|  |
| --- |
| ***The purpose of this report is to provide the Commission with an update on the status of a project using MedicineInsight data.***  *Once complete, send the report to* [MedicineInsight@safetyandquality.gov.au](mailto:MedicineInsight@safetyandquality.gov.au)  ***What happens after submitting this report?***  *The report will be reviewed by the Commission and will inform the establishment (where appropriate) of a new Data Access Agreement between* ***active*** *Data Users and the Commission in 2024.*  ***Privacy information***  *The personal information you provide is collected by the Commission for the purpose of maintaining relevant information about your project. For details on how we handle personal information please read our* [*Privacy Policy*](https://www.safetyandquality.gov.au/about-us/governance/privacy-policy) *available on our website.* |

**PART A – Project details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference number** | DX Click here to enter text. | Approval date | Click here to enter a date. |
| **Project title** | Click here to enter text. | | |
| **Organisation** | Click here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Data User** | Click here to enter text. | | |
| **Organisation** | As above | | Other  Click here to enter text. |
| **Contact details** | Email | Click here to enter text. | |
|  | **Phone** | Click here to enter text. | |

**PART B – Project progress**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Current status**  *Select the status of project.* | **Active** (e.g. data currently in use)  **Completed** (e.g. data is archived to follow retention periods)  *(If completed proceed to Question 5)*  **Closed** (e.g. retention periods ended with data destroyed)  *(If completed proceed to Question 5b)* | |
| **2** | **Progress summary**  *Provide a brief summary (max. 200 words) on activities of the project to date, or outcome in the case of completed research. This includes detailing how research activities have been carried out in compliance with the approved application and/or any conditions of approval.* | Click here to enter text. | |
| **3** | **Ethics amendments**  *Have any amendments to the ethics approval been obtained for the project?* | No | Yes *(provide details, including how this relates to the approved application)*  Click here to enter text. |

**PART C – Maintenance and security of data**

|  |  |  |  |
| --- | --- | --- | --- |
| **4** | **Access, use and analysis** | | |
| 1. *Has MedicineInsight data been linked with another data set?* | No | Yes *(provide details)*  Click here to enter text. |
| 1. *Provide details of the controls (physical, technical and/or administrative) in place to ensure only authorised to access MedicineInsight data occurs.*   *For example, maintenance of a register to log those who have access to the data, and/or provision of appropriate privacy and security training to authorised persons.* | Click here to enter text. | |
| 1. *Have the outputs of the project been made public? (e.g. report, abstract, publication or presentation)* | No  Yes | |
| 1. *Provide details of the outputs.* | Click here to enter text. | |
| 1. *Have these outputs been reviewed by the MedicineInsight data custodian (NPS MedicineWise or Commission) prior to release?* | Yes  No | |
| 1. *Outline the processes and policies in place to detect and contain a data breach involving MedicineInsight data.*   http://www.mcww.org.au/wordpress/wp-content/uploads/2015/09/warning_sign_bold.png*For the purpose of this form, a data breach is defined as an incident that involves actual or potential misuse, interference or loss, or unauthorised access, modification or disclosure of MedicineInsight data.* | Click here to enter text. | |
| **5** | **Storage, retention and disposal** | | |
| 1. *Provide details on the location where MedicineInsight data is currently stored.* | Click here to enter text. | |
| 1. *Select the period (in years) that MedicineInsight data will be retained for.* | Choose an item. | |
| 1. *Describe how MedicineInsight data will be managed and maintained in accordance with relevant privacy and security standards.* | Click here to enter text. | |
| 1. *Explain how MedicineInsight data will be (or was) disposed of in a safe and secure manner at the end of the retention period.*   http://www.mcww.org.au/wordpress/wp-content/uploads/2015/09/warning_sign_bold.png*This includes outlining the processes and procedures to be followed by the data user. For example, securely erasing or otherwise rendering the data inaccessible, and notifying the Commission of this disposal.* | Click here to enter text. | |

**PART D – Signature**

*The individual listed below as the ‘Authorised Signatory’ must have the authority to act on behalf of the organisation using MedicineInsight data in this Annual Report.*

|  |  |  |
| --- | --- | --- |
| Name | Click here to enter text. | |
| **Title** |  | |
| Signature |  | Date  Click here to enter a date. |