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| **Committee:** | Northern B Health and Disability Ethics Committee |
| **Meeting date:** | 01 August 2017 |
| **Meeting venue:** | Novotel Ellerslie, 72-112 Greenlane Rd East, Ellerslie, Auckland |

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| **Time** | **Item of business** |
| 12.00pm | Welcome |
| 12.05pm | Confirmation of minutes of meeting of 04 July 2017 |
|  | New applications (see over for details) |
|  | i 17/NTB/142  ii 17/NTB/146  iii 17/NTB/148  iv 17/NTB/149  v 17/NTB/150 |
| 3.00pm | General business:   * Noting section of agenda |
| 3.10pm | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Mrs Maliaga Erick | Lay (consumer/community perspectives) | 01/07/2015 | 01/07/2018 | Present |
| Mrs Stephanie Pollard | Non-lay (intervention studies) | 01/07/2015 | 01/07/2018 | Present |
| Miss Tangihaere Macfarlane | Lay (consumer/community perspectives) | 20/05/2017 | 20/05/2020 | Present |
| Mrs Kate O'Connor | Lay (ethical/moral reasoning) | 14/12/2015 | 14/12/2018 | Present |
| Dr Nora Lynch | Non-lay (health/disability service provision) | 24/07/2015 | 24/07/2018 | Present |
| Mrs Leesa Russell | Non-lay (intervention studies), Non-lay (observational studies) | 14/12/2015 | 14/12/2018 | Present |
| Mr John Hancock | Lay (the law) | 14/12/2015 | 14/12/2018 | Present |
| Mrs Jane Wylie | Non-lay (intervention studies) | 20/05/2017 | 20/05/2020 | Apologies |

## Welcome

The Chair opened the meeting at 12.00pm and welcomed Committee members, noting that apologies had been received from Mrs Jane Wylie.

The Chair noted that the meeting was quorate.

The Committee noted and agreed the agenda for the meeting.

## Confirmation of previous minutes

The minutes of the meeting of 04 July 2017 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **17/NTB/142** |
|  | Title: | A prospective evaluation of KXL II system for photorefractive intrastromal cross-linking (PiXL) for the treatment of Myopia and Hyperopia |
|  | Principal Investigator: | Doctor Andrew Logan |
|  | Sponsor: |  |
|  | Clock Start Date: | 20 July 2017 |

Doctor Andrew Logan was present by teleconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. This is an open label study of an ocular procedure for correcting refraction in those with near and distant vision errors. Although a similar procedure has been used for corneal treatment for keratoconus, use for short and long sightedness is confined to a couple of very small published cohorts and on-going studies in Germany (43 eyes) and Singapore (14 eyes).
2. The Researcher confirmed there is more data on using it for short-sightedness than long-sightedness.
3. The intervention involves oxygen/riboflavin/UVA serially applied to the eye. There are 8 visits over 12 months from screening to completion.
4. The Committee commended the tikanga best practice guidelines, and suggested when reviewing in October that the following be included; i) definitions of Koha, Takoha ii) paragraph regarding Data Sovereignty.

Summary of ethical issues (resolved)

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee asked for clarification on the relationship between the device manufacturer and the researcher in order to determine whether the study was being conducted principally for the benefit of the manufacturer. The Committee noted that the application states the manufacturer would have access to study data. The Researcher(s) explained that they use the device that is made by the manufacturer but will not receive any funding for the study. The Researcher initiated the study and explained that they were open to suggestion regarding the level of data the manufacturer would be given. The Committee asked whether the manufacturer had any involvement in publication. The Researcher(s) stated they did not, and confirmed they would publish negative results.
2. The Committee stated the manufacturer should receive study results at the same time as any other interested group - when the study is publically published. The Committee restated that the manufacturer should not receive any raw study data, however any serious device related concerns that related to participant and or patient safety should be notified to the manufacturer, as per usual practice.
3. The Committee was satisfied that the study was not conducted principally to benefit the manufacturer.
4. The Committee noted there were discrepancies regarding the number of participants in the application and protocol. The Researcher(s) clarified there was a maximum of 40 participants.

Summary of ethical issues (outstanding)

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee request a formal and robust committee or group is established that specifically looks at the safety data for this study. Please strengthen the monitoring for this study and provide an overview of changes to the Committee. The Committee noted that data safety monitoring needed separation from the treatment context.
2. The Committee queried what happens for participants that do not have improvements from the experimental intervention. The Researcher(s) explained that participants could have laser vision correction, which achieve same outcome, but are more invasive. The Committee stated this should be clearly explained in the Participant Information Sheet, including that the subsequent treatments will be at the regular price.
3. The Committee asked if it is possible for participant’s sight to be worse off after the experimental intervention. The Researcher(s) explained that overcorrection is very rare, claiming it is unlikely.
4. The Committee requested information on recruitment. The Researcher(s) explained that they would recruit out of clinics and advertising. The Committee noted that advertising must be submitted to the HDEC for approval prior to use.
5. The Committee noted it should not be the case that all adverse events are communicated to other participants in the study.
6. The Committee stated that no research procedures, including assessment for eligibility, should occur prior to written informed consent. Please rearrange operations so that informed consent occurs first.
7. Remove wording around development of commercial products and benefits from the Participant Information Sheet as the manufacturer was no longer receiving study data.
8. There are several aspects of the application that the Committee think blur 'treatment' into 'research', particularly some of the data collection procedures. The applicant must be clear that patients will undertake this procedure as research and it is entirely possible that every single patient undergoing the research intervention obtains absolutely no benefit. It must be clear that if the experimental treatment fails the participants will then have to go on to alternative options that include the regular fee. This must be very clear in patient information.
9. Please clarify costs - should be no cost to participate, but notes "minimal cost" in application and also no charge (b.2.0 and r.5.4.1). The Researcher explained that participants would not incur any research related costs, including any further treatments relating to the experimental intervention.
10. The Committee raised concerns with the serious adverse event (SAE) protocol. For example, these should not be treated as per 'treatment' SAEs, which is how the current process is described. A research protocol for dealing with adverse events needs to be created and a plan for serious unexpected suspected adverse reactions (SUSARs) This also related to the stopping rules for the study.
11. (r.1.5) The Committee noted that the investigator as care provider is an ethical issue. Please provide a response outlining how the role as the researcher and the care provider is mitigated in terms of recruitment and on-going care.
12. (r.2.2) The Committee noted data management needs to be improved, in particular research information storage needs to be separate. Currently data is stored with non-research patient data. Consider how researchers will retrieve information later, and ensure research information is kept separate and confidential from treatment information should the patient require this.
13. The Committee noted that the study requires Maori consultation, as per HRC Guidelines for Research Involving Maori.
14. The Committee requested further independent peer review. Please use the HDEC template found at <https://ethics.health.govt.nz/>
15. Upload brochure and the Advertisement for the study
16. Participants should be reimbursed for the six visits for follow up in the study. Taxi chits or reimbursement should be provided for those who need transport after the procedures.
17. Please explain to the Committee how you will screen for pregnancy.
18. Study data should be stored in a de-identified form with the study key stored elsewhere to improve confidentiality.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. Please revise the Participant Information Sheet taking into account suggestions from the HDEC template found at <https://ethics.health.govt.nz/>
2. Add information around informing GP of study involvement (and whether this is optional).
3. NZ-ise spelling
4. Add number pages and version number.
5. Remove use of ‘research subject’ entirely.
6. Typo 'hype'
7. Correct spelling (reveiwd)
8. Correct run-on words (uninvestigational; beasked; mayoccur; myopiaor; formif)
9. Contact information – Add Maori health/cultural support details – see HDEC template.
10. Please use the HDEC compensation statement: *If you were injured in this study, which is unlikely, you would be eligible* ***to apply*** *for compensation from ACC just as you would be if you were injured in an accident at work or at home. This does not mean that your claim will automatically be accepted. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery. If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.*
11. Include letterhead information.
12. Define "VibeX", "KXLii System" p.1, "demographics" p.2. Explain what is in the "medication drops" p.2 A picture would help explain the procedure. How long does it take? Explain how much or little previous experience worldwide with this technique for these indications.
13. Add a basic outline of inclusion/exclusion criteria.
14. Explain a participant should expect to know whether the procedure has worked or not.
15. ’Your participation in the study may contribute to the development of commercial products from which Avedro Inc, or others, may derive economic benefit” – should be deleted; as if this is the case then ACC cover will not be available

Decision

This application was *provisionally approved* by consensus, subject to the following information being received.

* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Amend the protocol, *in particular data storage, data safety monitoring, consent procedures and any other issues outlined in the outstanding ethical issues* (*Ethical Guidelines for Intervention Studies para* 5.4)
* Please conduct Maori consultation – this may occur after HDEC approval but the process of consultation and detail regarding the consulted group must be outlined. (*Ethical Guidelines for Intervention Studies* *para 4.7*).
* Provide details of the Data Safety Monitoring Committee’s composition and monitoring plan *(Ethical Guidelines for Intervention Studies para 6.50).*

This following information will be reviewed, and a final decision made on the application, by Mrs Leesa Russell and Mr John Hancock.

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| **2** | **Ethics ref:** | **17/NTB/146** |
|  | Title: | Comparison of the blood levels of two forms of ferrous sulfate in healthy male volunteers under fasting conditions with diet control |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Ferromedica Pty Limited |
|  | Clock Start Date: | 20 July 2017 |

Dr Tak Hung and Mrs Linda Folland were present by teleconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. This is a crossover bioequivalence study comparing the pharmacokinetics of a single dose of an unregistered slow-release iron supplement with those of a registered slow-release iron preparation (ferrogradumet). Participants get a single dose of each brand of iron tablet 2 weeks apart. Healthy male volunteers will be used, presumably no females to eliminate effects of hormonal cycles on iron pharmacokinetics.

Summary of ethical issues (resolved)

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee asked why the following statement in the Participant Information Sheet is necessary: "If you withdraw after dosing it is recommended that you are monitored for your own safety until a doctor has cleared you." The Researcher(s) explained if they withdraw at the clinical site it could be due to not feeling well or right after blood draws, it is a safety measure. The Committee accepted this precaution, but noted the wording could be changed to reflect this – as a suggestion.
2. The Researcher(s) confirmed they always follow up any unexpected results and have referral processes in place.
3. p.4.1 in future please identify incidence in Maori. Also, statement re 'cheaper' option verges on offensive. Increases accessibility is more acceptable.

Summary of ethical issues (outstanding)

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee noted there are a number of participant restrictions that seem to be in the protocol out of routine rather than because they necessarily apply to this study. For example, restricting vigorous exercise because of the risk of muscle pains leading to incoordination. Is this required for 2 iron tablets over two weeks? The Researcher(s) stated it was required to avoid injury that could be linked to iron supplementation. The Committee stated that this risk is factually incorrect. Please make this more realistic.
2. The Committee asked about use of condoms to protect partner, noting that pregnant women get prescribed iron tablets regularly. The Researcher(s) explained that this is a sponsor requirement with relation to legal liability. It is best practice to not risk having a pregnancy during the study. The Committee stated condoms should be provided free of charge and this could be stated in the Participant Information Sheet.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. Page 4 – update list of synthetics drugs.
2. If not direct dials please add extensions.
3. pg.7 If the risk to a pregnant partner is deemed by the researcher, to not exist in this study, the relevant clause can come out of the consent
4. Add extension numbers if required.

Decision

This application was *approved non-standard* by consensus.

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| **3** | **Ethics ref:** | **17/NTB/148** |
|  | Title: | Comparison of the blood levels of two forms of acamprosate tablets in healthy male and female volunteers under fasting conditions |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Generic Partners Pty Ltd |
|  | Clock Start Date: | 20 July 2017 |

Dr Tak Hung and Mrs Linda Folland were present by teleconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. 17/NTB/148 and 17/NTB/149 are mirrored studies in fasting (148) and fed (149) populations.
2. This is a bioequivalence study (generic vs market) for two differing dosage forms of a medicine used to maintain abstinence from alcohol.
3. The study is conducted in 2 periods, with random assignment to product per period, then crossover 36 Healthy volunteers, fasting 10 hours prior and 4 after dosing.

Summary of ethical issues (resolved)

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee note insurance certificate had expired. The Researcher(s) confirmed they will update it before the study commences.
2. The Researcher(s) explained reimbursement procedures.
3. The Committee stated it is important to clearly outline inclusion and exclusion so people don’t inconveniencing people who are not eligible.
4. The Researcher(s) explained the recruitment process to help reduce non-inclusion and costs associated with unsuccessful screening.
5. The Committee noted the suicidal risk and asked for more information. The Researcher(s) explained that while the drug has it as a side effect generally, from a one off dose it is very unlikely - but regular doses carry the risk. Therefore we observe any affect and also screen out participants for suicidal ideation.
6. P.4.4.1 – suggest best starting point is incidence and prevalence in Maori.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. “If there is a problem will be referred to support services”. The Committee suggested specification of ‘if any serious problem occurs’ to cover mental not just physical. The Researcher(s) agreed.

Decision

This application was *approved* with non-standard conditions by consensus.

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| **4** | **Ethics ref:** | **17/NTB/149** |
|  | Title: | Comparison of the blood levels of two forms of acamprosate tablets in healthy male and female volunteers under fed conditions |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Generic Partners Pty Ltd |
|  | Clock Start Date: | 20 July 2017 |

Dr Tak Hung and Mrs Linda Folland were present by teleconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. 17/NTB/148 and 17/NTB/149 are mirrored studies in fasting (148) and fed (149) populations.
2. This is a bioequivalence study (generic vs market) for two differing dosage forms of a medicine used to maintain abstinence from alcohol.
3. The study is conducted in 2 periods, with random assignment to product per period, then crossover 36 Healthy volunteers, fasting 10 hours prior and 4 after dosing.

Summary of ethical issues (resolved)

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee note insurance certificate had expired. The Researcher(s) confirmed they will update it before the study commences.
2. The Researcher(s) explained reimbursement procedures.
3. The Committee stated it is important to clearly outline inclusion and exclusion so people don’t inconveniencing people who are not eligible.
4. The Researcher(s) explained the recruitment process to help reduce non-inclusion andcosts associated with unsuccessful screening.
5. The Committee noted the suicidal risk and asked for more information. The Researcher(s) explained that while the drug has it as a side effect generally, from a one off dose it is very unlikely - but regular doses carry the risk. Therefore we observe any affect and also screen out participants for suicidal ideation.
6. P.4.4.1 – suggest best starting point is incidence and prevalence in Maori.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. “If there is a problem will be referred to support services”. The Committee suggested specification of ‘if any serious problem occurs’ to cover mental not just physical. The Researcher(s) agreed.

Decision

This application was *approved* with non-standard conditions by consensus.

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| **5** | **Ethics ref:** | **17/NTB/150** |
|  | Title: | Phase 2 of Filgotinib in patients with active non-infectious uveitis |
|  | Principal Investigator: | Dr Joanne Sims |
|  | Sponsor: | Gilead Sciences Inc. |
|  | Clock Start Date: | 20 July 2017 |

Mrs May Mendoza and Michael Plit (Sponsor) were present by teleconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. This is a Phase 2 study of the Janus-kinase inhibitor filgotinib, for difficult to treat, steroid- dependent eye inflammation of the uveal tract in the eye (uveitis).
2. This drug has not previously been trialled in uveitis although there are many studies, Phase 1-3, using it for rheumatoid arthritis and Crohns disease.
3. This is a placebo controlled RCT with around 18 visits, monthly after week 6. Each visit from week 6 assesses efficacy and discontinues if targets are not met. The researchers have to get the eye inflammation right down (grade 0.5+ or less) by 6 weeks to stay in the trial. However, participants will still be on 15mg of prednisone as well at this time. The target eye measures to remain in the trial from week 10 become softer, requiring, for example, quite a lot of worsening in the eye inflammatory measures (2 grades worse than best result - e.g. grade 0 becomes grade 2) before discontinuation.

Summary of ethical issues (resolved)

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Insurance certificate runs out Nov 2017 but study goes July 2017-July 2019. Please ensure this is updated.
2. The Researcher(s) confirmed that one of the uploaded Participant Information Sheet was not to be used in New Zealand.
3. The Committee noted there is an external DMC as well as an interim efficacy/futility analysis after 50% enrolments complete. However the sponsor has inserted the following in the protocol which enables them to ignore the recommendation of the DMC: "If the Data Monitoring Committee (DMC) recommends early termination of the study, an internal Gilead team who are not involved with the study may perform an unmasked review of the interim data to determine the path forward. Gilead retains final decision-making authority on all aspects of the study." The Committee discussed this and noted that DMCs are only advisory, however HDEC requires any recommendations from the DMC to be expeditiously communicated to HDEC, in particular if the sponsor is not following the DMCs advice.

Summary of ethical issues (outstanding)

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee requested a justification of risk involved for participants noting the 1 in 100 chance of developing cancer, noting that health research risks must be proportional to the benefits.
2. The Committee noted the study discontinuation measures have implications for the placebo group who could conceivably worsen as the prednisone is withdrawn yet stay in the trial on only placebo despite grade 1.5+ inflammatory flare in the eye. The inclusion criteria do not require failure on any non-steroid immunosuppressive so potentially participants may be denied treatments like azathioprine, methotrexate which although not proven gold standards, are regularly used by opthalmalologists as "steroid sparing" agents. There is the possibility of a placebo participant remaining in the trial for up to 52 weeks with a grade 1-1.5+ flare in the anterior chamber, not having had the full range of immunosuppressive options available as standard care.
3. Please have the CI explain how they would respond to such a situation. The Researcher(s) explained the treatment options available for participants who experienced inflammation, stating they were not regularly implemented, but that the CI would make the call on a case by case basis. The Committee reiterated that while not gold standard, they are used as alternative treatments. The Committee sought reassurance that the researcher will not enter anyone who has not been treated with standard immunosuppressive care as well as prednisone.
4. The Committee queried why is the primary outcome not being analysed by intention to treat analysis. The proposed “evaluable set analysis” will not capture participants who leave the trial before 6 weeks , including those who are withdrawn due to intervention side-effects. The sponsor must justify this decision.
5. The CI CV is abbreviated and contains no evidence of past research activities. Please send full CV.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. Create a separate participant information sheet and consent for genomic research.
2. Remove reference to genomic testing from p.12 and from the main consent form: add to the new, separate document
3. Add general location of sponsor laboratories.
4. Remove reference to Australian TGA p.1
5. Remove 'flipping a coin'
6. Reword 'participating participants' p.4
7. The vaccination advice on p.5 is confusing. For example, should you avoid family members recently vaccinated with a live attenuated vaccine if you have also been vaccinated to the disease in the past? When should the vaccinations be 'brought up to date' in relation to the trial drugs and if doing that, how long should elapse from vaccination to trial drug exposure? The list of live attenuated vaccines should be expanded to include those relevant in our context (while listing TNF inhibitors individually is unnecessary as all will come directly from the specialist).
8. Remove references to future unspecified research from pp.12, 14 and 25 and develop a separate document. Although a sort of future unspecified research document has been submitted, it is inadequate, omitting details on where samples will be stored, destruction methods, a Maori cultural statement and the recommended clauses in the consent form. Please view the HDEC template for guidance - <https://ethics.health.govt.nz/>
9. Samples: include information on sending overseas and advise participants which country/
10. Masked Results p15 and timing of access to personal health data collected p.26, para 1.:Rewrite to reflect that under New Zealand law, participants have the right to access their personal data without limits imposed on the timing of access. Can indicate that should their early access break the blind, they may be removed from the study.
11. Infertility males and sperm banking p.16. Contradictory information is being given. On one hand, you should not enrol if you want future children. On the other, it is being suggested that you may want to consider sperm banking at your own expense. Remove reference to sperm banking and stick with the advice to avoid the study if there is any possibility of wanting future children.
12. The commentary on the risk of malignancy p.17, reads as though participants in this study who take the drug for a year will have a 1% chance of developing cancer form it. Is that the information the sponsor is intending to convey? See below: "CANCER Lymphoma (a type of cancer of the immune system) and other types of cancers have been seen in study participants with RA taking filgotinib. Some of these cancers have resulted in death. Based on the information that is available so far, it is estimated that if 100 participants take filgotinib for one year, 1 person would develop cancer, on average. Some types of cancer, such as lymphoma, are known to happen more often in people with RA, but it is not yet known if filgotinib increases this risk."
13. The Committee noted this participant information sheet is very long at 30 pages. It is counterproductive to informed consent. Please convey the Committee’s concern to the sponsor. The following areas could be reduced in length: - prednisone side effects: tailor to dose and duration of this study. Emphasise the serious and the common rather than just run lists. Side effects of blood tests/ECG/CXR/questionnaires/fasting should be able to be explained in a short paragraph. The Committee do not believe anyone needs 90 words to tell them about a chest xray. Eye assessments. Provide detail about the invasive but abbreviate description of external testing with which participants will already be familiar, - review the wording around pregnancy prevention.
14. Withdrawal from any aspect of the study may be verbal. Remove written request from p.26, para 2. Also remove reference to US Law from last para of same page.
15. Consent form. Refer to HDEC template .There are important clauses relating to adequate time, whanau support, permission to inform GP, option to request a summary which are missing

Decision

This application was *provisionally approved* by consensus, subject to the following information being received.

* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Please provide separate Participant Information Sheets and Consent Forms for the use of tissue for future unspecified research and for genomic research (*Guidelines for the Use of Human Tissue for Future Unspecified Research Purposes, para 2*).
* Provide further information on the study design, *in particular the primary outcome analysis of study data* (*Ethical Guidelines for Intervention Studies para* 5.4)
* Provide a justification for the risks involved in study participation and how these risks will be minimised. (*Ethical Guidelines for Intervention Studies para* 4.12)

This following information will be reviewed, and a final decision made on the application, by Mrs Kate O’Connor and Dr Nora Lynch.

## General business

1. The Committee noted the content of the “noting section” of the agenda.
2. Development of ACC wording for the template PIS/CF.
3. The Chair reminded the Committee of the date and time of its next scheduled meeting, namely:

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| **Meeting date:** | 05 September 2017, 12:00 PM |
| **Meeting venue:** | Novotel Ellerslie, 72-112 Greenlane Rd East, Ellerslie, Auckland |

1. **Problem with Last Minutes**

The minutes of the previous meeting were agreed and signed by the Chair and Co-ordinator as a true record.

The meeting closed at 2.00pm