

**ADVISORY COMMITTEE ON  
ANTIMICROBIAL PRESCRIBING,  
RESISTANCE AND HEALTHCARE  
ACQUIRED INFECTIONS**

**APRHAI**

**Code of Practice for Members**

**2024**

# **CODE OF PRACTICE FOR MEMBERS OF THE ADVISORY COMMITTEE ON ANTIMICROBIAL PRESCRIBING, RESISTANCE AND HEALTHCARE ACQUIRED INFECTIONS**

## **INTRODUCTION**

1. The Advisory Committee on Antimicrobial Prescribing, Resistance and Healthcare Associated Infection (APRHAI, the Committee) is a UK wide, independent, non-statutory advisory Departmental Public Body. It is a non-executive advisory committee to Ministers for the Department of Health and Social Care (DHSC).
2. This Code of Practice gives information on the status, role, responsibilities and procedures of the APRHAI, and its sub-committees; the terms of appointment of members of the Committee and its Sub-committees; and the roles and responsibilities of the members of the Committee and Sub-committees. It is based on the legislation concerning APRHAI and also the Government Office for Science Code of Practice for Scientific Advisory Committees<sup>1</sup>. The APRHAI Code of Practice will be reviewed as appropriate.
3. The APRHAI Code of Practice does not have legal force, but all members and prospective members of the Committee and Sub-committees as well as those attending meetings to inform the Committee's or Sub-committee's discussions are required to confirm their acceptance of the provisions set out in this Code of Practice by signing the Declaration (Annex 1) as indicated.
4. The Committee has no budget.
5. The APRHAI Secretariat have drawn up the following Code in line with government policy on standards in public life, openness and accountability.<sup>1</sup>
6. APRHAI can be contacted at:

APRHAI Secretariat,

10 South Colonnade, Floor 5

Canary Wharf,

London, E14 5EA

e-mail: [APRHAI@ukhsa.gov.uk](mailto:APRHAI@ukhsa.gov.uk)

---

<sup>1</sup> Government Office for Science (2011) Code of Practice for Scientific Advisory Committees  
<http://www.bis.gov.uk/assets/goscience/docs/c/11-1382-code-of-practice-scientific-advisory-committees.pdf>

## TERMS OF REFERENCE

7. The Advisory Committee on Antimicrobial Prescribing, Resistance and Healthcare Associated Infections (APRHAI) is a UK wide, independent, non-executive Advisory Committee, which provides practical and scientific advice to the government on minimising the risk of healthcare associated infections and addressing antimicrobial resistance.
  - Its purpose is to provide practical and scientific advice to government in support of the fulfilment of its vision for AMR in 2040 and strategies to:
  - reduce the incidence of healthcare associated infections (HCAI) and specific drug resistant infections
  - effectively control, contain and mitigate antimicrobial resistance (AMR)
  - optimise antimicrobial use (AMU) in humans.

In doing this, the Committee will:

1. take into account the relevant work of other expert groups, in the human and veterinary fields when making its recommendations.
  2. help guide government's scientific priorities and work, including horizon-scanning and long-range planning as well as dealing with immediate risks and opportunities
  3. keep apprised of international scientific developments that might impact the UK's approach,
  4. identify gaps in the evidence base, that require further research or surveillance and make recommendations for prioritisation
  5. make its findings and recommendations available to government, and the public in a way which aims to be comprehensive, understandable and timely.
  6. review and evaluate the effectiveness of the on-going work of the committee
  7. operate in line with the government's principles for scientific advice and the code of practice for scientific advisory committees, including making the work of the committee open, transparent and accessible as well as strengthening public and patient engagement.
- 
8. APRHAI has no statutory basis for providing advice to Ministers in Scotland, Wales or Northern Ireland. However, health departments from these countries may choose to accept the Committee's advice or recommendations. Specific advice given by APRHAI in response to a request from any one UK health department or Minister is not binding on any of the other Ministers of the Devolved Administrations or UK Government. UK health departments are made aware of all APRHAI

advice through their designated representatives who attend APRHAI and Sub-committee meetings and receive committee papers.

9. The Secretary of State for Health and Social Care is accountable to Parliament for APRHAI as a public body.

## **TERMS OF APPOINTMENT OF APRHAI MEMBERS**

10. The size of the Committee is determined by the Secretary of State and may vary. Appointments of the Chair and members are made by the Secretary of State, via the Department of Health and Social Care (DHSC) Senior Responsible Owner (SRO), in consultation with the DHSC public appointments team.
11. The Chair and members of APRHAI play a critical role in ensuring its continued standing as an internationally recognised leading body in the field of antimicrobial resistance and healthcare associated infection. They bring relevant knowledge, skills and experience to the Committee and contribute to the provision of high quality and well considered advice to UK health departments.
12. Appointments to the Committee are made on merit and in accordance with the principles of the Code of Practice for Scientific Advisory Committees and the Code of Practice<sup>1</sup> issued by the Commissioner for Public Appointments. The Chair and Members are appointed as individuals to fulfil the terms of reference of the Committee, not as representatives of their particular profession, or of their employer or any interest group. Membership is not determined on a geographical basis but on suitability for the role, based on an assessment against criteria specified at the time of the recruitment of new members.
13. New appointments are made through an open competition following advertisement of the roles in, for example, medical journals and with relevant professional bodies or networks informed about roles that may interest their members. Criteria for candidates are set out in an application pack sent to those who express an interest in the posts. Candidates are short-listed against the criteria and then invited for interview with the most suitable candidate for a particular role selected by an appointments panel based on the candidate's application and interview.
14. Terms of appointment usually range from 1-3 years. Reappointment of members is not automatic. Subject to conditions, including satisfactory appraisal and attendance at meetings, members are usually offered reappointment for a second, or exceptionally a third, term without the post being advertised. This is desirable to retain the expertise and experience of

the Committee. However, in accordance with the Code of Practice issued by the Commissioner for Public Appointment, members cannot serve on the Committee for more than 10 years.

15. Appointments may be terminated at a member's request, in the event of unsatisfactory attendance at meetings, if their conduct is out of keeping with this Code or at the DHSC Appointments Commission's discretion, in consultation with DHSC senior officials, UK health departments and APRHAI Secretariat. Attendance is required to at least two of the three main Committee annual meetings in March, June and September of each year.
16. All members including the Chair must go through an appraisal process. The Chair appraises members in their first year of their first term, and then once every term. The DHSC appraises the Chair every year and UK Government officials sign off the appraisal.
17. The Committee membership will normally include individuals from academia and practising clinicians who have expertise in one or more of the following areas:
  - a. infectious diseases
  - b. clinical microbiology
  - c. public health
  - d. behavioural sciences
  - e. general practice
  - f. nursing
  - g. pharmacy
18. The Committee membership will normally include at least one but preferably two lay members to provide the committee with a wider lay perspective on issues. Vacancies in the membership or absences of members from Committee meetings do not invalidate the advice provided by the Committee unless the Chair considers there is insufficient expertise for the Committee to formulate sound advice. The range of expertise of sub-committees may differ.
19. New members of APRHAI are provided with an induction programme that covers the roles and responsibilities of membership, the function, operation and practices of APRHAI and its sub-committees, the support that the secretariat provides, the type of evidence reviewed by APRHAI, how the

Committee interacts with its stakeholders and all the various aspects covered in this Code of Practice.

20. Appointment to APRHAI is on a voluntary basis and fees are not payable. However, members may claim travel and subsistence allowances at current standard UKHSA rates. Please ask the Secretariat for further information in this regard at [APRHAI@ukhsa.gov.uk](mailto:APRHAI@ukhsa.gov.uk)

## **ROLE OF MEMBERS**

21. Members of APRHAI have collective responsibility for the operation of the Committee. They should engage fully in the collective consideration of issues, taking account of the full range of relevant factors, including any guidance issued by the sponsor Departments or the responsible Ministers.

## **STANDARDS IN PUBLIC LIFE**

22. APRHAI members are expected to:
- h. comply with this Code of Practice, and ensure that they understand their duties, rights and responsibilities, and that they are familiar with the functions and role of the Committee and any relevant statements of government policy;
  - i. not misuse information gained in the course of their public service for personal gain or for political purpose, nor seek to use the opportunity of public service to promote their private interests or those of connected persons, firms, businesses or other organisations;
  - j. not hold any paid or high-profile posts in a political party, and not engage in specific political activities on matters directly affecting the work of the Committee. When engaging in other political activities, members should be conscious of their public role and exercise proper discretion. These restrictions do not apply to MPs, local councillors or to Peers in relation to their conduct in the House of Lords.

## **ROLE OF THE CHAIR**

23. The Chair has particular responsibility for providing effective leadership on the issues above. In addition, he/she is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to Ministers accurately record the decisions taken and, where appropriate, the views of individual Committee members have been taken into account. The Chair will indicate that the minutes of meetings accurately reflect proceedings by "signing-off" once the Committee has agreed them.

## **ROLE OF THE DEPUTY CHAIR**

24. The Deputy Chair is responsible for chairing committee meetings and providing leadership if the Chair is unavoidably absent.

## **ROLE OF THE SECRETARIAT**

25. The Secretariat is provided by UK Health Security Agency (UKHSA). The UKHSA Secretariat function has been delegated by the Department of Health and Social Care. Communications between the Committee and Ministers will generally be through the Secretariat, except where it has been agreed that an individual member should act on the Committee's behalf. Nevertheless, any Committee member has the right of access to Ministers on any matter that he or she believes raises important issues relating to his or her duties as a committee member. In such cases, the agreement of the rest of the Committee should normally be sought.
26. The Secretariat is responsible for ensuring that the Committee does not exceed its powers or functions. It should also ensure that the Freedom of Information Act 2000 is complied with, and any complaints are dealt with appropriately.

## **ROLE OF REPRESENTATIVES FROM THE UK HEALTH ADMINISTRATIONS**

27. Members can be appointed from any of the four UK countries, but each Health Administration selects two representatives to the Committee:
- a policy representative
  - a technical representative (with recognised expertise in the AMR field, such as clinical microbiology, etc.)
28. Representatives can step down at any time, by informing both their Administration and their AMR and HCAI policy teams and the Secretariat, and a new one will be designated.

29. Representatives closely work with Committee members, ensuring there is ongoing two-way communication between the Committee and the Health Administration they represent. They may be asked to provide information on and discuss examples of local interventions share examples of good practice and provide analyses of surveillance data for the APRHAI full meetings, as requested by the Committee. Their role is crucial in contributing to the formulation of advice to the government on national policies.
30. Representatives are invited to attend all the three APRHAI's annual full meetings and have unrestricted access to all papers. They take part to the Committee subgroups and in any other APRHAI meeting, as required by the committee, in order to contribute to the development of APRHAI UK wide recommendations and expert advice.
31. If a representative is unable to attend an APRHAI meeting, a previously designated delegate can participate in their absence. Similarly to representatives, delegates reports back to the Administration on the outcomes of the meeting and any policy recommendations that have been endorsed by the Committee. The Secretariat will work with the Health Administrations to ensure representatives' regular attendance.
32. Representatives (or their designated delegates) are expected to inform the Committee about any potential conflicts of interest they may have when providing comments or information to the Committee in accordance with the guidance described later in this Code. All Representatives/delegates are expected to abide by this Code of Practice and sign the declaration at Annex 1.

## **ROLE OF OBSERVERS**

33. A number of bodies routinely attend Committee meetings as observers, in order to provide expert views and contribute to the discussion on the interventions that support the implementation of the UK AMR National Action Plan and specific topics of interest for the Committee, and may contribute to sub-committees. The following organisations may send observers to Committee meetings:
  - a. Department of Health and Social Care (DHSC)
  - b. Medicines and Healthcare products Regulatory Agency (MHRA)
  - c. UK Health Security Agency (UKHSA)
  - d. National Health Service (NHS) England
  - e. National Health Service (NHS) Scotland



- f. National Health Service (NHS) Wales
  - g. National Health Service (NHS) Northern Ireland
  - h. ARHAI Scotland (Antimicrobial Resistance and Healthcare Associated Infection)
  - i. Public Health Wales
  - j. HSC Health Protection Agency Northern Ireland
34. Observers are provided with access to all the Committee papers (with the exception of some restricted papers) and may, as directed by the Chair, contribute to the Committee discussions to, for example, clarify points of fact, provide additional information or offer an interpretation of data. However, observers cannot vote on Committee decisions and must at all times respect the independence of the Committee in formulating its advice. In addition, observers are expected to inform the Committee about any potential conflicts of interest they may have when providing comments or information to the Committee in accordance with the guidance described later in this Code. Observers receive without restriction all committee papers. All observers are expected to abide by this Code of Practice and sign the declaration at Annex 1.
35. Other organisations and individuals may be invited to meetings by exception, for example, to present data to the Committee and may be provided with relevant papers as appropriate.

## **APRHAI SUB-COMMITTEES**

36. APRHAI may agree to convene sub-committees to delegate initial consideration of specific issues which require more detailed consideration than would be possible by the Committee and that may need substantial input from additional experts who are not APRHAI members. These sub-committees will usually include individuals who are not members of APRHAI. The Chair of each sub-committee is a member of APRHAI and can be the Chair of APRHAI. In circumstances where a sub-committee has been established with a sub-committee Chair who subsequently completes his/her term of office on APRHAI, that individual may, with agreement from the APRHAI Chair, continue as Chair of that sub-committee in order for the work of that sub-committee to be completed.
37. Sub-committee Chairs are expected to report back to the Committee on the work of the sub-committees at the next full APRHAI meeting. Members of APRHAI sub-committees are appointed by invitation following discussions between the Secretariat, the APRHAI Chair and sub-committee Chair as well as the Committee and, if already established, the Sub-committee can

identify suitable invitees. The Secretariat can also consult with UKHSA and the UK health departments when drawing up a list of potential invitees.

38. All APRHAI members and members of a sub-committee are required to signal their acceptance of the provisions set out in this Code of Practice by signing the declaration (Annex 1) as indicated.

## **RESPONSIBILITIES OF COMMITTEE AND SUB-COMMITTEE MEMBERS**

39. All members of the Committee and its sub-committees must demonstrate high standards of conduct.
40. In exercising their duties, members must observe the 'Seven Principles of Public Life' set out by the Committee on Standards in Public Life (Annex 2).
41. The Chair should provide effective leadership, in particular:
  - k. ensuring that the committee carries out its functions effectively and does not exceed its powers or functions
  - l. ensuring that the minutes of meetings and any reports accurately record the views of the committee
  - m. ensuring that views of the committee are accurately represented when providing information to the general public and press
  - n. providing performance management of committee members
  - o. ensuring that the committee manages appropriately any conflicts of interest that members and the Chair may have.
  - p. The Chair will also under usual circumstances be involved in assessing applicants during the appointment of new members to the Committee and ensuring that new Committee members receive appropriate induction.

## **DECLARATIONS OF INTERESTS**

42. It is important to avoid any danger of members of APRHAI being influenced, or appearing to be influenced, by their private interests in the exercise of their public duties. All members should, therefore, declare any personal or business interests relevant to the work of APRHAI which may, or may be perceived (by a reasonable member of the public) to influence their judgement. This should include, as a minimum, payments to members personally and payments to the relevant part of the organisation for which a member works. Members should be aware of their responsibility not to be seen to allow their judgement to be influenced in considering receipt of any gifts or hospitality offered in the exercise of their public duties. If members feel that there are interests, outside the scope of this Code, which could be

perceived as influencing their work in relation to APRHAI, for example the personal or business interests of close family members (personal partners, parents, children, brothers and sisters and the personal partners of any of these) they should declare those or approach the Secretariat for advice.

## **DECLARATIONS OF INTERESTS AT MEETINGS**

43. A declaration of any interest should be made at any Committee meeting where it relates specifically to a particular issue under discussion. The Secretariat will record this declaration in the minutes (whether or not a member also withdraws from the meeting). It may not be appropriate for members to participate in the discussion or determination of matters in which they have an interest, and may be asked by the Chair to withdraw from the meeting.

## **REGISTER OF INTERESTS**

44. The Secretariat is required to publish an up-to-date register of members' interests. Members should notify the Secretariat immediately of any changes to their entry.

## **CONFIDENTIALITY**

45. APRHAI and its sub-committees deal with confidential information and meetings are not open to the public. Procedures to provide strict confidentiality are required, although APRHAI aims to publish as soon as practicable the information and evidence considered in the development of its advice and recommendations. Members, representatives and observers are asked to take particular care to avoid premature or selective disclosure of the Committee's deliberations. All APRHAI and sub-committee members are required to confirm their agreement to the confidentiality provisions of this Code of Practice (by the declaration attached at Annex 1).
46. Members, representatives and observers must not, without authority, disclose any information which has been communicated in confidence to them in their capacity as a member of the Committee or a Sub-committee or as Representative or Observer.
47. A member, representative or observer who misuses information gained by virtue of his or her office may be liable for breach of confidence under common law and / or may commit a criminal offence under insider dealing legislation.

## **ACCOUNTABILITY**

48. Members are free to maintain associations with trade unions, co-operative societies, trade associations etc. to the extent that such associations do not conflict directly with the interests of the Committee. If members have any doubt about any of these matters, advice should be sought from the Secretariat. If a member is at any time unclear whether or not an action in contemplation would be classified as duties as members of APRHAI or its sub-committees he or she should clarify this with the secretariat.
49. As APRHAI advice may be used by UK health departments or public health bodies, any legal challenge to any action taken on the advice or recommendations of the Committee will be the responsibility of that department or body rather than APRHAI.

## **DEVELOPMENT OF APRHAI ADVICE AND RECOMMENDATIONS**

50. Topics for consideration by APRHAI may be brought forward by the UK health departments following requests for advice, by members themselves, by the devolved administrations' National Health Service and Public Health bodies, health professionals, the public and through the Committee's horizon scanning of HCAI and AMR developments. The final topics will be defined and agreed between Chair, Sponsor and Secretariat in the closed business meeting of each year. The agenda of meetings are developed by the Secretariat in consultation with the APRHAI Chair, DHSC and with input from the Health Department.
51. APRHAI formulates advice and recommendations based on appraisal of the best scientific and other evidence available and reflecting current good practice and/or expert opinion. The process involves a robust, transparent, and comprehensive appraisal of the available evidence from a wide range of sources. Generally, an APRHAI sub-committee may be set up to review the evidence in detail, possibly over a number of meetings, and provide advice to APRHAI. This will include evidence gathering using searches of the literature to identify as comprehensively as possible the published evidence relevant to the issue under consideration. APRHAI will consider the advice of the sub-committee and often also the key evidence upon which that advice is based.
52. In the course of the meetings, the Committee or sub-committee, utilising the individual and collective expertise available, assesses and interprets the evidence through consideration of its quality based on an assessment of the methods employed, the strengths and limitations and hence the validity of the results, and the relevance and strength of the findings to the issue under consideration.
53. Advice or recommendations are normally developed by the sub-committee and then presented to APRHAI during the course of full meetings for deliberation by the Committee.

54. Once recommendations have been endorsed by the Committee, these are communicated by the Secretariat to the UK Health Administrations and included in the published minutes.

## **COMMUNICATIONS WITH THE MEDIA**

55. Members of APRHAI or APRHAI sub-committees should not speak to the media as a member or voice of the APRHAI committee or APRHAI sub-committee. All enquiries from the press should be directed via the DHSC press office to the Chair of APRHAI. Members should inform the Chair and Secretariat of all relevant contacts with the media. Members may discuss issues with the media, in their personal capacity but should take care to explain that he/she is discussing it in an individual professional capacity and not as a member of APRHAI or on behalf of APRHAI or its sub-committees. Members should not divulge information that is only available to APRHAI or APRHAI sub-committee members including the outcome of discussions. In addition, the member will need to consider whether participation in such discussions could constitute an interest (for example a personal non-pecuniary interest) for the purpose of their declaration.

## **PUBLICATION SCHEME**

56. APRHAI and its sub-committees must comply with the Freedom of Information Act 2000 (FOIA) which came into force on 1st January 2005. Certain information may be exempt from disclosure under the Freedom of Information Act 2000 and or the Environmental Information Regulations 2004. A list of examples of where information may be withheld, and most likely to be relevant to APRHAI, is provided in Annex 3.
57. The Committee is committed to making as much of its work open to public scrutiny as possible. However, often information discussed by APRHAI is not in the public domain and the default position is that APRHAI will meet in closed sessions. This allows members to have free and open debate before coming to any conclusions, which will be fully and explained clearly in minutes or statements when these are published.
58. APRHAI advice and recommendations are published in the minutes of meetings and communicated in a statement sent by APRHAI to DHSC. Since UK health departments and Ministers may wish to consider and come to view on the advice given in APRHAI statements before they are published, publication will be after statements have been considered.
59. The agenda for an APRHAI meeting is published after each meeting and can be found on the Committee web page.

<https://www.gov.uk/government/groups/advisory-committee-on-antimicrobial-prescribing-resistance-and-healthcare-associated-infections>

60. Where there are items of business which are urgent and need to be dealt with through correspondence before the next scheduled APRHAI or APRHAI sub-committee meeting, the minute of the subsequent APRHAI meeting will note that the issue has been discussed and what the conclusions were.
61. APRHAI may be asked to comment, prior to publication, on unpublished research, draft risk assessments, draft guidelines, draft pre-publication material. Premature disclosure of unpublished research may prejudice publication in scientific or medical journals. There is a generic understanding that scientific advisory committees will treat unpublished research in confidence until it has been peer-reviewed and published in the scientific or medical literature, unless the investigators give specific permission for pre-publication release. This helps ensure that the Committee has access to as much of the relevant, but unpublished, data as possible.
62. APRHAI may be asked to provide scientific advice early in the drafting process when government departments revise or produce new guidelines/advice on policy issues. As Ministers may wish to have the opportunity to consider new or revised guidelines/advice before these are finalised and placed in the public domain, the committee may be asked to provide advice on draft guidelines in confidence.
63. The Publication Scheme is reviewed from time-to-time, and at least every two years, in line with the decisions of the Information Commissioner.

## **EXPENSES**

64. APRHAI has no budget. Although members are not remunerated, they are eligible to claim expenses in accordance with UKHSA rules for travel, subsistence and overnight accommodation. All reasonable receipted childcare and carer expenses will be reimbursed where applicable. As noted above, APRHAI members will not gain financial benefit from their membership of the committee. Health Departments Representatives and Observers are not eligible to claim expenses. Please contact the secretariat for further information on claiming expenses at [APRHAI@ukhsa.gov.uk](mailto:APRHAI@ukhsa.gov.uk)

## **ANNEX 1 - DECLARATION OF AGREEMENT TO CODE OF PRACTICE, INCLUDING CONFIDENTIALITY PROVISIONS**

The APRHAI Code of Practice, amongst other provisions, contains:

- the Seven Principles of Public Life
- rules for the declaration of interests by APRHAI members and members of APRHAI sub-committees
- a binding requirement that members must not, without authority, disclose any information which has been communicated in confidence to them in their capacity as a member of APRHAI or an APRHAI sub-committee.

### **DECLARATION**

I have read and understood the APRHAI Code of Conduct, including the provisions mentioned above.

I agree that I will abide by the provisions of the APRHAI Code of Conduct for

(a) the period of time I am a APRHAI member / a APRHAI sub-committee member / a UK Health Administration representative/ an invited observer, and

(b) in respect of confidentiality, thereafter for such periods of time as information communicated in confidence is not disclosed by authority

SIGNED .....

SURNAME (BLOCK LETTERS) .....

FORENAME(S) (BLOCK LETTERS).....

DATE .....

TITLE OF SUB-COMMITTEE (IF RELEVANT) .....

## **ANNEX 2 - THE SEVEN PRINCIPLES OF PUBLIC LIFE**

### **Selflessness**

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

### **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

### **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards and benefits, holders of public office should make choices on merit.

### **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### **Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interests clearly demands it.

### **Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interests.

### **Leadership**

Holders of public office should promote and support these principles by leadership and example.



### **ANNEX 3 - EXAMPLES WHERE APRHAI PAPERS OR INFORMATION CONTAINED IN APRHAI PAPERS MAY BE EXEMPT FROM PUBLIC DISCLOSURE**

1. The **Freedom of Information Act 2000** allows exemption from disclosure of:
  - Information which would harm national security, defence or international relations;
  - Information which relates to formulation of government policy;
  - Information which would prejudice law enforcement and legal proceedings;
  - Information intended for future publication;
  - Personal information;
  - Commercial interests;
  - Information given in confidence;
  - Information whose disclosure is prohibited by law.
  
2. Further exemptions are contained in the **Environmental Information Regulations 2004** as follows:
  - confidentiality of proceedings;
  - personal data;
  - information given in confidence (i.e. where the provider was not and could not have been placed under a legal obligation to supply the information);
  - information whose disclosure could harm the environment;
  - international relations, national defence or public security;
  - legal proceedings;
  - commercial confidentiality or intellectual property right