RESEARCH POLICY

1. Purpose

GreenHills Health Hub supports ethical research that contributes to improved health care and patient outcomes.

All research involving Practice patients, staff, facilities, clinical records or health information must be conducted responsibly and in accordance with applicable legislation, ethical standards and the RACGP Standards for general practices, 5th edition.

2. Relevant standards and legislation

Research must comply with, where applicable:

- Australian Code for the Responsible Conduct of Research 2018;
- National Statement on Ethical Conduct in Human Research 2025;
- AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research 2020;
- Privacy Act 1988 (Cth) and Australian Privacy Principles;
- Health Records and Information Privacy Act 2002 (NSW);
- My Health Records Act 2012 (Cth), where applicable; and
- other relevant professional and legal requirements.

3. Ethics approval

Research must not commence until the appropriate ethics and governance requirements have been confirmed.

Where required, research must have approval from an appropriately constituted **Human Research Ethics Committee (HREC)**.

The Practice will retain evidence of:

- ethics approval or other applicable ethics determination;
- the approved research protocol;
- patient consent requirements;
- appropriate risk assessment; and
- relevant indemnity and insurance arrangements.

Any significant changes to an approved research project must be referred to the relevant HREC and the Practice before implementation.

4. Patient selection and consent

Patients must only be selected for research in accordance with the approved research protocol.
Particular care must be taken when research involves specific or potentially vulnerable groups, including Aboriginal and Torres Strait Islander patients.

Participation in research is entirely voluntary. Patients must be provided with appropriate information about the research and must provide informed consent where required. **A patient's decision to decline**

participation in research will not affect the care, treatment or services they receive from the Practice. Similarly, patients must not be pressured or disadvantaged because they choose not to participate.

De-identified information does not automatically mean that patient consent is unnecessary. Consent requirements must be determined in accordance with applicable privacy laws, the National Statement and the relevant HREC.

Where personal or health information is to be used without consent, appropriate HREC approval or waiver must be obtained where required.

5. Privacy and confidentiality

Patient information used for research must be handled in accordance with privacy legislation and the Practice Privacy Policy.

The Practice will:

- only provide information necessary for the approved research;
- use de-identified or coded information wherever practicable;
- restrict access to authorised persons;
- securely store and transfer research information; and
- not disclose identifiable patient information without appropriate consent or other lawful authority.

6. Research involving Aboriginal and Torres Strait Islander peoples

Research involving Aboriginal and Torres Strait Islander patients or communities must be culturally safe, respectful and consistent with the **AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research**.

Researchers must consider:

- self-determination and Indigenous leadership;
- meaningful community engagement;
- cultural safety;
- appropriate consent;
- protection of Indigenous knowledge and data; and
- benefit and accountability to Aboriginal and Torres Strait Islander peoples and communities.

7. Risk, indemnity and insurance

All research must be appropriately assessed for potential risks to patients, staff and the Practice before it commences.

Research must not proceed where the risks are considered unacceptable or where appropriate risk controls have not been established.

GreenHills Health Hub maintains professional indemnity insurance that provides cover for clinical trials conducted through the Practice.

All GPs participating in clinical trials are also required to check their own professional indemnity insurance arrangements and confirm that they are appropriately covered for their participation in the research.

Where required, evidence of appropriate indemnity and insurance cover must be obtained before the GP or Practice participates in the research.

Any significant adverse event, risk or incident arising from research must be reported promptly to the Practice Manager and/or Principal GP and managed in accordance with the relevant research protocol, HREC requirements and Practice procedures.

8. Research conducted at the Practice

The Practice must approve research conducted on Practice premises.

A suitable consultation or other room may be allocated for research activities.

Research must not compromise:

- patient care;
- privacy or confidentiality;
- infection control;
- workplace health and safety; or
- normal Practice operations.

Researchers and staff must comply with Practice policies and procedures.

9. Data storage and records

Research data and documentation must be securely stored and retained for the period required by the approved research protocol, ethics requirements and applicable legislation.

Research records should include:

- research proposal and protocol;
- ethics approval;
- consent arrangements;
- data-sharing arrangements;
- risk assessment;
- indemnity/insurance details; and
- relevant correspondence and outcomes.

10. Staff training

Staff involved in research must receive appropriate training relevant to their role, including, where applicable:

- research ethics;
- informed consent;
- privacy and confidentiality;
- data security; and
- cultural safety.

11. Incidents and concerns

Any suspected privacy breach, ethical concern, adverse event, unauthorised access to information or departure from the approved research protocol must be reported promptly to the Practice Manager and/or Principal GP.

The matter will be managed in accordance with Practice procedures and any requirements of the relevant HREC or research organisation.

12. Responsibilities

Practice Principal / Practice Manager

- Approve Practice participation in research.
- Confirm appropriate ethics approval, risk assessment and indemnity.
- Ensure privacy and confidentiality requirements are met.
- Maintain appropriate research records.

Researchers

- Obtain required ethics approval.

- Follow the approved research protocol.
- Obtain consent where required.
- Protect patient information.
- Maintain appropriate indemnity and insurance.
- Report incidents and protocol changes.

Practice staff

- Follow approved research procedures.
- Maintain confidentiality.
- Complete required training.
- Report concerns or breaches promptly.

13. Related policies

- Privacy Policy
- Cultural Safety Policy
- Patient Health Information Policy
- Incident, Near Miss and Adverse Outcome Reporting Policy

14. Review

Every 2 years or earlier if legislation or standards change.

Current as of:	3/09/2026	**Version:**	1.0
Amendments			
Date of amendment:	**Version:**	**Details of amendment:**	
3/09/2026	1.0	Original Policy	