stated by RC (Appendix 1, page 20):

> *RC strongly supports the development of a national stem cell bank. Such a facility will allow researchers to access and share resources and so will promote individual research progress as well as exchange of information and collaborative projects. The bank will need adequate infrastructural support to ensure good documentation and processes. All stem cell lines produced in the course of publicly-funded research in Australia should be required to be submitted to the bank. Consideration should also be made to enforcing lodgement of stem cell lines made by commercial companies, particularly since in this case as in publicly-funded research, the stem cells will have been derived from donated embryos. Any stem cell bank established in Australia should be required to operate in accordance with the National Statement.*

Whether or not such a stem cell bank needs to be established in Australia requires significant investigation of the costs and benefits. One benefit would be that access to embryonic stem cell lines through a stem cell bank may reduce the use of excess ART embryos for the derivation of new stem cell lines. Another approach would be to establish arrangements to ensure access by Australian scientists to cell banks in other countries.

The UK Stem Cell bank has been established with a remit to work with and for the scientific and clinical community to assure the quality of human cell lines used in research and therapy. It is backed by the expertise of the National Institute of Biological Standards and Control (NIBSC) which has an established reputation in relation to quality assurance and research related to biological medicines (http://ukstemcellbank.org.uk). Two Australian-derived cell lines have already been accepted for deposit in the UK Stem Cell Bank.

In the United States, the National Institutes of Health (NIH) is expected to announce the successful contractor to establish a National Stem Cell Bank in mid-September (http://grants2.nih.gov/grants/guide/notice-files/NOT-RR-05-002.html).

Ethical Review of Research

AHEC have raised general concerns about the capacity of HRECs to approve and monitor research and their increasing workloads (Appendix 2, page 35):

> *HRECs in Australian institutions have widely varying workloads but the clear trend is a steady increase. This has reached the stage in some universities and health care institutions that the workload can only be managed by the multiplication of committees and/or the extension of meetings to lengths at which their efficacy can be threatened.*
>
> *Accordingly, additions to that workload are not welcomed, especially where these are accompanied by new, detailed and legislated sets of requirements. Opportunities to reduce workloads are, on the other hand, encouraged by AHEC. One of these, in areas in which there is wasteful repetition of ethical review, is the reduction of the number of HRECS conducting that review, or the centralisation of review.*

In order to address these concerns, AHEC (Appendix 2, page 35) propose a centralised HREC to provide the ethical consideration required by the RIHEA and to give advice to the LC:

> *AHEC proposes that the LRC consider amending the legislation to permit the initial ethical review of licence applications to be conducted by a central ethics committee, constituted by people with suitable ethical and technical expertise and who together meet the National Statement requirements for an HREC. In proposing consideration of this alternative, AHEC does not intend that such a committee would have any greater role than that presently given*