STARS Education and Research Alliance

CREATING KNOWLEDGE | TRANSFORMING CARE

Research Processes at STARS flowchart – accompanying notes

Version 1.0, July 2023. Endorsed by the STARS Clinical Research Committee

Note	Topic	Information/comments
1	Quality initiative	Quality initiatives and research projects exist on a continuum. Each have their own methodologies or frameworks and are all valid approaches to addressing a clinical problem. All projects on the quality-research continuum require appropriate governance at STARS. Information on quality initiatives will be captured on the STARS Safety and Quality Register, and in the STARS Research Portfolio for research projects. See the MN or STARS Safety and Quality websites on QHEPS. Quality initiatives do not require ethical approval, though should be consistent with ethical principles. Site-specific Assessments (SSA, see note #18) and legal agreements (see note #22) are not required for quality activities. If your project involves these things, consider whether it meets the definition of research. Quality initiatives or quality assurance activities may include: • Clinical audit – measuring current practice against evidence-based clinical standards. • Service development – introducing and evaluating a new practice, new equipment/technology or new outcome measure. Based on robust published evidence, implementation in another QH health care setting or you have completed an assessment of risks and benefits. • Service evaluation activities – evaluating the effectiveness or efficiency of a current or new practice/service/program; or evaluating patterns of activity. • Case studies – using clinical data to inform other clinicians within your unit/service. • Quality improvement projects – using an implementation method/framework (eg Plan, Do, Study, Act or PDSA cycle) to review and refine clinical processes to improve them, thereby improving quality of care and health outcomes. Quality Improvement Projects at STARS must have a pre- and post- measure, so that you know if you have made an improvement.
2	Quality Initiative vs Research	The Metro North Research Office has information and a helpful guide to determine whether a project is a quality initiative or research. If the aim of your project is to evaluate and monitor local practice and your results will be used by local staff to inform and improve health care or service delivery, then (in most cases) you are undertaking a quality initiative rather than research. If your project involves allocation of people into different groups; use of a control group or placebo; secondary use of data (using clinical data for another purpose); collection of data that is not routinely clinically collected; use of a non-standard protocol or device; or targeted analysis of minority /vulnerable groups whose data will be separately analysed then this is likely a research project. Irrespective of whether an activity is research or a quality initiative, the activity must be conducted in a way that is ethical. This should include consideration of whether the people involved will be exposed to any harm as a result of the activity. Ethical principles apply to both quality initiatives and research; however, quality initiatives require institutional oversight (e.g. by a departmental director, executive director or the Safety and Quality Unit), while most research requires ethical review and site authorisation. MN also has an ethics decision tool available on QHEPS.
3	Research	A research project is designed to gain new knowledge, understanding and insights. Refer to the National Statement on Ethical Conduct in Human Research (the "*National Statement*" and note #4) for the definition of human research. Projects

		must meet the definition of research for a human research ethics committee (HREC, see notes #15-16) to review the proposed project.
4	Human Research	Human research is research conducted with or about people, or their data or tissue. The National Statement on Ethical Conduct in Human Research (the "*National Statement*") applies to any research that involves human participants. Research must meet this definition for an ethics committee to review the proposed project. Researchers must also adhere to the 2018 Australian Code for the Responsible Conduct of Research ("*the 2018 Code*"), which articulates the broad principles that characterise an honest, ethical and conscientious research culture. UQ researchers should be aware of PPL 4.20 Researcher Conduct, which mirrors *the 2018 Code* and provides the primary reference for the responsible conduct of research at UQ. See UQ's Ethics, integrity and compliance website to determine what ethics and permits are required. Human research may include: • Taking part in surveys, interviews and focus groups • Undergoing psychological, physiological or medical testing or treatment • Being observed by researchers • Researchers having access to their personal documents or other materials • The collection and use of their body organs, tissue or fluids or exhaled breath • Access to their medical information (in individually identifiable, re-identifiable or nonidentifiable form) as part of an existing published or unpublished source or database
5	MN Research Policy	The Metro North Research Policy provides overarching guidance for all research conducted by, or in collaboration with, Metro North. See MN Research website to download Research Policy (004365).
6	Research Sponsor	The research sponsor is the organisation that takes on overall responsibility or governance for the research project (eg UQ, Metro North). It is not the funder of the research project. It is generally the employer of the lead investigator. EG: the sponsor for a Higher Degree by Research (HDR) project will be the university where you are enrolled for your degree.
7	About STARS	About the Surgical, Treatment and Rehabilitation Service (STARS): • Metro North Hospital and Health Service (Metro North) operates the Surgical, Treatment and Rehabilitation Service (STARS) – part of the Herston Health Precinct, one of Australia's largest integrated health and knowledge precincts. • STARS is a new greenfield and digital, specialist public health facility that opened in 2021. It delivers a range of new and expanded healthcare services to meet demand and increase patient access to specialist rehabilitation services, elective surgical and endoscopy procedural services. • STARS is a 182-bed specialist public health facility that couples complex rehabilitation and specialist elective surgical services and procedures in a planned procedure environment to provide patients with greater access to care in clinically recommended timeframes. • STARS comprises 100 rehabilitation beds to provide care to patients with complex and specialist rehabilitation needs, and includes special purpose therapy areas. • Delivery of surgical and endoscopic procedures will be supported by seven operating theatres, three endoscopy rooms and a 28-bed unit for surgical inpatients. • As Australia's first purpose-built digital public hospital, STARS uses an integrated electronic medical record (ieMR) system and the digital healthcare at STARS includes technology to integrate devices to streamline workflows and patient care and at the point of care.
8	CSCF	The Clinical Services Capability Framework (CSCF) for public and licensed private health facilities (CSCF) v3.2 is a suite of documents describing clinical and support services by service capability level. For example, STARS services do not include

		emergency or maternity services, so research in these areas cannot be supported at this site.
9	STARS research collaboration criteria	Download the STARS research collaboration criteria from STARS Education and Research Alliance website. Priority will be given to clinical research that: • Aligns with the patient profile and facilities/equipment in STARS. • Aligns with the strategic objectives of STARS, Metro North, the Alliance (and where relevant, partnering organisations) – see note #10. • Builds research capacity in STARS teams. • Include meaningful collaboration with consumers. • Include those that identify as Aboriginal and Torres Strait Islander. • Provide opportunity for outputs that include the STARS or STARS Education and Research Alliance affiliation. • Are funded, or have the potential to attract research funding.
10	Strategic objectives	Priority will be given to research projects aligned with the STARS Education and Research Alliance Strategic Plan, the Metro North Research Strategy, and where relevant other partnering organisations (eg the University of Queensland Strategic Plan and Research Impact themes).
11	Think-tank	A Think-tank meeting (approx. 60min) may be arranged between the research team and relevant stakeholders (STARS clinicians, researchers, support staff, consumers etc). The think-tank is an opportunity to discuss and share ideas to develop and strengthen study protocols, through in-depth discussion and constructive feedback. Download a PDF with further information on the Think-tank process from the STARS Education and Research Alliance website.
12	MN Research Approvals	To conduct human research in Metro North, it is a requirement that all research first obtains: • Human Research Ethics Committee (HREC) review, AND • Research Governance (Site Authorisation) approval Human Research shall not commence until both processes are formally completed.
13	STARS Research Register	The STARS Research Register contains details of all research projects that meet any of the following criteria: • Project involves STARS staff. • Project includes STARS patients (or their data/tissue). • Data collection occurs in the STARS facility. • STARS resources are contributed to the project (eg data, equipment, staff in-kind time). Projects are classified as STARS-led, STARS-collaborating or STARS-facility only and presented to the STARS Clinical Research Committee. At a minimum, the documents to be filed with the STARS Education and Research Alliance Manager include: • Protocol • Ethics application • SSA application • HREC approval letter • SSA approval letter (including STARS as a site) The STARS Research Register will be updated regularly, so investigators will be required to provide updates as to the project's status at STARS.
Project Requirements Flowchart notes		
14	MN Staff contributions	In some cases where the contribution of MN staff is limited amounts of in-kind support in the form of mentorship, supervision, advice (ie not a designated FTE) and there is no other resource contribution (eg data, equipment, significant staff in-kind etc), then an SSA may not be required with the site. Seek advice from the MN Research Office whether this applies to your project and circumstances.
15	HREC	The Human Research Ethics Committee (HREC) review research proposals that involve human participants to ensure that they meet ethical standards and guidelines. Projects must meet the definition of research according to the *National Statement* (also see note #4).

16	MN HREC	The Metro North (MN) HREC is certified for single ethical review of multicentre studies involving **adults**: specifically for Phase I, II, III & IV clinical trials; population health; clinical interventional research other than clinical trials; qualitative health, mental health, health services, and molecular biology research. Meeting dates are listed here. Research conducted at a QLD Health facility or involves QH staff or resources and/or where governance approval is required to conduct the research will require evidence of ethics approval from an HREC certified under the National Mutual Acceptance (NMA) system.
17	NMA	National Mutual Acceptance (NMA) is an Australia-wide system that supports mutual acceptance of a single of scientific and ethical review of all multi-centre human research projects conducted in publicly funded health services. In simple terms, you only need to apply once for ethical approval (via the Human Research Ethics Application or HREA form) with an NMA-certified HREC.
18	SSA	Research governance considers the appropriateness of conducting the research project **at the site/s**, and considers: resource implications (financial, human, equipment, infrastructure); expertise/experience of the researchers; legal requirements; regulatory approvals. Governance approvals are done via site-specific assessments (SSA). Where possible, prior to completion of HREC review, Principal Investigators (PIs) will discuss site-specific arrangements (such as local resource implications and budget) with the relevant Clinical Director/s, Service Lead/s or Heads of Department/s whose operations and clinical service may be impacted by the proposed research, the relevant Business Manager/s and the institutional RGO, to assist in the timely and efficient completion of site-specific applications for governance approval.
19	ERM	Ethics Review Manager (ERM) – online submission of Human Research Ethics Application (HREA) or Low and Negligible Risk (LNR) forms and required attachments. To reduce delays, proof-read all documents and refer to submission checklist to ensure complete application is submitted. Final decision on application will be within a 60 days period of receiving *complete* application.
20	UQ HREC	The University of Queensland (UQ) HREC review research applications where the research takes place: at UQ, carried out using equipment, facilities or premises owned by UQ and/or the research is undertaken by any person who is a student or staff member (full-time, part-time or conjoint), or a person formally recognised by UQ. UQ HREC approvals and ratifications are processed in the MyResearch system. See also the MyResearch Training Hub. Projects involving hospitals should first be submitted for ethics review to the relevant hospital HREC. A project involves a hospital if it includes any of the following: collecting data on hospital sites; access to hospital data/patients/staff; a hospital staff member is part of the research team (weblink). See UQ's Human Ethics website for further information. UQ HREC A and B are non-discipline specific and meet monthly on an off-set basis, so review is possible on an approximately fortnightly basis (see meeting dates). UQ's requirements and processes related to Human Research Ethics are detailed in PPL 4.20.07. UQ has a decision support tool to assist you in determining the best pathway for your human research ethics application.
21	UQ HREC Ratification	Where a human research project has external ethics approval (eg from MN HREC), UQ HREC ratification is required if any of the following apply: • UQ is the research sponsor. • UQ is the lead institution (eg Principal Investigator is a UQ employee). • UQ is a research site (eg recruitment of participants at UQ, or data collection/testing occurs at a UQ site). • The project involves UQ students undertaking research for their degree. The lead UQ researcher must submit the external HREC approval letter and all approved documentation for UQ review and ratification. Ratifications should be

		submitted by the lead UQ investigator via the MyResearch system. See also the MyResearch Training Hub. All modifications to the original approval, incident reports and annual reports must also be submitted to UQ for review.
22	Legal agreement	There are many cases where a legal agreement is required or recommended, including: • Transfer of funding (between funder and lead admin organisation; or to individual sites) • To licence and/or to protect ownership of specific Background Intellectual Property (IP) for use in the project • To confirm ownership of Project IP, particularly if there's commercial potential • To confirm commitment/s or requirements of each party with respect to the research project • Involvement of students • To fulfil governance processes with hospitals • Data/materials transfer There are a variety of template legal agreements available for research purposes, from your institution, Health Translation QLD or Medicines Australia. The details specific to the project including funding, budget, contributions of each party, resulting intellectual property, data or material transfer requirements, and any other requirements (eg training, onboarding, background checks etc) should be documented in the agreement. UQ staff and students should contact their Research Partnerships Manager (RPM) for advice, see UQ-RPM contact page.
23	Patient Data	Patient data must be collected, used and stored in accord with Australian Privacy Principles in the Privacy Act (1988). Data may be considered: • Identifiable: the identity of an individual can be reasonably discerned from the available information (eg a photograph with facial features; personal information such as name, date of birth, residential address etc). • Re-identifiable: All identifiers are removed from the dataset and replaced with a code, or data is aggregated. Re-identification is possible through a master list of study participants. • De-identifiable or non-identifiable: All identifiers are removed from the data, or data is aggregated, or data was never collected with identifies. Master copies of data that contain identifies will be destroyed. Researchers should consider the type of data they are collecting, how it will be stored and accessed – this will need to be outlined in your ethics application. QLD Health employees should be aware of the Department's ICT policy framework and Research Management Policy. UQ staff, HDR students and their collaborators have access to the UQ Research Data Manager (RDM), a cloud-based platform that meets UQ policies and national guidelines for data management.
24	PHA	An application for data release under the Public Health Act 2005 (PHA) must be approved by each data custodian relevant to your project and the Director General (or Delegate) of Queensland Health. See website for further information, application form and list of data custodians.
25	Clinical Trial	A clinical trial is a form of research designed to find out the effects of an intervention, including a treatment or diagnostic procedure. Refer to UQ's Clinical Trials website and PPL 4.20.03 Clinical Trial Governance for further information. If Metro North (or another health service organisation) is the research sponsor, then the National Clinical Trials Governance Framework will apply, in order to meet the National Safety and Quality Health Service (NSQHS) Standards.
26	Registration of clinical trial	In Australia, all clinical trials must be prospectively registered (ie before enrolment of the first participant) in a publicly accessible database, eg Australian and New Zealand Clinical Trials Registry (ANZCTR).

27	GCP	All researchers undertaking clinical trials must provide evidence of accredited Good Clinical Practice (GCP) certification. The International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) Guideline for Good Clinical Practice E6 R2, November 2016 (ICH GCP), an internationally accepted standard for the design, conduct, recording and reporting of clinical trials. Best practice is that all individuals undertaking human research undertake GCP training.
28	Indemnity and Insurance	The National Law provides that a registered health practitioner must not practice in their profession without appropriate professional indemnity insurance. Professional indemnity insurance covers an individual for costs that arise from an actual or alleged breach of professional duty, including claims for compensation, legal costs and other reasonable expenses associated with defending or investigating a claim. Queensland Health employees are covered by the QLD Government Insurance Fund (QGIF). Metro North HHS has the following classes of insurance: Property, General Liability (includes Public and Products Liability), Professional Indemnity, Medical Indemnity, Personal Accident & Illness. QGIF does not extend insurance to other parties (such as university employees). External researchers will need to be insured by the collaborating institution (generally their university or employer). The external researcher will be required to demonstrate evidence of the requisite Public Liability Insurance and Personal Accident and Illness Insurance. UQ researchers can refer to note #29 for UQ Insurance arrangements. UQ Staff (full-time, part-time and casual) are also covered by other insurance while undertaking authorised UQ business including Public Liability, Professional Indemnity and Medical Malpractice.
29	UQ insurance for “clinical trials”	Where UQ is involved in a human research study sponsored by a third party, UQ should seek confirmation that the third party sponsor holds clinical trials insurance for that study (including obtaining a certificate of currency for that insurance cover). Where UQ is the study sponsor, or the study sponsor does not have appropriate insurance cover, “clinical trials” must be either **declared** or **notified** to UQ's insurer per the more detailed guidance on the UQ Governance and Risk website. Appendix 1 of the Fact Sheet outlines when research studies should be declared or notified to UQ Insurance. For the purposes of UQ insurance, clinical trials are considered to be: “Any research study, healthy volunteer study or observational study undertaken to evaluate the effects on health outcomes”. Clinical trial insurance responds to the potential liability of almost everyone associated with clinical trials undertaken by UQ and its subsidiaries, so long as they are acting within the scope of their duties in connection with the clinical trial, within the terms of the protocol, and with the prior informed written consent of the research subjects.
Research Requirements Flowchart notes		
30	Role in project	Individual researchers may have multiple roles (eg student, employee, or unpaid/honorary employee) or affiliations with multiple organisations. Please be clear about your role and affiliation in the specified project, as it determines the individual researchers’ permissions or requirements. For example a student who is also employed as a clinician in MN should not access patient data for recruitment purposes for their research project – they will need to follow the flowchart as a student and obtain the necessary approvals.
31	Employee	An employee is someone who holds a paid appointment and employee number (payroll ID) with Queensland Health (QH) or one of its Hospital and Health Services (HHSs). QH consists of the Department of Health, the QLD Ambulance Service and 16 independent Hospital and HHSs across the state. The Hospital and Health Boards Act 2011 (“HHB Act”) provides the overarching framework for the delivery of publicly funded health services in QLD. All QH employees are bound by the HHB Act, that outlines employee conduct, confidentiality, and disclosure of confidential

		information. QH has seven major agreements (awards) that prescribe the primary terms and conditions of employment.
32	External researcher	An external researcher is defined in the Metro North External Researchers Policy 006903 as an individual not employed by Metro North or QLD Health that requests access to a Metro North facility for the purposes of research. An external researcher may be an employee of a research institution, or a student enrolled in a degree who is undertaking research. See note #34 for more detail.
33	Conjoint employees	Where the conjoint employee has their lead employer as a university or research institute (ie MN is the affiliate employer), they are not considered an employee per the Hospital and Health Boards Act QLD (2011, Section 139A) and as such do not meet the definition of a 'designated person'. Where the agreement terms and conditions for individual conjoint employee meet the minimum requirements of the External Researcher Policy (see note #34), then the conjoint employee is not required to complete the External Researcher Access form.
34	MN External Researcher Policy	The Metro North External Researchers Policy 006903, effective January 2023, is available on QHEPS (QH internal access). The policy and guideline will be available via the Metro North Research website in the future. Until the policy is publicly available on the MN Research website, external research or administrators can email the Alliance Manager for a copy of the policy or further information. The policy outlines the mandatory requirements for external researchers (non-MN employees and students) who request access to MN facilities for the purposes of research. All MN staff and external researchers need to understand the requirements and abide by the policy. Please note that the MN External Researcher policy does not apply to students undertaking a *clinical placement* in public sector health service, this should be listed in the QLD Health Student Placement Deed Schedule. See more information on clinical placements on the QH website, UQ-HABS pre-placement requirements or UQ Faculty of Medicine Work Integrated Learning requirements. Please note that the processes for credentialing and defined scope of clinical practice (see note #35) cover the mandatory requirements outlined in the external researchers policy. As such, where an external health professional has undergone credentialing processes, they are not required to complete an external researcher access form. Key requirements: • Identify a MN site contact (must be a MN employee) – will assist with completion of the form, identifying appropriate head/s of department, and arranging ID badge and proximity card once the approvals are complete. • Define the research activities. • Determine the requirements for vaccine preventable diseases (VPD) – see also note #37 • Criminal history clearance (see note #36). A general criminal history check will be required where an external researcher is engaged for a period >1mth AND will provide direct patient care or have access to identifiable patient records. Process: 1. External research completes the External Researcher Access Request, providing contact/s for a MN site contact person (for each facility where access is required) and contact/s for the Collaborating Organisation. 2. MN Site Contact authorises the access form and nominates MN Head/s of Department. 3. The delegate of the collaborating organisation authorises the access form, or securely transfers the form to the appropriate delete for authorisation. 4. MN Head/s of Department authorises the access form (or transfers to the appropriate delegate).

		5. A copy of the full application with all signatures is forwarded to the Facility Executive Director or nominated delegate for approval. 6. The external researcher, MN Site Contact and Collaborating Organisation will receive a notification of the outcome (approved/not approved). 7. MN Site Contact arranges relevant ID Badge and Proximity Card (where required). 8. Orientation and mandatory training
35	Credentialing	To meet the National Safety and Quality Health Service (NSQHS) Standard 1 (Clinical Governance Standard), Metro North (MN) employees will undergo credentialing as part of their recruitment/appointment process. Qualified health professionals (including allied health, nursing and medical staff) who are not employees of MN that are conducting research that involves direct clinical practice or review of clinical records will need to undergo the credentialing process. Credentialing is not required for: • External health professionals with appointments in non-clinical positions • Individuals conducting research that does not involve health service delivery, direct clinical practice or access to identifiable MN patient clinical records. • Researchers from non-health professions (eg science, engineering). • Students who are not yet qualified as a health professional. Credentialing is the formal process of verifying an individual's qualifications and experience to form a view about their competence, performance, and professional suitability to provide high quality care within specific settings and/or scopes of practice. There are three types of credentialing applications: • NEW: professionals who have not been credentialled by a HHS in the previous 5 years • RE-APPLICATION: renewal of a **current** MNHHS credentialing and scope of clinical practice or to request change of scope. • MUTUAL RECOGNITION: recognition of **current** credentialing and scope of clinical practice (at another HHS or other MNHHS facility/service) The application should include information regarding the applicant's: • Identity • Qualifications • Registration (if applicable) • Evidence of continuing professional development and recency of practice • Evidence of professional indemnity insurance (external applicants only) • Pre-employment checks as required by the role (eg vaccine preventable disease requirements; criminal history check or consent; working with children check) • Work history • Professional referees. Credentialing occurs via three separate committees/frameworks for Medical and Dental; Nursing and Midwifery; and Allied Health Professions. The credentialing application must be reviewed by the profession-specific manager prior to submission to the Credentialing committee, who must nominate a clinical supervisor for the credentialed period. Allied Health Professionals include: • Registered professions - Medical Radiation Practice, Occupational Therapy, Optometry, Pharmacy, Physiotherapy, Podiatry and Psychology. • Self-regulated professions: Art Therapy, Audiology, Clinical Physiology, Dietetics/ Nutrition, Exercise Physiology, Genetic Counselling, Leisure Therapy, Music Therapy, Orthoptics, Orthotics and Prosthetics, Medical

		and Health Physics, Social Work, Sonography (including echo-sonography) and Speech Pathology. • Unregulated professions: Rehabilitation Engineering. See: • Health Services Directive QH-HSD-034: 2014 • QLD Health guideline for Allied Health Professionals: QH-HSDGDL-034-1:2015 • Procedure: HP Credentialing and Defining Scope of Clinical Practice 003335 • QH Guideline: Credentialing and defining the scope of clinical practice for medical practitioners and dentists (QH-GDL-390-1-1:2017) • Credentialing guide for managers and practitioners
36	Criminal history check	Per attachment 1 in QH-POL-122, a criminal history check will be required for any external researcher working on projects exceeding 1 month and who will provide direct patient care, or require access to patient records. Check can be undertaken by QLD Health and should be part of the contract or agreement for the project. Alternatively, research staff and students may organise, fund and maintain a National Police Certificate. For further information, see the QPS website and QLD Health website. Information specific to UQ students is here. Please note that applications can take up to 3 months.
37	VPD Evidence	QLD Health Directive and Protocol number QH-HSD-047-1:2016 specifies the mandatory vaccine preventable disease (VPD) pre-engagement /pre-commencement screening requirements for contractors, students and volunteers. Refer to QH Vaccine Preventable Disease Risk role checklist to determine if whether VPD requirements apply for the proposed research activities. If your role includes direct or indirect patient contact, or attendance in a clinical area (eg a hospital ward, but also includes areas such as the Education and Research Centre on L1 of STARS since patients attend this shared space), then you have VPD evidence requirements (MMR, pertussis, varicella). If you have direct contact with patients, then you must also provide VPD evidence for Hepatitis B. UQ Staff who work in a healthcare setting (including QLD Health or other clinical facilities) should refer to UQ PPL 2.60.08 and Table 2 of the PPL with respect to vaccine requirements. Supervisors are responsible for initiating immunisation requests to their workers via the "my requests" function (new request is called "change to immunisation status") in their my.UQ dashboard. Staff then complete the request and upload the required evidence of vaccination status. For further assistance or advice please refer to UQ's immunisation and disease screening website or contact your local Work Health and Safety Manager/ Coordinator or immunisation@uq.edu.au
38	Blue Card	A working with children check or "Blue Card" is required where the researcher has contact with patients younger than 18 years old, unless they are exempt by their professional registration. Attachment 1 in QH-POL-122 outlines further details. Apply for a Blue Card on this website.
39	Mask fit	During COVID restrictions, details of mask fit test (date, type of mask) will be required to monitor supply in hospital settings.
40	ID badge and access card	External researchers must have a current MN ID badge, and surrender once project is complete. Stars-id-prox-application is a PDF form (available on QHEPS or via the Alliance Manager) that must be submitted digitally with a current photo of the staff member (for ID card) and also covers proximity access cards. Proximity card will be required for projects >1 month duration (contact Alliance manager if short-term access to STARS is required).
41	QH ICT access	Access and use of QH Information and Communications Technology (ICT) services and information systems is governed by confidentiality and privacy legislation, including various Acts. In general, there is no legal authority for researchers,

		external to Queensland Health, to directly access a Queensland Health information system, whether or not by secure means, for research purposes if the system holds information that has the **capacity to identify** an individual patient.
42	ieMR access	Researchers who require ieMR access will need to complete the *STARS ieMR External Researcher* Access form and provide copies of all requested documents to the Alliance Manager. Alliance manager will provision or move existing Novell (QH) and nominate cost centre. Researcher will complete training online (ieMR read only access) or in person (ieMR write access). ieMR access is provisioned by ieMR system admin (read access) or QDA (write access) once training is completed.
43	Novell accounts	QH usernames (Novell logins) and associated ICT levies cost ~$50/month/person. If required by the research activities, these costs should be factored into project budgets where possible. Accounts can be arranged through QH online provisioning services – contact the Alliance Manager.
44	ieMR training	Training will depend on level of access required. Online training and booking for training is through QH systems.
45	ieMR access provisioning	Contact the Alliance manager for the current form; complete and return to the Alliance manager for processing with the STARS digital team.
46	Mandatory training	All external researchers must complete the legislative and mandatory training requirements as outlined in the Metro North Policy Legislative and Mandatory Training POL002070 (available on QHEPS or via your MN Site Contact). At a minimum, the orientation program will include the QLD Health General Fire and Evacuation Instructions (GEI) and any workplace health and safety requirements relevant to the research activities in all work areas the external researcher is authorised to attend. GEI is delivered locally and in-person at STARS, and has 12-months' validity. GEI must be completed within 48hr of commencing at STARS. If required, the MN Site Contact will arrange access to the MN Talent Management System (TMS) – the platform used to manage mandatory training. External Staff and Students would be expected to maintain current certification in the mandatory training modules of their home organisation.
47	Risk assessments	All staff have obligations under the Work Health and Safety Act 2011 (QLD) to **eliminate** risks to health and safety where possible and to **minimise** risks as far as is reasonably practicable where eliminating them isn't possible. PPL 2.30.01 outlines UQ's approach to managing health and safety risk at UQ. UQ uses the UQSafe-Risk system to manage health and safety risk assessments. Risk assessments should be performed on tasks undertaken by UQ workers (staff, HDR students, contractors and volunteers) across all UQ operations and sites. A risk assessment is required for tasks where a hazard (physical, psychological, environmental) has been identified. That is, a risk assessment should be completed for all work activities other than those in low-risk office environments.