultant to CIOMS on the development of guidelines for ethical review in developing countries. He pioneered training for members of Ethics Committees in the United Kingdom and is co-leader of a WHO project on the development of ethical review of human participant research in South-east Asia, South America and Africa.

He has served for many years as a chairman, member and consultant of many Ethics Committees including that of the British Medical Association, the Royal College of Nursing, the Health Research Council of New Zealand, the Association of Clinical Research Contractors and the University of Otago. He chairs the Otago Regional Ethics Committee and was a member of the Independent Biotechnology Advisory Council for its duration. He also conducts training of ethics committee members in New Zealand and Asia. Donald was appointed Professor and Director of the Centre for Bioethics Research at the University of Otago in 1997 and was recently appointed Visiting Professor at the Medical University of Dalian, China.

### **Dr Allison Kirkman**

Dr Allison Kirkman is a senior lecturer in sociology in the School of Social and Cultural Studies at Victoria University of Wellington.

Allison's areas of expertise are in the sociology of gender, sexuality and health. She has published recently on the importance of taking gender and sexuality into account when considering ethical issues in social science research.

Allison is the Convenor of the Human Ethics Committee at Victoria University and prior to this was a member of the standing committee of the Human Ethics Committee as well as the convenor of the School of Social and Cultural Studies subcommittee of the Human Ethics Committee.

Allison is the immediate past president of the Sociological Association of Aotearoa (New Zealand) and is currently Convenor of the Standing Committee on the Code of Ethics for the Association.

## **Dr Charlotte Paul**

Dr Charlotte Paul is Associate Professor of Epidemiology at the Department of Preventive and Social Medicine, University of Otago Medical School.

Charlotte is an epidemiologist who has a background in medicine and public health. She has extensive experience in conducting epidemiological research nationally, particularly in the areas of women's cancers and contraceptive safety. She is co-Director of the AIDS Epidemiology Group that is responsible for monitoring the HIV/AIDS epidemic in New Zealand, and is a principal investigator in the Dunedin Multidisciplinary Health and Development Study in the area of sexual and reproductive behaviour, and a member of its Scientific Advisory Group.

In 1987/88 Charlotte was a medical advisor to Judge Cartwright for the Cervical Cancer Inquiry and has subsequently published articles on the ethical implications. She has been a member of the Otago Area Health Board Ethics Committee and the Health Research Council Ethics Committee. She chaired a working party for the Health Research Council on Privacy and Health Research that produced guidance notes for health researchers and ethics committees.

## **Professor Neil Pearce**

Professor Neil Pearce has recently established and been appointed Director of the Centre for Public Health Research at the Massey University Wellington Campus.

Since the completion of his PhD in epidemiology in 1985 he has been engaged in a wide range of public health research activities including both occupational epidemiology and asthma. He conducted a wide range of research projects

including the identification of the role of the asthma drug fenoterol in the New Zealand asthma mortality epidemic, studies of the management of asthma in the community and, more recently, studies of the causes of the increases in asthma prevalence in New Zealand and worldwide.

Neil was a member of the Health Research Council Public Health Research Committee and the Māori Health Committee during 1991–96 and was a member of the Council and Chair of the Public Health Research Committee during 1994–96.

His Centre is conducting a wide range of public health research including respiratory disease, cancer, diabetes, Māori health, Pacific health and occupational and environmental health research.

### **Dr Martin Sullivan**

Dr Martin Sullivan is a senior lecturer in social policy and disability studies at the School of Sociology, Social Policy and Social Work, Massey University. He was awarded his PhD on the sociology of paraplegia in 1997 and made a Winston Churchill Fellow in 2000 for his work on the development of disability studies and the disability movement in the UK. As an academic, Martin teaches, researches and has published widely on disability. As a disabled person, Martin has been actively involved in the disability movement for a number of years. He is currently chair of Advocacy Manawatu (a citizen advocacy group for disabled people), serves on the Regional Committee for DPA, Palmerston North and is a committee member of the Manawatu Autistic Association.

## **Mele Tuilotolava**

Mele Tuilotolava is a Tongan New Zealander. She is married and has three sons.

Mele has worked in her own legal practice since 1989 focusing mainly on court work. She is a specialist criminal lawyer, family court lawyer, and counsel acting for children in matters of care and protection, youth justice and guardianship issues. Mele is also involved with mental health related issues and other types of civil litigation.

Mele has been a member of the Pacific Peoples Focus Group at the Ministry of Justice for the last 3–4 years advising project leaders of the Tongan perspective and the general Pacific perspective. Mele has also been involved in various other Pacific Island community groups including the National Council of Tongan Women, the Tongan Women's Association, and the Auckland Pacific Island Community Radio Trust.

Mele is a member of TaPasefeka Health Trust, a major provider of comprehensive health services in South Auckland and Auckland. She is also a faculty member of the New Zealand Law Society litigation skills programme, and secretary for the Pacific Lawyers Association. Mele is a member of the former Commission of Title D in the Anglican Church as the second representative of Tikanga Polynesia.

## Terms of Reference

### The role of the Committee

The National Advisory Committee on Health and Disability Support Services Ethics ('the National Ethics Committee') is a ministerial advisory committee established under section 16 of the New Zealand Public Health and Disability Act 2000 ('the Act'). The National Ethics Committee is established by and accountable to the Minister of Health.

The National Ethics Committee's statutory functions are to:

- provide advice to the Minister of Health on ethical issues of national significance in respect of any health and disability matters (including research and health services)
- determine nationally-consistent ethical standards across the health and disability sector and provide scrutiny for national health research and health services.

As part of its functions, the National Ethics Committee is also required to:

- consult with any members of the public, persons involved in the funding or provision of services, and other persons that the Committee considers appropriate before providing advice on an issue (section 16(4) refers)
- at least annually, deliver to the Minister of Health a report setting out its activities and summarising its advice on the matters referred to it under section 16 of the Act by the Minister of Health.

In undertaking its functions, the National Ethics Committee is expected to:

- provide advice on priority issues of national significance as requested by the Minister of Health
- provide advice to the Minister of Health regarding ethical issues concerning emerging areas of health research and innovative practice. The advice is to include the National Ethics Committee's rationale for its advice and any relevant evidence and/or documentation
- provide advice to the Minister of Health regarding aspects of ethical review in New Zealand, including the setting of principles and guidelines in relation to each of the different types of health research and innovative practice. The advice is to include the National Ethics Committee's rationale for its advice and any relevant evidence and/or documentation
- develop and promote national ethical guidelines for health research and health and disability support services (the guidelines should address how to conduct different types of health research [including ethical issues relating to Māori health research] and innovative practice in an ethical manner and should establish parameters for, and provide guidance on, the ethical review of such types of health research and health and disability support services)
- monitor and review the operation of the health and disability ethics committees for the purposes of providing direction, guidance and leadership to ensure the ongoing quality and consistency of ethical review in the health and disability sector
- undertake its tasks in a manner consistent with the principles of the Treaty of Waitangi

- provide a second opinion in relation to decisions of health and disability ethics committees, the National Ethics Committee on Assisted Human Reproduction and any other ethical review committee established by the Minister of Health under section 16(3) of the Act.

In response to the recommendations of the Ministerial Inquiry into the Under-Reporting of Cervical Smear Abnormalities in the Gisborne Region, the first task of the National Ethics Committee will be to:

- review the operation of ethics committees and the impact their decisions are having on independently-funded evaluation exercises and on medical research generally in New Zealand
- develop guidelines on conducting observational studies in an ethical manner and establish parameters for the ethical review of observational studies (including guidance regarding weighing up the harms and benefits of this type of research)
- consider the application of second opinion and appeal processes and recommend their appropriate use for ethics committees.

### **Composition of the Committee**

The National Ethics Committee shall consist of not more than 12 members appointed by the Minister of Health ('the Minister'). The National Ethics Committee's membership shall include:

- two health professionals (one of whom must be a registered medical practitioner)
- two health researchers (one of whom should have knowledge and expertise of qualitative research and one of whom should have knowledge and expertise of quantitative research)

- one epidemiologist
- three other members (must not be a health professional or health researcher. One of whom must be a lawyer and one who must be an ethicist. Includes people with a knowledge and understanding of the ethics of health research and the provision of health care, and academic staff.)
- three community/consumer representatives (must not be health professionals, health researchers, or professional members)
- one member nominated by the Health Research Council.

At any time, the National Ethics Committee shall have at least two Māori members, one of whom shall be a person with Māori research/ethics background.

The Director-General of Health will appoint an advisor to the National Ethics Committee who will be responsible for providing advice regarding government policy and the mechanics of government.

### **Terms and conditions of appointment**

Members of the National Ethics Committee are appointed by the Minister of Health for a term of office of up to three years. The terms of office of members of the National Ethics Committee will be staggered to ensure continuity of membership. Members may be reappointed from time to time. No member may hold office for more than six consecutive years. Unless a person sooner vacates their office, every appointed member of the National Ethics Committee shall continue in office until their successor comes into office. Any member of the National Ethics Committee may at any time resign as a member by advising the Minister of Health in writing.

Any member of the National Ethics Committee may at any time be removed from office by the Minister of Health for inability to perform the functions of office, bankruptcy, neglect of duty, or misconduct, proved to the satisfaction of the Minister.

The Minister may from time to time alter or reconstitute the National Ethics Committee, or discharge any member of the National Ethics Committee or appoint new members to the National Ethics Committee for the purpose of decreasing or increasing the membership or filling any vacancies.

## **Chairperson**

The Minister will from time to time appoint a member of the National Ethics Committee to be its Chairperson. The Chairperson will preside at every meeting of the National Ethics Committee at which they are present. The Chairperson may from time to time appoint a new member as Deputy-Chairperson.

## **Duties and responsibilities of a member**

This section sets out the Minister of Health's expectations regarding the duties and responsibilities of a person appointed as a member of the National Ethics Committee. This is intended to aid members of the National Ethics Committee by providing them with a common set of principles for appropriate conduct and behaviour and serves to protect the National Ethics Committee and its members.

As an independent statutory body, the National Ethics Committee has an obligation to conduct its activities in an open and ethical manner. The National Ethics Committee has a duty to operate in an effective manner within the parameters of its functions as set out in its Terms of Reference.

## **General**

1. The National Ethics Committee members should have a commitment to work for the greater good of the Committee.
2. There is an expectation that members will make every effort to attend all the National Ethics Committee meetings and devote sufficient time to become familiar with the affairs of the Committee and the wider environment within which it operates.
3. Members have a duty to act responsibly with regard to the effective and efficient administration of the National Ethics Committee and the use of committee funds.

## **Conflicts of interest**

4. Members must perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect the National Ethics Committee and its members and will ensure it retains public confidence.
5. Members attend meetings and undertake committee activities as independent persons responsible to the Committee as a whole. Members are not appointed as representatives of professional organisations and groups. The National Ethics Committee should not, therefore, assume that a particular group's interests have been taken into account because a member is associated with a particular group.

6. When members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the Committee's functions, they must declare that conflict of interest and withdraw themselves from the discussion and/or activity.
7. A member of the National Ethics Committee who has a proposal before the Committee, or who has an involvement in a proposal, such as a supervisory role, shall not take part in the National Ethics Committee's assessment of that proposal. The member may be present to answer questions about a proposal but should be asked to leave the meeting while the remaining members consider the proposal. This will allow proposals to be considered in a free and frank manner.

## **Confidentiality**

8. The public has a right to be informed about the issues being considered by the National Ethics Committee. The National Ethics Committee should have procedures in place regarding the release of information and processing requests for information.
9. Individual members must observe the following duties in relation to committee information. These provisions ensure that the National Ethics Committee as a whole maintains control over the appropriate release of information concerning applications or issues before it.
  - Meetings of the National Ethics Committee, including agenda material and draft minutes, are confidential. Members must ensure that the confidentiality of committee business is maintained.

- Members are free to express their own views within the context of committee meetings, or the general business of the National Ethics Committee.
- Members must publicly support a course of action decided by the National Ethics Committee. If unable to do so, members must not publicly comment on decisions.
- At no time should members individually divulge details of committee matters or decisions of the National Ethics Committee to persons who are not committee members. Disclosure of committee business to anyone outside the Committee must be on the decision of the Committee, or between meetings, at the discretion of the Chairperson of the National Ethics Committee. In choosing to release or withhold information, the Committee must comply with the provisions of the Official Information Act 1982 and the Privacy Act 1993.
- Committee members must ensure that committee documents are kept secure to ensure that the confidentiality of committee work is maintained. Release of committee correspondence or papers can only be made with the approval of the Committee.

## **Working arrangements**

The National Ethics Committee will agree a work programme with the Minister of Health. The National Ethics Committee will be serviced by permanent staff, sufficient to meet the Committee's statutory requirements, who will be based in the Ministry of Health.

In carrying out its terms of reference, the National Ethics Committee must:

- provide the Minister of Health with advance notice of any media statements or reports to be published
- ensure its advice is published and widely available
- ensure that, in developing any advice, guidelines, or its views in relation to an appeal, an appropriate balance exists between protecting the rights and wellbeing of patients and research participants and facilitating health research and innovative practice
- ensure that, where appropriate, any advice or guidelines contain clear guidance regarding the application of ethical principles that is appropriate to the type of health research or innovative practice being considered (due regard should be given to the different nature of qualitative and quantitative approaches to research)
- ensure that any advice, guidelines and views in relation to an appeal, comply with the laws of New Zealand
- ensure appropriate consultation has occurred in accordance with the requirements set out below.

## **Consultation**

Where appropriate, the National Ethics Committee must make reasonable attempts to consult with:

- health and disability ethics committees
- the National Ethics Committee on Assisted Human Reproduction
- the Health Research Council Ethics Committee
- any other Ethics Committee established by the Minister of Health

- organisations known to the Committee to represent affected patients or other groups of the community
- relevant whānau, hapū and iwi
- a reasonably representative sample of affected patients or members of the public or (if the National Ethics Committee thinks it more appropriate) a reasonably representative sample of people who would be entitled to consent on behalf of the affected patients or members of the public
- a reasonably representative sample of affected health researchers and/or affected health professionals
- relevant government bodies.

### **Performance measures**

The National Ethics Committee will be effectively meeting its tasks when it provides relevant and timely advice to the Minister of Health based on research, analysis and consultation with appropriate groups and organisations.

The National Ethics Committee must:

- agree in advance to a work programme with the Minister of Health
- achieve its agreed work programme
- stay within its allocated budget.

### **Meetings of the Committee**

Meetings shall be held at such times and places as the National Ethics Committee or the Chairperson of the National Ethics Committee decides.

At any meeting, a quorum shall consist of six members. A quorum must include either the Chairperson or Deputy-Chairperson. An endeavour will be made to ensure reasonable representation of community/consumer members and members with specialist knowledge and experience.

Every question before any meeting shall generally be determined by consensus decision-making. Where a consensus cannot be reached a majority vote will apply. Where a decision cannot be reached through consensus and a majority vote is made, the Chairperson shall have the casting vote.

Subject to the provisions set out above, the National Ethics Committee may regulate its own procedures.

## **Reporting requirements**

The National Ethics Committee is required to:

- keep minutes of all committee meetings which outline the issues discussed and include a clear record of any decisions or recommendations made
- prepare an annual report to the Minister of Health setting out its activities and comparing its performance to its agreed work programme and summarising any advice that it has given to the Minister of Health. The report is to include the National Ethics Committee's rationale for its advice and any relevant evidence and/or documentation. This report will be tabled by the Minister of Health in the House of Representatives pursuant to section 16(7) of the Act.

## **Servicing of the Committee**

The Ministry of Health will employ staff to service the National Ethics Committee out of the Committee's allocated budget allocated and consistent with the Memorandum of Understanding between the National Ethics Committee and the Ministry of Health.

## **Fees and allowances**

Members of the National Ethics Committee are entitled to be paid fees for attendance at meetings. The level of attendance fees are set in accordance with the State Services Commission's framework for fees for statutory bodies. The Chairperson will receive \$430 per day (plus half a day's preparation fee) and an allowance of two extra days per month to cover additional work undertaken by the Chairperson. The attendance fee for members is set at \$320 per day (plus half a day's preparation fee). The Ministry of Health pays for actual and reasonable travel and accommodation expenses of the National Ethics Committee members.

**Secretariat to the National Advisory  
Committee on Health and Disability  
Support Services Ethics at December 2002**

Barbara Burt – Senior Analyst

Elizabeth Fenton – Analyst

Sheryl Hall – Executive Assistant

**To contact the National Advisory Committee on  
Health and Disability Support Services Ethics:**

Telephone (04) 470 0614

Fax (04) 496 2210

Email [elizabeth\\_fenton@moh.govt.nz](mailto:elizabeth_fenton@moh.govt.nz)

Postal address PO Box 5013  
Wellington