CAREB ACCER

CANADIAN ASSOCIATION OF RESEARCH ETHICS BOARDS
L'ASSOCIATION CANADIENNE DES COMITES D'ETHIQUE DE LA RECHERCHE

June 20th, 2016

Dear CCTCC REB Accreditation Working Group

RE: Canadian Association of Research Ethics Boards (CAREB-ACCER)'s response to the Canadian Clinical Trials Coordinating Centre (CCTCC)'s REB Accreditation Working Group's Draft Preliminary Recommendations (DRPs)

Thank you for providing the Canadian Association of Research Ethics Boards (CAREB-ACCER) the opportunity to respond to this framework document.Our overall concern with this plan is with respect to the likelihood that it will become the driver for REB governance in Canada. REB accreditation has been under discussion for almost 20 years with several reports created and none yet that has passed. We must therefore broach the "draft preliminary recommendations" with some skepticism and with two overarching questions that need to be answered in the introduction of this report:

1. What is driving the recommendations for REB accreditation at this time, and is it different from the force driving previous reports? Is there concern that the current system poses, or fails to mitigate risk to the Canadian public (research participants)? Is there concern that poor REB reviews are taking place and this has increased the number of adverse events to participants due to REBs not doing their job? Or is there a concern that Canada is not competitive in attracting clinical trials and a belief that accreditation will provide a formalized structure appealing to industry? Our membership strongly believes that buy-in for a plan to create REB accreditation (or equivalent) will be difficult without clear rational and supporting evidence. If the focus is on Health Canada or equivalent regulated clinical trials, it is important to recognize that not all human participant research requires ethics review (private sector). Not all clinical trials are sponsored by pharmaceutical companies or even funded for that matter. Duplicate review of industry sponsored clinical trials is typically a burden for sponsors not researchers and speed of review is arguably a problem for both researchers and industry.

   The issue is one of conjecture. While the recommendations presented in this report are most certainly derived from diverse and expert opinion, the topic of accreditation remains enshrouded in rhetoric. For the REB community, it would be helpful if the actual problems of the current system could be clearly laid out, ideally with empirical evidence to support claims. It is fine to say that "enhancing the quality, efficiency and effectiveness of research ethics review and human research

protections in Canada is directly linked to both economic and health and wellness benefits for Canada," but what does that mean? What are these links? What are the problems? Who is impacted? What quality, efficiency and effectiveness problems will accreditation solve and how?

Another concern that needs to be addressed is how REB accreditation might impact institutions on many levels, including human resources, administrative burden and financial impact. Improved REB turnarounds typically require more resources at the REB level (dedicated review time is the fastest

simplest solution to improve REB performance). However, streamlining ethics reviews administration processes will reduce resources to the REBs which must also review other clinical and non-clinical research.

Operational definitions are required if you are to continue to use the terms "efficiency, "effectiveness" and "quality." How will these be measured and assessed? The focus of accreditation to date appears to be mainly on process, operations, and standardized procedures. This may help in standardizing office procedures from an administration perspective but it is unclear how it will make real impact on the quality of REB reviews. Members who have underdone the CTO audit have reported that the process mainly focused on office procedures. Attention was not given to actual REB reviews. There is a concern that this plan has the same focus and conflates the work of REBs with the work of REB administrators.

2. Why have previous attempts at national accreditation not come to fruition? What were the hurdles and how does this group plan to overcome these obstacles? There is concern that this report will simply add yet another chapter to the shelf, as it is not a plan, but a plan to create a plan; a tepid plan at that.. The rationale for "initial recommendations" is not strong and could lead supporters astray given that some of the associations drawn are perplexing—particularly the mention of GMOs in Europe. If the point is the need to engage the public, it need not be in the context of creating an REB accreditation system. If the principal rationale is based on historical recommendations (e.g., the 2013 Streamlining Research Ethics Review (SHRER) Committee report), we have come full circle, to question why those recommendations have not gained momentum in the past and what does the group propose that is different now.

   While two clear hurdles—financial resourcing and leadership—are identified, they remain unaddressed. In terms of money, a firm commitment to sustainable funding needs to be the first step, and it is unfortunate that funding had not already been secured before this report was issued. Considering the stakeholders already involved, if the recommendations laid out in this plan are a priority (and have been, arguably, for the past two decades), it is not clear why funding has not been established.

   In terms of leadership, a forum is not a governance structure. It is not clear what authority and/or resources a national strategic leadership forum would have –particularly if parts of the proposed initiative are to be "mandatory." In what way will it be different than ACAHO, U15, PRE and the different ethics harmonization initiatives that have been supported nationally and provincially? Without identifying who would finance any of these initiatives and how, it is not clear how a meeting of key stakeholders could achieve much. Note that Tri-Agency has recently reduced funding to CCAC while still requiring institutions to meet CCAC requirements.

Other Comments

Evidence-Based Program Development

In terms of a formal accreditation process/mandatory equivalency requirement, the report states that the consultant's investigations did not discover direct evidence of the impact of accreditation / qualification or designation upon efficiency of REB review (multi-site). Clearly, more justification is required for a national initiative of this scale that would require considerable resources and significant buy-in from institutions.

We note that the CGSB standards have not been included in the list of established standards. The failure for Health Canada's significant initiative to be taken up by the REB community gives one pause as to the competence of government being able to appropriately shepherd an REB accreditation process that will succeed. Uptake of the N2/CAREB REB SOPs has had greater success; we therefore suggest they be used as the basis of standards, as they have undergone a rigorous compliance review and were found to comply with the all Canadian regulatory and ethical standards for clinical research. Further expansion to include socio-behavioural research standards should be considered, as well as research involving emerging technologies and new US regulations (if they are approved).

In terms of training needs, will a scan of current initiatives and projects in Canada be undertaken before embarking on activities? For example, there is a Delphi survey currently underway at the Joint Centre for Bioethics on top research ethics issues that need education and/or guidance. This may be broadened as needed. PRE has polled REBs for training requirements in the past, as has CAREB-ACCER, but what evidence is there to support the notion that a lack of information/training is the problem in the effective review of regulated clinical trials?

While the report does include mention of an intent to broaden principles to extend to all human participant research, it is disappointing that this is a secondary consideration in the plans for establishing an implementing a national registry and accreditation system. Any national effort to enhance quality, efficiency and effectiveness of research involving human participants and protect public trust should be inclusive of all human participant research and all Canadian REBs. The days of social, behavioural and biomedical research riding the coat-tails of pharmaceutical clinical trials are (or should be) long over.

Streamlining and harmonizing multi-site reviews

Consideration must be given to the fact that ethics review processes are linked to more than institutional liability. They also impact grants and contracts administration, responsible conduct of research, open access and digital data management requirements, operational and administrative approvals and local legislative requirements (to list only the most evident). Most academic and health institutions have shared accountabilities but operationally, ethics information supports other processes. Precedent databases were mentioned as a possible resource. While such tools may be of use on a local level, but they may also lose that usefulness when consulted more broadly, unless created and updated by experts in the field who can provide nuanced interpretations regarding reasons behind decision making. The realization of such a task would require substantial resources. There is also a concern that precedent databases reinforce the notion that ethics review is a legal process. It is not. Further, REBs are required to consider local requirements. Presumably reciprocity agreements eliminate the need for multiple reviews; a precedent database would be one more thing an REB would have to consider and what implications could arise if an REB chose not to follow precedent when one existed? Could this become an issue of institutional liability used against REBs?

A streamlined and harmonized multi-site review system would be dependent on an electronic means of communicating information (either via a central system or by having multiple systems that can speak to each other or at least accept submissions from external sites). Again, this will involve substantial funding both to develop and maintain such a system(s) and ensure data security. It is not clear who would fund such and initiative, nor is it evident who would take the lead, the responsibility and presumably the liability for such a project. Here again, empirical evidence is needed to assess the the scale of the problem of multi-site clinical trials in Canada and the potential return (globally clinical trials have been declining) when considering the cost effectiveness of any solution.

It might be interesting to gather data from those who have a multi-site system in place to know how many projects are reviewed, and how many sites are involved (on average, range, etc.) and, if available, the type of multi-site review taking place (i.e. categories listed in section A of TCPS 2 Chapter 8, and others if applicable). If such data exist, they need to be reported. Again, the current rhetoric surrounding plans for such initiatives is likely not enough to convince stakeholders and engage REB and the public. There is concern that building a national online system for multi-centre reviews will be extremely complicated and expensive and will not necessarily deliver sufficient benefit to justify the costs. Perhaps it would be more useful to look at increasing transparency and collaboration, e.g., expand the Health Canada Clinical Trials database to include information on ethics review (which REB, when, etc.) and let the REBs consult when and as they need. Alternately, perhaps sponsors could include information about proposed sites so that either the investigator or an REB could consult with those sites when and as they need.

It is difficult to envision a national on-line system for multi-centred reviews that would get buy-in from institutions such as universities and hospitals when REB sites already have (or are in the process of building or acquiring) their own systems that have been designed to function with other institutional research modules such as those for animal care, grants, finance and human resources. What incentive would institutions have to come on board and who would pay the costs of such an initiative?

National Registry

On the topic of a national registry—it is not clear how the Panel on Research Ethics (PRE) would manage a mandatory registry of REBs in Canada. At present, to CAREB-ACCER's knowledge, PRE does not have a listing of REBs at institutions that receive or are eligible to receive Tri-Agency funding. To create one would be a large endeavour requiring resources to ensure accuracy, monitoring, enforcement and sustainability. Presumably the registry could be tied to Tri-Agency funding but it is not clear how it could be enforced in institutions and private corporations that do not receive Tri-Agency funding. CAREB-ACCER will only support a national registry if it includes all REBs that review human research; not one limited to those REBs that review clinical trials.

CAREB-ACCER is a not-for-profit entity that exists due to member support. We cannot provide educational incentives to all registered REBs without a substantial funding structure. It is not clear who would pay for this and how. If there is a cost associated with registering then it cannot be mandatory to register. How would CAREB-ACCER off-set the cost of providing such training and educational materials?

Including such a suggestion in this document is premature in terms of conversations between CAREB-ACCER and CCTCC regarding a registry.

Finally, to what end would it be a mandatory requirement for REBs to register? A clear purpose and need for such a registry to be mandatory has not been articulated.

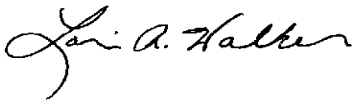
Recommendations

There is no mention in the report of challenges relating to language. If a pan-Canadian system is to be put forward, all documents and information (including training) need to be in French and English. This adds another layer of complexity to the issues already brought forward and has resource and financial implications. This issue should be included up front rather than as an afterthought.

In conclusion, CAREB-ACCER strongly recommends that funding and leadership for activities be secured before further community consultation. The REB community has been over-volunteered and over-consulted on these matters. Without a dedicated and sustainable funding stream, all plans remain in the realm of the hypothetical. Without established effective and authoritative leadership, further recommendations and plans are moot.

On behalf of CAREB-ACCER, thank you, once again, for giving us the opportunity to respond. We hope that our comments will be useful in considering next steps.

Sincerely,



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