Policy

Research Code of Conduct

NSWHP_PD_032

1. Purpose

To ensure that any research conducted under the auspices of NSW Health Pathology (**NSWHP**) is conducted with the highest quality standards. This Research Code of Conduct Policy (**Policy**) has been developed to safeguard and protect research participants, researchers and research partners through providing a clear framework to work within. This document should be read in conjunction with accompanying Standards and related policies outlined in section 7.

2. Background

As outlined in the National Health and Medical Research Council (**NHMRC**) Australian Code for the Responsible Conduct of Research 2018 (**the 2018 Code**), the **primary responsibility for ensuring integrity of research lies with the individual researchers and institutions**.

This Policy adopts the principles outlined in the 2018 Code and provides the foundation for delivering and supporting research that is conducted responsibly, ethically and with the highest standards of integrity. It sets expectations for the responsible conduct of all researchers and describes what behaviours are expected from researchers and research partners.

3. Scope

This Policy applies to all people involved in the conduct of research associated with NSWHP or affiliated with or relying on NSWHP resources and/or facilities. This includes NSWHP employees, students, trainees and other external research staff involved in research and/or research-related activity. It should be noted that researchers with appointments at other institutions/universities may have additional responsibilities and obligations in relation to their respective institution/university. It is the individual's responsibility to be aware of and uphold those obligations.

This policy:

a. Defines the requirements to conduct research responsibly, ethically and with the highest standards of integrity.
b. Outlines the responsibilities of all researchers to adhere to the Research Code of Conduct principles.
c. Provides guidelines for managing and investigating research breaches.
d. Outlines the roles and responsibilities NSWHP endeavours to fulfil under the Australian Code for the Responsible Conduct of Research.

4. Definitions

For the purposes of this Policy the following definitions apply. The definitions are intended to be consistent with the 2018 Code and relevant guidelines within the 2018 Code, however the definitions used in this Policy will apply to the extent of any inconsistency with the definitions in the 2018 Code.

Assessor means a member of the Research Governance Office who is not the Research Integrity Officer.

Breach means a failure to meet the principles and responsibilities of this Policy or the 2018 Code and may refer to a single breach or multiple breaches.

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Complaint means a suspected breach.

Guide means the National Health and Medical Research Council's Guide to managing and investigating potential breaches of the Australian Code for the Responsible Conduct of Research (2018).

Institution means universities, independent research institutes, hospitals or any other organisation that conducts research (including NSWHP). May refer to one or multiple institutions.

Investigation is used to describe the action of investigating an allegation of a breach of the 2018 Code by the Panel, following the preliminary assessment by the RIO. The purpose of the investigation is to determine whether a breach of the 2018 Code has occurred, and if so, the extent of that breach, and to make recommendations about further actions.

Notifier means the person notifying the Research Governance Office of the potential breach of this Policy or the 2018 Code.

NSWHP research means all research undertaken by NSWHP. This means research:

(i) conducted at sites under the control of NSWHP;

(ii) by NSWHP Staff; and/or

(iii) involving participants, their biospecimens or data accessed through NSWHP or the NSW Health Statewide Biobank.

Panel means the group of people nominated by the Institution on a case-by-case and used for the investigation for potential breaches of this Policy or the 2018 Code.

Peer review means the impartial and independent assessment of research by others working in the same or a related field.

People Partners means people with lived experience and is defined as our consumers, users or patients.

Research includes the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative.

Research Integrity Officer (RIO) means NSWHP staff with responsibility for management of research integrity at NSWHP.

Research misconduct means a serious breach of the 2018 Code which is also intentional or reckless or negligent.

Research partner means any commercial or non-commercial research organisation collaborating with NSWHP, using our research services or relying on NSWHP supplied biospecimens or data.

Researcher means a person who conducts, or assists with the conduct of, research.

Respondent means the person alleged to have potentially breached this Policy or the 2018 Code.

Staff means all persons who are employees of NSWHP, including full time, part time, fixed term and casuals who are engaged in supervisory and other research roles on behalf of NSWHP.

Study Sponsor takes responsibility for the initiation, management, and/or financing of a research project in and affiliation, collaboration or partnership. NSWHP will be a Sponsor in the following scenarios:

(i) Peer review funded projects where the Principal Investigator is employed by NSWHP.

(ii) Peer review funded projects where NSWHP is not the administering institution, but there is an agreement between the administering institution and NSWHP delegating the Sponsor role to NSWHP

(iii) Non-peer review funded project where the funding body has delegated the Sponsor role to NSWHP.

the 2018 Code means the National Health and Medical Research Council's Australian Code for the Responsible Conduct of Research 2018.

5. Policy Statement

5.1. Core Organisational Values

1. The behaviour of NSWHP Staff and Students' in connection with research must always be in accordance with NSWHP's RITE values of Respect, Integrity, Teamwork and Excellence (figure 1).

Figure 1. NSW Health Pathology's RITE Values (NSWHP Strategic Plan Towards 2025)

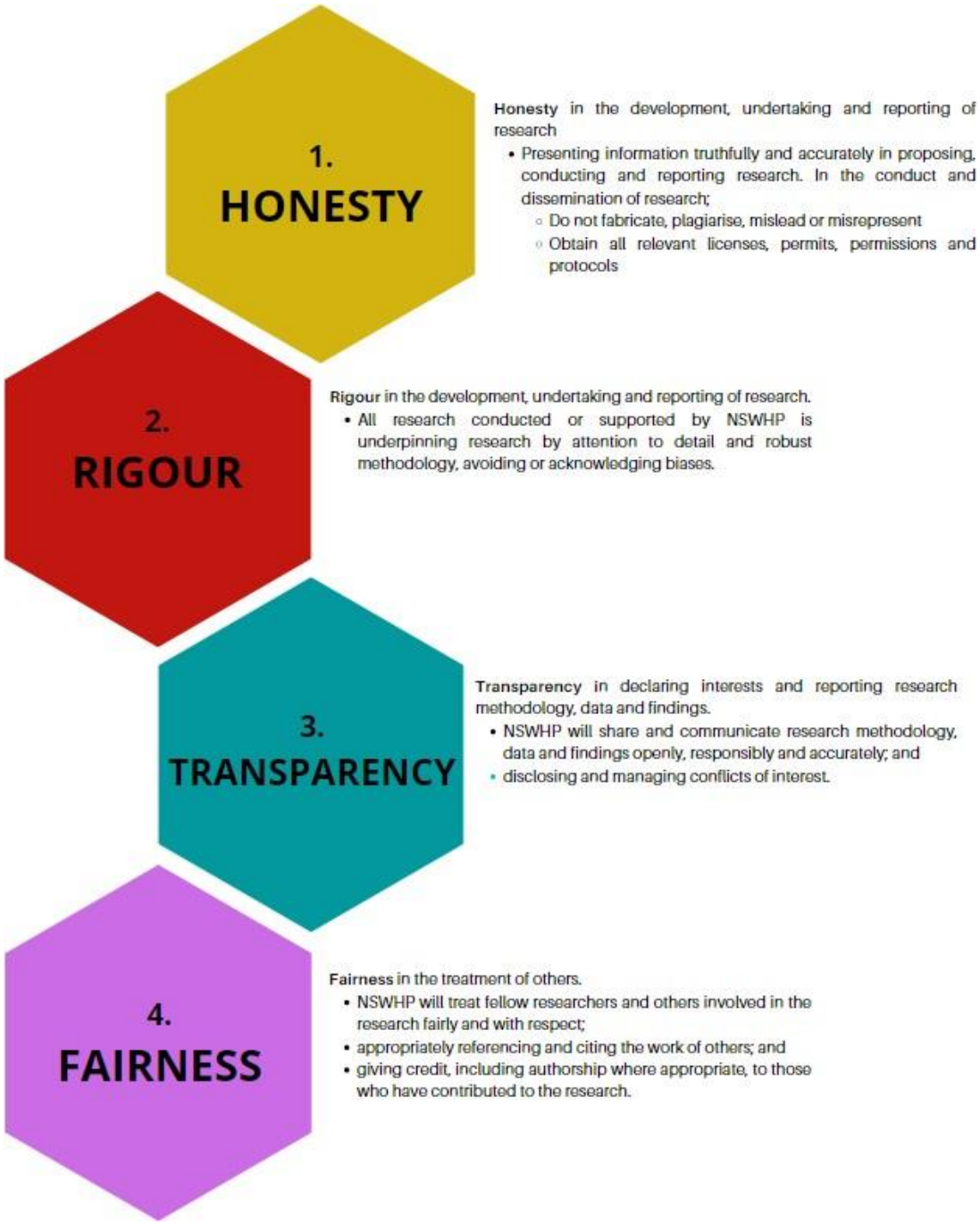
2. All NSWHP Research must be conducted according to established ethical principles and standards for research including those outlined within the 2018 Code and the 2018 Code's associated guidelines for research conduct, the NHMRC National Statement on Ethical Conduct of Human Research and relevant legislation and regulations (including those outlined in section 7). In addition, all NSWHP Research must comply with this Policy and other associated NSWHP policies and procedures such as the NSWHP Research Governance Framework.

3. NSWHP is committed to maintaining the highest standards of integrity in conducting and supporting research, and to creating and maintaining an ethical research culture. As outlined in figure 2, NSWHP assesses and prioritises research based on five key principles; quality, safety and ethics, dignity and privacy, risk and financial management.
4. NSWHP supports the responsible conduct of research by:
    a) promoting a culture and environment that recognises and supports responsible and ethical research practice;
    b) identifying and complying with relevant legislation, regulations and policies related to the conduct of research;
    c) providing facilities for the safe and secure storage and management of research data, records and primary materials, and allowing access to these by interested parties through our Research Governance Office wherever possible and appropriate;
    d) developing, implementing and reviewing institutional processes that promote adherence to this Policy;
    e) ensuring supervisors of research trainees have the appropriate skills, qualifications and resources to supervise research; and
    f) providing a confidential pathway for the lodging and investigation of complaints about possible breaches of the 2018 Code or this Policy to avoid adverse consequences for the person lodging the complaint.
5. NSWHP encourages engagement in participatory research practices, where communities are involved from research design, through co-delivery, co-publication and co-evaluation of research, and supports the inclusion of our People Partners (our consumers/users/patients) in research projects. NSWHP expects researchers to recognise the rights of people (for example, LGBTQIA+ people, disabled people, incarcerated people) who have historically been the objects of research, to be co-producers in socially just and dignified research. This includes considering who the research will benefit or harm, how lived experience will be considered as an equal form of evidence alongside scientific data, and how the findings of the research will explicitly address persistent healthcare inequalities.

Figure 2. NSWHP's Research Governance Core Principles (excerpt taken from NSWHP Research Governance Framework)

5.2. Principles for Responsible Research

NSWHP expects all Researchers (including Staff and Research Partners) to apply the following principles when conducting NSWHP Research.



More information on ethical research with, by and for Aboriginal and Torres Strait Islander peoples can be found at AIATSIS: https://aiatsis.gov.au/research/ethical-research/code-ethics

5.3. Managing and investigating alleged breaches of this policy

Any suspected or potential breach of this Policy or the 2018 Code will be managed according to the Guide to managing and investigating potential breaches of the Australian Code for the Responsible Conduct of Research (2018) (the **Guide**) and the process described below.

1. While NSWHP expects all Researchers involved in NSWHP Research to demonstrate behaviours consistent with the principles set out in this Policy and the 2018 Code, NSWHP recognises that there may be cases where there is a suspected breach of this Policy or the 2018 Code.
2. Anyone may notify an issue of research misconduct, that a researcher has not acted responsibly, including any potential breach of research policy, contractual obligations and/or ethical-legal issues surrounding research projects and publication of research.
3. Contact details for NSWHP Research Governance Office (RGO) must be made available to research participants via site specific documents (such as Patient Information and Consent Forms (PICF)). Depending on the nature of the complaint, the NSWHP RGO may be required to liaise with the reviewing HREC Coordinator. The NSWHP RGO will record the details of the complaint and deal with the complaint in a prompt manner.
4. Research misconduct is a serious breach of this Policy or the 2018 Code and is seen as being intentional, reckless or negligent. It does not include honest differences in judgement or minor, inadvertent errors.
5. NSWHP is committed to resolving all complaints with respect, integrity and confidentiality, in accordance with the following process.

    a) Immediate action will be taken to mitigate any risk of harm to humans, animals or the environment identified during the process.

    b) **Notification and preliminary assessment:** Complaints and allegations should be first dealt with at the departmental level and if circumstances make this difficult or not possible then complaints should be reported to NSWHP's RGO (NSWPath-RGO@health.nsw.gov.au). In being notified of a complaint, the RGO will forward the complaint to a NSWHP Research Integrity Officer (RIO) who will supply the notifier with a NSWHP Research Complaint Submission Form (NSWHP_F_052).

    c) The RIO determines whether the complaint relates to a potential breach of the 2018 Code or this Policy and, if it does, refer the matter to another member of the NSWHP RGO (the **assessor**) and a preliminary assessment will be conducted in accordance with section 6 of the Guide.

    d) Where possible, the preliminary assessment will be completed and reported to the RIO within two weeks of receipt of the notification.

    e) On completion of the preliminary assessment, the assessor will provide written advice to the RIO in a timely manner, including:

        - a summary of the process that was undertaken
        - an inventory of the facts and information that was gathered and analysed
        - an evaluation of facts and information
        - how the potential breach relates to the principles and responsibilities of the 2018 Code and/or institutional processes
        - recommendations for further action.

    f) The preliminary assessment advice will be considered by the RIO who will determine, on the basis of the facts and information presented, whether the matter should be:

- dismissed
- resolved locally with or without corrective actions
- referred for investigation
- referred to other institutional processes.

g) The RIO will provide the outcomes, if appropriate, to the respondent and notifier at the conclusion of the preliminary assessment in a timely manner.

h) **Investigation:** The RIO will investigate the seriousness of a suspected breach (gather information) and;

- prepare a clear statement of allegations
- develop the terms of reference for the investigation
- prepare a clear statement of allegations;
- develop the terms of reference for the investigation (a sample checklist is in the Guide to Managing and Investigating Potential of the Australian Code for the Responsible Conduct of Research);
- enter the investigation on NSWHP's Incident Management System (IMS+);
- nominate the investigation Panel (**Panel**) and Chair; and
- seek legal advice on matters of process where appropriate.

Note: Serious research incidents escalated to the RIO will be reported to the Critical Incidents Committee and research may be suspended while an investigation is ongoing. As per the National Statement Section 1.9 *"Where the risks to participants are no longer justified by the potential benefits of the research, the research must be suspended to allow time to consider whether it should be discontinued or at least modified. This decision may require consultation between researchers, participants, the relevant ethical review body, and the institution. The review body must be notified promptly of such suspension, and of any decisions following it (see paragraphs 5.5.7 to 5.5.10).*

i) In selecting Panel members, the following must be considered;

- the expertise and skills required
  - selection of a person appropriately qualified as Chair
  - appropriate level of experience and expertise in the relevant discipline(s)
  - the need for a person with prior experience of similar investigation panels or relevant experience
  - knowledge and understanding of the responsible conduct of research
- appropriate number of members
- the need for members to be free from conflict of interest or bias
- gender/diversity of members

j) The NSWHP RIO will provide the Panel with all relevant information and documentation prior to the meeting and will advise the respondent of the Panel composition.

k) The Panel will conduct the investigation which will be thorough, robust and free from bias (the principles of procedural fairness must always be applied).

l) Panel members must;

- ensure that relevant interests are disclosed and managed
- be given adequate notification to attend meetings
- take extra steps to ensure a fair investigation if required
- give the Respondent the opportunity to involve a personal support person (noting that this person's role is not to advocate, represent or speak on the respondent's behalf)
- ensure that the Respondent has the opportunity to respond to the allegation and relevant evidence and to provide additional evidence upon which the Panel may rely. If the respondent chooses not to respond or appear before the Panel where requested, the investigation continues in their absence.

m) **Decision-making:** On completion of the investigation, the Panel will prepare a draft written report of the investigation, containing findings of fact and any recommendations taking into account the seriousness of the breach (including appropriate corrective actions, referral to disciplinary procedures or other institutional procedures, or dismissal of complaint). The draft report, or a summary of all relevant information on which the decision will be based on, will be provided to the respondent within a reasonable timeframe to comment, and also to the notifier if they will be affected by the outcome. Following consideration of the further information, the report will be finalised and provided to the Chief Executive delegate for decision.

n) The Chief Executive delegate will determine whether a breach of the 2018 Code or this Policy has been found, and if so, the response, taking into account the seriousness of the breach and whether other institutions should be advised. All efforts should be taken to correct the public record of the research, including publications if a breach of the 2018 Code has affected the accuracy or trustworthiness of research findings and their dissemination.

o) The seriousness of a breach is determined through reviewing:

i. the extent of the departure from approved or accepted practice;
ii. the extent to which research participants, the wider community, animals and the environment are, or may have been, affected by the breach;
iii. the extent to which it affects the trustworthiness of research;
iv. the level of experience of the researchers;
v. whether there are repeated breaches by the researcher;
vi. whether institutional failures have contributed to the breach; and
vii. any other mitigating or aggravating circumstances.

p) The Chief Executive delegate will inform the respondent and notifier of the outcome of the investigation, including whether any evidence of a breach of this Policy or the 2018 Code has been found.

q) The notifier and the respondent will be provided up to 7 days to respond to the outcomes of the investigation, outlining any further evidence they may have that would support their case. After 6 days the course of action, which may include corrective actions, referral to NSWHP's disciplinary processes and/or other institutional processes, will be outlined.

7 For appeal against any decision (such as misconduct) that adversely affects a researcher, the NSWHP Chief Executive should be contacted.

7.1. Research Breach

1. Activities that may amount to a breach of this Policy or the 2018 Code include any of the following:

a) Not meeting required research standards, including by;

i. conducting research without ethics approval

ii. failing to conduct research as approved by ethics review body

iii. conducting research without the requisite approvals (including internal approvals), permits or licences

iv. misuse of research funds

v. concealment or facilitation of breaches of this Policy or the 2018 Code by others

b) fabrication, falsification or misrepresentation of research data or source material or some other matter in connection with the research;

c) plagiarism of someone else's work including theories, concepts, research data and source material and duplicate publication;

d) research data management – failure to appropriately maintain research records including inappropriate destruction, use or disclosure;

e) supervision – failure to provide adequate guidance or mentorship on responsible research conduct

f) authorship – failure to acknowledge the contribution of others fairly

g) failure to disclose and manage a conflict of interest

h) failure to conduct peer review responsibly

6. Roles and Responsibilities

The 2018 Code specifies the core behaviours that characterise the responsible conduct of research. NSWHP endeavours to fulfil all responsibilities under the 2018 Code.

6.1. Institution	NSWHP is committed to responsibilities as set out in 'the 2018 Code', to: a) establish and maintain good governance and management practices for responsible research conduct; b) identify and comply with relevant laws, regulations, guidelines and policies related to the conduct of research; c) develop and maintain the currency and ready availability of a suite of policies and procedures which ensure that institutional practices are consistent with the principles and responsibilities of 'the 2018 Code'; d) provide ongoing training and education that promotes and supports responsible research conduct for all researchers and those in other relevant roles; e) ensure supervisors of research trainees have the appropriate skills, qualifications and resources; f) identify and train Research Integrity Advisors who assist in the promotion and fostering of responsible research conduct and provide advice to those with concerns about potential breaches of the 2018 Code; g) support the responsible dissemination of research findings. Where necessary, take action to correct the record in a timely manner; h) provide access to facilities for the safe and secure storage and management of research data, records and primary materials and, where possible and appropriate, allow access and reference; i) facilitate the prevention and detection of potential breaches of the 2018 Code; j) provide mechanisms to receive concerns or complaints about potential breaches of the 2018 Code. Investigate and resolve potential breaches of the 2018 Code; k) ensure that the process for managing and investigating concerns or complaints about potential breaches of the 2018 Code is timely, effective and in accord with procedural fairness; l) support the welfare of all parties involved in an investigation of a potential breach of the 2018 Code; and m) base findings of investigations on the balance of probabilities and ensure any actions are commensurate with the seriousness of the breach. n) Nominate the Panel and allocate appropriate resources to the Panel including secretariat support if needed.

6.2. Panel	Members of the nominated Panel are expected to: a) work within the intuition's processes b) follow the procedure established for the Panel c) work within the terms of reference for the Panel d) respect any undertakings of confidentiality e) adhere to the principles of procedural fairness f) complete the investigation in a timely manner g) prepare a written report During its initial meeting, the Panel should: a) disclose and manage relevant interests b) be provided with all available information that will inform the investigation, which includes: • the initial complaint • all relevant information assembled by the RIO • records of the conduct of the preliminary assessment • the report of the preliminary assessment • records of any communications on the matter involving the RIO, the notifier and/or the respondent • develop an investigation plan. The Panel is to determine whether, having regard to evidence and on the balance of probabilities, the respondent has breached the 2018 Code. To do this, the Panel: a) assesses the evidence (including its veracity) and considers if more may be required b) may request expert advice to assist the investigation c) arrives at findings of fact about the allegation d) identifies whether the principles and responsibilities of the 2018 Code have been breached e) considers the seriousness of any breach f) provides a report into its findings of fact consistent with its terms of reference g) makes recommendations as appropriate.
6.3. NSWHP Research Integrity Officer/s (RIO/s)	a) Discussing complaints or allegations of misconduct with the notifier and explaining the options for taking action as provided under the Australian Code for the Responsible Conduct of Research (2018) and NSWHP procedures. b) Conducting a preliminary assessment which includes liaising with researchers on potential breaches to ascertain a thorough understanding of an alleged misconduct or complaint. c) Conduct a risk assessment and log alleged breach. d) Work with the Director of Corporate Governance and Research Governance Officer to nominate people for the Panel and notify breaches and determine the course of action for resolution of misconduct or complaints.

6.4. Study Sponsor	All individuals undertaking research activities at NSWHP where NSWHP is the Sponsor must ensure that they are fulfilling Sponsor responsibilities. For clinical trials, the following must be applied; a) Clinical trials should be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with GCP and the applicable regulatory requirement(s). b) Before a trial is initiated, foreseeable risks and inconveniences should be weighed against the anticipated benefit for the individual trial subject and society. A trial should be initiated and continued **only if the anticipated benefits justify the risks**. c) The rights, safety, and well-being of the trial subjects are the most important considerations and should prevail over interests of science and society. d) The available nonclinical and clinical information on an investigational product should be adequate to support the proposed clinical trial. e) Clinical trials should be scientifically sound, and described in a clear, detailed protocol. f) A trial should be conducted in compliance with the protocol that has received prior NSW Health Pathology research governance office (RGO) authorisation and independent ethics committee (IEC) approval. g) The medical care given to, and medical decisions made on behalf of, subjects should always be the responsibility of a qualified physician or, when appropriate, of a qualified dentist. h) Each individual involved in conducting a trial should be qualified by education, training, and experience to perform his or her respective task(s). i) Freely given informed consent should be obtained from every subject prior to clinical trial participation. j) All clinical trial information should be recorded, handled, and stored in a way that allows its accurate reporting, interpretation and verification. k) The confidentiality of records that could identify subjects should be protected, respecting the privacy and confidentiality rules in accordance with the applicable regulatory requirement(s). l) Investigational products should be manufactured, handled, and stored in accordance with applicable good manufacturing practice (GMP). They should be used in accordance with the approved protocol. Integrated Addendum to ICH E6 (R1): Guideline for Good Clinical Practice 10 2.13 Systems with procedures that assure the quality of every aspect of the trial should be implemented.

6.5. Researchers	NSWHP Researchers must commit to the principals of responsible research conduct as set out in 'the 2018 Code' and will: a) Support a culture of responsible research conduct at their institution and in their field of practice; b) Provide guidance and mentorship on responsible research conduct to other researchers or research trainees under their supervision and, where appropriate, monitor their conduct; c) Undertake and promote education and training in responsible research conduct; d) Comply with the relevant laws, regulations, disciplinary standards, ethics guidelines and institutional policies related to responsible research conduct. e) Ensure that appropriate approvals are obtained prior to the commencement of research, and that conditions of any approvals are adhered to during the course of research; f) Ensure that the ethics principles of research merit and integrity, justice, beneficence and respect are applied to human research; g) Engage with Aboriginal and Torres Strait Islander peoples, respect their legal rights, local laws, customs and protocols; h) Ensure that the 3Rs (Replacement, Reduction and Refinement) are considered at all stages of research involving animals and minimise the impacts on animals used in research and in so doing support the welfare and wellbeing of these animals; i) Adopt methods appropriate to the aims of the research and ensure that conclusions are justified by the results; j) Retain clear, accurate, secure and complete records of all research including research data and primary materials. Where possible and appropriate, allow access and reference to these by interested parties; k) Disseminate research findings responsibly, accurately and broadly. Where necessary, take action to correct the record in a timely manner; l) Disclose and manage actual, potential or perceived conflicts of interest; m) Ensure that authors of research outputs are all those, and only those, who have made a significant intellectual or scholarly contribution to the research and its output, and that they agree to be listed as an author; n) Acknowledge those who have contributed to the research; o) Cite and acknowledge other relevant work appropriately and accurately; p) Participate in peer review in a way that is fair, rigorous and timely and maintains the confidentiality of the content q) Report suspected breaches of the 2018 Code to the relevant institution and/or authority;

All those asked by the Panel to give evidence are to be provided with relevant, and if necessary de-identified, information including:

a) the schedule of meetings and/or hearings they are asked to attend

b) the relevant parts of the terms of reference for the investigation, if appropriate

c) advice as to how the Panel intends to conduct interviews

d) whether they may be accompanied by a support person

e) advice about whether the interviews will be recorded

f) whether an opportunity will be provided to comment on matters raised in the interview

g) disclosing interests

h) the confidentiality requirements

i) the Panel's procedures.

7. Legal and Procedure Framework

Related Policy Document Suite

NSWHP_CG_006 NSWHP Research and Innovation Framework

NSWHP_CG_013 NSWHP Research Governance Framework

NSWHP_CG_0009 NSWHP Clinical Governance Framework

NSWHP_CG_007 NSWHP Intellectual Property Framework

NSWHP_PD_026 NSWHP Research Publication, Affiliation and Acknowledgements

GL2011_001 NSW Health Research Governance in NSW Public Health Organisations

PD2005_370 NSW Health Intellectual Property Arising from Health Research Policy Directive

PD2014_042 NSW Health Managing Misconduct

Related Procedure Document Suite

NSWHP-F-00013 NSWHP Intellectual Property Disclosure Form

NSWHP_PG_001 NSWHP Media Relations Guideline

NSWHP_PG_017 NSWHP Social Media Moderation and Governance Guideline

NSWHP Corporate Style guide

PD2017_012 NSW Health Public Communication Procedures

Related Legislation and Supporting Documents

Legislation

Copyright Act 1968 (Cth)

Health Records and Information Privacy Act 2002 (NSW)

Human Tissue Act 1983 (NSW)

NSW Privacy and Personal Information Protection Act 1998 (NSW)

State Records Act 1998 (NSW)

Supporting Documents

This Policy should be read in conjunction with the following guides supporting the Australian Code for the Responsible Conduct of Research 2018:

a) Guide to managing and investigating potential breaches of the Australian Code of the Responsible Conduct of Research, 2018

b) Authorship

c) Management of data and information in research

d) Peer review
e) Disclosure of interests and management of conflict of interest
f) Supervision
g) Collaborative research
h) Publication and dissemination of research
i) Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities
j) National Statement on Ethical Conduct in Human Research (2007) – Updated 2018

8. Review

This policy will be reviewed every two years from Effective Date or as necessary.

9. Risk

Risk Statement	Compliance with the Australian Research Code of Conduct ensures NSWHP is conducting high quality, safe and ethical research and reduces the likelihood of legal or reputational harm due to research misconduct.
Risk Category	Legal

10. Further Information

For further information, please contact:

Policy Contact Officer	Position: Research Support Project Officer
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11. Version History

The approval and amendment history for this document must be listed in the following table.

Version No	Effective Date	Approved By	Approval Date	Procedure Author	Risk Rating	Sections Modified
1.0 Click here to see Rescinded – Research Code of	02/08/2021	SLT	06/07/2021	Bente Talseth-Palmer	Low - U	New policy

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2.0	05/09/2022	Chief Executive	19/08/2022	Amanda Koegelenberg/Bente Talseth-Palmer	Low - U	Update to section 5.3