Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 13 September 2018

Members: Sarah Baalham, Nicola Fear, Kirsty Irvine (Chair), Eve Sariyiannidou.

In attendance: Dave Cronin, Gaynor Dalton, Louise Dunn, Rachel Farrand, Nichola Makin (Observer), Kimberley Watson, Vicki Williams.

Apologies: Joanne Bailey, Anomika Bedi, Jon Fistein.

1	**Declaration of interests:** Nicola Fear noted a personal and professional links to the team at University of Oxford (NIC-148322-TMFVQ) and would not be part of the discussion. **Review of previous minutes and actions:** The minutes of the 6 September 2018 IGARD meeting were reviewed, and subject to a number of minor amendments, were agreed as an accurate record of the meeting. **Out of committee recommendations** An out of committee report was received (see Appendix B).
2	**Data applications**
2.1	<u>University of Oxford: MR576 EPIC-Oxford. A prospective cohort study of 65,000 mainly vegetarian men and women, to examine how diet influences the risk of cancer, particularly for the most common types of cancer in Britain, as well as other chronic diseases (Presenter: Dave Cronin) NIC-148322-TMFVQ</u> **Application:** This was a renewal application to permit both retention and reuse of Medical Research Information Services (MRIS) and Hospital Episode Statistics (HES) data, with further MRIS data provided under this agreement but no new HES provided, for the EPIC-Oxford nationwide cohort study of approximately 65000 men and women aged 20 and above who were recruited between 1993 and 1999 from throughout the UK. The study was designed to examine the effects of diet on long term health, with a specific focus on vegetarians, supported from a grant from the MRC, and aims to provide reliable evidence on choices people can make in adult life to help increase their chances of staying healthy into old age. Study participants' records are linked to HES for information on case-specific hospital admissions such as cancer diagnosis, cardiovascular disease, joint replacements and fractures. NHS Digital noted that following advice received from IGARD's predecessor DAAG, the applicant had applied to HRA CAG for s.251. It was noted that HRA CAG have since reviewed the applicant's consent and deemed it sufficient to meet the common law duty of confidentiality. NHS Digital noted that the sentence in the abstract 'the data will be pseudonymised…' was incorrect and would be updated to reference the data as identifiable. NHS Digital notes that the sentence in section 5 '…all subsequent data supplied by NHS Digital will contain no identifiable fields…' would be updated to note that the applicant was receiving re-identifiable data including full date of death. **Discussion:** IGARD noted the amendments suggested by NHS Digital but suggested the application be updated throughout to correctly reference the data as being 'identifying' not 'identifiable. IGARD also queried what data the applicant was received from NHS Digital and suggested that section 3(b) be updated to clearly outline the data received.

	IGARD noted that the HRA CAG letter provided states that the s.251 support does not cover the HES data linkage to data received from Scotland (via the Public Benefit and Privacy Panel for Health and Social Care) and from Northern Ireland (via the Central Services Agenda), however section 5 states "the EPIC-Oxford team link the data with study participants records collected over time directly from the participants and from NHS Digital and ONS plus linked data from Scotland…and from Northern Ireland." IGARD queried the legal basis to link to Scotland and North Ireland data and that the applicant provide evidence for data linkage and processing. IGARD queried if new data was being provided to the applicant for those participants that were 'unflagged' and NHS Digital confirmed no additional participants had been added to the original cohort, however it was suggested that section 5(b) be updated to clearly state that no new data was being sent to NHS Digital for those participants that are 'unflagged'. It was also noted that section 5 outlined the whole study but that for the lay reader section 5(b) could be updated to clearly describe the longitudinal study including the additional data being provided under this agreement. IGARD noted that data will only be accessed by authorised members of the EPIC-Oxford study team but asked for a copy of the 'University Research Services Form' which is signed by non-contractual DPhil and MSc students in order to better under the process. IGARD noted that section 4 Fair Processing be updated to include new standard wording: "All data required by the Data Controller under this application is personal data under the GDPR. All Data controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements within a reasonable period after obtaining the personal data, but at least within 1 month". IGARD also noted the applicant should provide a fair processing notice that it is compliant with the notice requirements under the GDPR and suggested that they work with NHS Digital to amend their current privacy notice including, but not limited to, of the data linkages undertaken and detailed analysis undertaken by the research. **Outcome:** IGARD were supportive of the application but unable to make a formal recommendation as there was not a quorum of members able to comment on the application. The following comments were made: 1. To clearly outline within section 3(b) the data being received from NHS Digital. 2. To clarify the legal basis for linkage of the data with that from Scotland (via the Public Benefit and Privacy Panel for Health and Social Care) and from Northern Ireland (via the Central Services Agenda), including providing evidence that the applicant can process and link with this data. 3. To clarify within section 5(b) that no new data is being sent to NHS Digital for those participants that are 'unflagged'. 4. To provide a copy of the 'University Research Services Form' signed by non-contractual DPhil and MSc students. 5. The sentence 'the data will be pseudonymised…' within the abstract be updated to correctly reference the data as 'identifiable' and that the applicant will pseudonymise the data. 6. To update the application to correctly reference the data within the application as being 'identifying' not 'identifiable, including correcting the sentence '…all subsequent data supplied by NHS Digital will contain no identifiable fields…' to note that the applicant will receive re-identifiable data including full date of death. 7. To clearly describe the longitudinal study within section 5(b) for transparency and in terms suitable for a lay reader

	8. The applicant should work with NHS Digital on a fair processing notice which is GDPR compliant including (but not limited to) explanation of the data linkages undertaken and detailed analysis undertaken by the research. 9. To update section 4 with the standard wording "All data required by the Data Controller under this application is considered personal data under the GDPR. All Data controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements within a reasonable period after obtaining the personal data, but at least within 1 month"
2.2	Institute of Cancer Research: MR1069 Breakthrough Generations Study (Presenter: Dave Cronin) NIC-148096-PT589 **Application:** This was a renewal application for Medical Research Information Service (MRIS) data. The Breakthrough Generations Study aims to find out what causes breast cancer, funded by Breast Cancer Now and the Institute of Cancer Research, started in 2003 with active recruitment ceasing in 2009. The study contains women of all ages across the UK and has 113,735 study participants and is one of the largest studies in the world **Discussion:** IGARD welcome the application and noted the importance of the study being undertaken. IGARD noted that the abstract, section 3 and section 5 were not clear that 41,695 were flagged with an additional 800 per year to be flagged and suggested that the sections within the application be updated to clearly state the number flagged plus the additional 800 flagged who meet the criteria under the agreement at fixed points during each year. It was also suggested that it be explicitly stated within section 5 that no new participants had been flagged for inclusion within the scope of the project and since further guidance on consent had been issued by NHS Digital in 2015. IGARD noted that the study had been underway for a number of years and that more examples of yielded and measurable benefits could be provided from the perspective of the cohort and wider community. It was also suggested that the outputs be updated to also state the importance to the cohort and wider community. IGARD noted that the narrative within the application did not support the applicant's retention period of 2053 and suggested that a clearer justification be given that is consistent with the regulatory framework or delete the retention period within the application and include an indicative Data Sharing Agreement expiry data. IGARD noted the applicant should provide a fair processing notice that it is compliant with the notice requirements under the GDPR and suggested that they work with NHS Digital to amend their current privacy notice including being published. IGARD suggested that NHS Digital should check the applicant's published privacy notice, within one month after dissemination of the data, to ensure compliance with the GDPR notice requirements and provide an update to IGARD, including a copy of the NHS Digital checklist, which will be reviewed by IGARD out of committee. **Outcome:** recommendation to approve subject to the following conditions: 1. To provide more examples of measurable and yielded benefits within section 5 of the application with a focus on outputs from the perspective of the cohort and wider community. 2. To explicitly state within section 5 that no new participants from 2015, (following guidance on consent issued by NHS Digital at that time), can be flagged for inclusion within the scope of the project.

	The following amendments were requested 1. To provide clear justification for the retention period of 2053 that is consistent with the regulatory framework OR to delete the retention period and include an indicative DSA expiry date. 2. To update sections 5 and 3(b) to clearly state that 41,695 participants are flagged and that an additional 800 participants per year will be flagged who meet the criteria under the Data Sharing Agreement at fixed points each year. **Action:** Within one month after dissemination of the data, NHS Digital should check the applicant's published privacy notice to ensure compliance with the GDPR notice requirements and provide an update to IGARD as to whether the privacy notice is GDPR compliant, including a copy of the NHS Digital checklist, which will be reviewed by IGARD out of committee. It was agreed the conditions be approved OOC by IGARD Members
2.3	<u>The University of Manchester: investigation of the association between different forms of healthcare support for care home residents and both hospital admissions and place of death (Presenter: Louise Dunn)</u> <u>NIC-186860-T7H5K</u> **Application:** This was a new application for Hospital Episode Statistics (HES) Civil Registration (Deaths) Bridge data, Civil Registrations (Deaths) Second Care Cut data and HES Admitted Patient Care (APC) data to explore the forms, content and impacts of healthcare support to care homes, investigating the association between the different forms of healthcare support provided for long term care home residents and both emergency hospital admissions and locus of death by being provided with a list of postcodes that relate to the care homes within the Greater Manchester area enabling the linkage to HES APC and fact and place of death. **Discussion:** IGARD welcomed the application and the valuable and important work being undertaken with regard to medical care in care and residential homes. IGARD queried whether the postcode may identify those that are non-care home residents and NHS Digital noted the applicant had been working with the production team at NHS Digital to filter on postcode and age. It was noted that unnecessary processing of data may be undertaken on those non-care home residents and that the applicant should consider how to carry out fair processing for any non-care home residents who may be captured by the care home postcode. It was also suggested that the applicant work with NHS Digital on a fair processing notice which is GDPR compliant including, but not limited to, being in appropriate language for the participants (having regard to both age and potential capacity issues) and to consider the most suitable methods for disseminating the transparency information. IGARD suggested that consideration be given to minimising the capture of data of non-care home residents and that an explanation be given to build a narrative of how the proposed processing will meet the necessity test under GDPR, for example looking at other ways to gather the data. In addition IGARD noted that should further data minimisation may not be possible, a small pilot be undertaken by the applicant to establish how many non-residents may be captured by a care home postcode and that the outcome from the pilot be included within the application. It was also suggested that the exact number of care homes included within the research be included within section 5 since 408 care homes had been written to but only 257 had responded. It was suggested that the application be updated throughout to correctly reference the data as being 'identifying' not 'identifiable'.

	IGARD noted reference to 'latest available' within section 3(b) and suggested that the table be updated to remove reference to 'latest release available' It was also suggested that the special condition referencing the Data Protection Act (DPA) 1998 be removed from the application since it is not relevant to this application. IGARD suggested that the terminology within the application be updated to correctly reference the homes as 'care homes' rather than 'nursing homes' or 'residential homes'. **Outcome:** recommendation to defer, pending: 1. The applicant should work with NHS Digital on a fair processing notice which is GDPR compliant including (but not limited to) being in appropriate language for the participants (having regard to both age and potential capacity issues) and to consider the most suitable methods for disseminating the transparency information. 2. To consider how to carry out fair processing for any non-care home residents who may be captured by the care home postcode 3. To update the application to correctly reference the data within the application as being 'identifying' not 'identifiable'. 4. To explain the consideration that has been given to minimising capture of data of non-care home residents and to build a narrative to support how the proposed processing will meet the necessity test under GDPR. 5. To clearly state within section 5 the number of care homes to be included within the research 6. To give consideration to running a small pilot to establish how many non-care home residences may be captured by a care home postcode and to updating the application with this information. 7. To update the application to use the correct terminology of 'care home' rather than 'nursing home' 8. To remove reference to the 'latest release available' referenced in section 3(b). 9. To remove the special condition referencing the Data Protection Act 1998 since it is not relevant to this application
2.4	Monitor: NHS Improvement amendment to add ECDS data (Presenter: Louise Dunn) NIC-15814-C6W9R **Application:** This was an amendment application from NHS Improvement to add Emergency Care Dataset (ECDS), including all tables available except the patient identity and service agreement details. The ECDS data will be used to support the delivery of their statutory function and support direct improvement and / or oversight of Trusts. The application had previously been recommended for approval by IGARD on the 24 May 2018. NHS Digital noted that a special condition would be included in section 6 detailing ECDS suppression rules. **Discussion:** IGARD noted that both Monitor and NHS Trust Development Agency (TDA) were listed as a Data Controller and Data Processors and suggested that reference to them being Data Processors be removed from section 5. IGARD noted that it wasn't clear within section 5(a) the additional data being requested under this application and it was suggested that the start of section 5(a) be updated to include the data being requested, the organisations involved and processes being undertaken for this amendment in order to distinguish it from previous approvals. IGARD also supported the inclusion of the special condition with regard to ECDS suppression rules.

	IGARD were unclear what the sentence 'Advance 365 – as storage added as Data Processor? record level pseudonymised' within section 5 meant and suggested that it be reworded for the lay audience. IGARD noted NHS Digital may wish to satisfy itself that NHS Trust Development Agency is an independent legal entity and that they are the appropriate party to be named in this application. **Outcome:** recommendation to approve. The following amendments were requested: 1. To include within section 6 a special condition with regard to ECDS suppression rules. 2. To remove reference to Monitor and the TDA as being joint Data Processors from section 5. 3. To clearly state at the start of section 5(a) the data being requested, the organisations involved and processes being undertaken for this amendment in order to distinguish it from previous approvals. 4. To reword the sentence within section 5(b) 'Advance 365 – as storage added as Data Processor? record level pseudonymised' The following advice was given: 1. NHS Digital should satisfy itself that NHS Trust Development Agency is an independent legal entity and the appropriate party to be named in this application.
2.5	<u>University Hospital Southampton NHS Foundation Trust: MR1175 – prospective study of outcomes in sporadic versus hereditary breast cancer (POSH) (Presenter: Louise Dunn) NIC-148334-51PXR</u> **Application:** This was a renewal and amendment application to continue to receive identifiable mortality data linked to the POSH study cohort and to also receive Hospital Episode Statistic (HES) Admitted Patient Care (APC) data in order to follow up subsequent cancer diagnosis information. The Prospective study of Outcomes in Sporadic verses Hereditary breach cancer (POSH) recruited 3,000 women diagnosed with breach cancer between 2000 and 2008 focusing on women under the age of 40 who often have more aggressive cancers with a significantly reduced chance of survival. The primary aims are to analyse the prognosis between patients with and without particular gene mutations, tumour phenotypes and cancer reoccurrence. The outputs from this long term study have provided benefits for policy and treatment decisions, especially in the area of early genetic testing. **Discussion:** IGARD welcomed the application and the valuable work being undertaken. IGARD noted that the HRA CAG s.251 support provided with the application clearly defines the scope of the research which began in 2000 and ended in 2008 and that once a patient passed 5 years from treatment, follow up could only be requested for those that have relapsed or developed cancer. It was suggested that the application be updated to clearly describe the cohort and how the data requested aligns with the s.251 support and the protocol, including the processing of data and approvals in place. It was also suggested that section 5 be updated to clearly describe the datasets and identifiers, including the data flows covered under s.251 support, and how they align with the objectives for processing. IGARD noted that the HRA CAG letters provided noted that the applicant would not contact the cohort however section 5 of the application stated that the cohort were going to be updated on the progress of the study this year; since NHS Digital hold the cohort's identifiers and were not

	flowing the identifiers to the applicant, IGARD asked that the application be updated to clarify how the cohort participants would be updated. IGARD also suggested that the abstract be amended to reference patient consent and the common law duty of confidentiality and how it is addressed including the interplay between the s.251 support and processing. It was noted that the University of Oxford were named within the protocol provided (supporting document 12) with the application and that clarification of their involvement be sought and updated within the application as appropriate. IGARD suggested that the abstract be updated to include a clear narrative of how the research has changed over time. It was suggested that the Freedom of Information 2000 schedule 1 part 4 references to NHS Foundation Trusts be cited within the abstract when referring to the role of University Hospital Southampton NHS Foundation Trust. **Outcome:** recommendation to defer, pending: 1. To clearly describe the cohort and how the data requested aligns with the protocol and s.251 CAG support letter, including the processing of data and approvals in place. 2. To clearly describe within section 5 the datasets and identifiers, including the data flows covered under s.251 CAG support and provide a copy of the latest CAG support letter. 3. To update the abstract to explain how the common law duty of confidentiality is addressed and the interplay between the s.251 CAG support and processing. 4. To correctly list the Freedom of Information (FoI) 2000 schedule 1 Part 4 references cited within the abstract for the role of NHS Foundation Trusts. 5. To clarify any role played by the University of Oxford, as outlined in the protocol provided (supporting document 12), and to update the application as may be necessary. 6. To clarify within section 5 how the cohort are going to be updated , as stated in the application, since the applicant does not hold any identifiers to allow for contact. 7. To provide a clear narrative within the abstract of how the research has changed over the time period of the study. IGARD noted the importance of the research undertaken and the need for the applicant to continue to hold data. IGARD noted that the applicant's Data Sharing Agreement with NHS Digital had expired, and in light of this it was suggested that NHS Digital might wish to consider a short-term extension to permit the applicant to hold but not in any other way process the data while work was undertaken to address the queries raised by IGARD.
2.6	<u>Intensive Care National Audit and Research Centre (ICNARC): Renal replacement anticoagulant management (RRAM) (Presenter: Kimberley Walsh) NIC-184951-D1G8R</u> **Application:** This was a new application for one off extracts of Hospital Episode Statistics (HES) Admitted Patient Care (APC) and Civil Registration (death) data sets for the Renal Replacement Anticoagulation Management (RRAM) study which has been designed to utilise routinely collected data to compare the clinical and cost effectiveness of changing to citrate anticoagulation for continuous renal replacement therapy (CRRT) in adult intensive care units (ICO). **Discussion:** IGARD noted there data linkages were outlined within the application but that they were not clearly labelled on the supporting document provided and suggested that the data flow diagram be updated to clearly reference the data flows and three data linkages, for

	example by including an additional legend. It was also suggested that a clearer description be provided for the three data linkages being undertaken within section 5 of the application. IGARD noted that supporting documents provided with the application referenced the John Radcliffe Hospital Oxford, Oxford University NHS Foundation Trust and University Oxford however they were not listed within the application and asked that clarification be sought of their role and responsibilities including any access to data IGARD noted that the UK Renal Registry should be considered as a joint Data Controller since they are providing direct patient identifiers to NHS Digital and also asked that the legal basis under GDPR be provided for the flow of the data from the UK Renal Registry to NHS Digital. IGARD noted that the HRA CAG letter (SD1.1) provided states that gender will be used for analysis only, however the processing activities within the application noted that gender was being used for linkage. It was suggested that the abstract and section 5 be updated to confirm what gender will be used for. IGARD suggested that it be clearly articulated within abstract and purpose section the legitimate interest relied upon and how it relates to the purpose of the research being undertaken, including confirmation within the abstract or as an additional supporting document that NHS Digital have assessed and deemed the Legitimate Interest Assessment (LIA) satisfactory in order to meet its GDPR obligations and to make reference to such assessment in the abstract of the application. IGARD suggested that the legal basis within the abstract be updated to correctly reference Article 9(2)(j). IGARD suggested that the applicant consider updating their privacy notice to clearly state that anyone wishing to withdraw or opt out of the study would not affect their care received now or any future care. **Outcome:** recommendation to defer, pending: 1. To update the application to reflect that the UK Renal Registry is a joint Data Controller. 2. To provide the legal basis under GDPR for the flow of data from the UK Renal Registry to NHS Digital. 3. To confirm within the abstract and section 5 if ‘gender’ will be used for the linkage purposes, since the CAG support letter clearly states that ‘gender’ is for analysis only. 4. To clarify the involvement of University of Oxford, Oxford University NHS Foundation Trust and John Radcliffe Hospital Oxford as outlined in the supporting documents provided, including their role and responsibilities and any access to data. 5. To clearly describe the three data linkages being undertaken within section 5. 6. To include narrative within the abstract and the purpose section of the application explaining the Legitimate Interests relied on and to make reference in the abstract that NHS Digital has considered the LIA produced by the applicant. 7. To update the data flow diagram provided to clearly reference the data flows and three data linkages outlined in the application, for example by including an additional legend. 8. To update reference to ‘patient identifiers’ to ‘direct patient identifiers’. The following advice was given: 1. IGARD suggested that the applicant update their privacy notice to clearly state that withdrawing or opting out of the study will not affect the care received or any future care.

2.7	University of Warwick: safety and feasibility evaluation of tourniquets for total knee replacement (Presenter: Rachel Farrand) NIC-120848-R6V4C **Application:** This was a new application for Hospital Episode Statistics (HES) Admitted Patient Care (APC) and HES Outpatient data for the purpose of establishing the evidence of blood clots in the legs, lungs and brain in patients undergoing knee replacement surgery with a tourniquet. **Discussion:** IGARD noted the efforts undertaken by NHS Digital and the applicant to clearly describe and distinguish the different audiences' for outputs within the application. IGARD also noted this was a valuable study and welcomed the application. There was an extensive discussion with regard to HQIP, its involvement, its joint Data Controllership and the appropriate legal basis under GDPR. It was agreed that IGARD would provide additional information to NHS Digital following the meeting. IGARD noted that the National Joint Registry should be considered as a joint Data Controller since they are providing data to NHS Digital and also asked that the legal basis under GDPR be provided for the flow of the data from the National Joint Registry to NHS Digital. IGARD noted that study protocol (supporting document 2) provided with the application referenced the University Hospitals Coventry and Warwickshire NHS Trust and suggested that clarification be sought of their role and responsibilities including any access to data under the different components of the study. It was also suggested that the three components of the larger study outlined in the study protocol be clarified within the application to be clear that this agreement / application covers only one of the components and that this is an observational study and not a trial. IGARD noted that the objective for the research and data requested was to look for surgical complications in patients undergoing total knee replacement surgery with or without a tourniquet and queried why the applicant was not restricting the data received from HES for those outcomes and suggested that section 3(b) be updated to clarify if any further data minimisation could be undertaken. IGARD noted that the University of Leicester were noted under the legal basis within the abstract but suggested that since they are not part of the application reference to them be removed. **Outcome:** recommendation to defer, pending: 1. To update the application to reflect that the National Joint Registry are a joint Data Controller. 2. To provide the legal basis under GDPR for the flow of data from the National Joint Registry to NHS Digital. 3. To clarify the involvement of University Hospitals Coventry and Warwickshire NHS Trust as outlined in the study protocol (supporting document 2), including their role and responsibilities and any access to data under the different components of the study. 4. To clarify the three components of the larger study outlined within the protocol and to clarify this application / data sharing agreement only covers one component, and to clearly state that this is an observational study and not a trial. 5. To clarify within section 3(b) if any further data minimisation can be undertaken by the applicant. 6. To remove reference to the University of Leicester from the abstract since they are not relevant to this application.

	Action: IGARD to provide additional information to NHS Digital with regard to the involvement of HQIP, its joint data controllership and the appropriate legal basis.
3	**AOB** **3.1 CSDS Group application for 195 CCG's** IGARD noted that following the 30th August 2018 meeting, when IGARD had recommended for approval subject to a condition. **Outcome:** recommendation to approve subject to the following condition: • NHS Digital to provide a fair processing notice that is compliant with the transparency requirements under the GDPR. NHS Digital had taken the decision to disseminate the data. The Interim IGARD Chair had been informed of this out of committee.

Independent Group Advising on Releases of Data (IGARD): Out of committee report 08/09/18

These applications were previously recommended for approval with conditions by IGARD, and since the previous Out of Committee Report the conditions have been agreed as met out of committee.

NIC reference	Applicant	IGARD meeting date	Recommendation conditions as set at IGARD meeting	IGARD minutes stated that conditions should be agreed by:	Conditions agreed as being met in the updated application by:	Notes of out of committee review (inc. any changes)
CSDS group 195 CCGs and Briefing Paper	CSDS group 195 CCGs	30/08/2018	The applicant to provide a fair processing notice that it is compliant with the transparency requirements under the GDPR.	OOC by IGARD members	SIRO	See AOB item 3.1
NIC-94749-Y1R8N	University of Sheffield	28/06/2018	1. To clarify the legal basis for the processing of Civil Registrations Data, and before data can flow.	OOC by IGARD Chair	IGARD Chair – 07/0918	There is an amendment required to abstract GDPR summary (missing words in bold): "*The data are required for research purposes **in the public interest***". The reference to "Common law duty of confidentiality: met by reasonable expectations" in the abstract needs to be amended to the fuller sentence which is our standard wording: "*NHS Digital has determined that the processing in this application is not incompatible with the consent and likely to be within the reasonable expectations of those that have consented*".
NIC-147936-X6M4N	NHS Lincolnshire East CCG	30/08/2018	1. To provide evidence of CAG support	OOC by IGARD Chair	IGARD Chair – 04/09/2018	N/A

In addition, the following applications were not considered by IGARD but have been progressed for IAO and Director extension/renewal:

- None notified to IGARD