Interim Report of the CCTCC REB Accreditation Working Group

1 Mandate and Terms of Reference

The CCTCC working group on developing a pan-Canadian accreditation system for Research Ethics Boards that review clinical trials was established in April 2015. The Terms of Reference stipulate that its mandate is to work toward delivering on some of the recommendations found in the following documents:

- The 2012 Clinical Trial Summit Action Plan,
- The 2012 report of the Standing Senate Committee on Social Affairs, Science and Technology, *Canada's Clinical Trial Infrastructure,* and
- The 2013 SPOR External Ethics Advisory Committee report

More specifically, the working group was to investigate the critical questions involved in the development of strategies to improve ethics review efficiency [Summit], strategies to standardize the research ethics review process and for either the accreditation of research ethics boards [Senate], or for another approach to the development of a system for the evaluation and qualification of REBs [SPOR SHRER].

The working group first met at a full day in person meeting held in Ottawa on June 9th, 2015. The second meeting was a 2 hour teleconference held on July 22nd, 2015. Attached to this report are the meeting notes from both meetings.

2 What has changed since 2012-2013 and why is a formal accreditation scheme not a given?

The REB landscape has changed considerably since 2012. REBs are communicating and cooperating more than ever before. Several collaborative initiatives have been implemented.

- Between 2012 and 2015, Ontario has developed the Clinical Trials Ontario process and began implementing it.[1]
- Quebec revised its multi-centre model and infrastructure and improvements in efficiencies and collaboration are starting to be noted.[2]
- British Columbia implemented a minimal risk and an above-minimal risk model for collaborative review that is receiving positive feedback from researchers, administrators and research leaders.[3] The feasibility of adopting the model for sponsored clinical trials is actively being investigated.
- The province of Alberta has decreased the number of REBs designated to review health research and is implementing a reciprocity agreement amongst them.

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- In April 2015, the new Nova Scotia Health Authority collapsed 10 provincial health care REBs down to two, one for adults and one for children.
- The Ontario Cancer Research Ethics Board (OCREB) which reviews cancer protocols for adult cancer centres has started reviewing pediatric cancer studies, and is addressing how to develop affiliation agreements between centres and affiliated centres.

The three 2012 -2013 reports whose recommendations the working group is charged with delivering on, all include an element of REB accreditation. However, each of these reports views the implementation of an accreditation program **as a way of developing and ensuring adoption of consistent set of standards for REB operations.** Since those reports, the Canadian General Standards Board standard for review of clinical trials has been published.[4] N2 and CAREB have developed template REB standard operating procedures that are being rolled out and voluntarily adopted by numerous REBs across the country.[5] Clinical Trials Ontario has developed a publicly available Research Ethics Board Qualification Manual and created a peer-driven qualifications process.[6] As a result, we are well on our way towards developing a common set of metrics and benchmarks that REBs could be required to meet and which could apply to all REBs, not just to REBs overseeing a subset of research – i.e., division 5 regulated clinical trials, without necessarily creating an external accreditation organization charged with implementation of a formal accreditation process for REBs.

What has not changed since 2012-2013 is the lack of funding and resources available and the lack of an organization or even any group of organizations that is offering to support the creation and maintenance of a formal externally run program of accreditation for REBs. Without proper resourcing or organization any proposed initiative is unlikely to succeed. Additionally, the working group noted that it will be important for an organization or group of organizations to assume intellectual leadership and ownership of accreditation, and it does not appear as though this is a clearly articulated priority for any of the stakeholders at the current time.

Given the developments that have occurred since the referenced reports, the working group believes that the widely accepted premise that accreditation is required to bring about standardization and efficiencies is open to debate, and that any initiative to develop and implement an accreditation program must be based upon solid evidence that it will accomplish its intended goals.

3 OUTCOME OF THE WORKING GROUP DISCUSSIONS AND CURRENT RECOMMENDATIONS

The Terms of Reference provide that the working group will report to Health Canada and the CCTCC sponsoring organizations (CIHR, Rx&D and HealthCare*CAN*).

As evidenced by the meeting notes, the working group considered that the first critical question involved in the development of a pan-Canadian accreditation system for Research Ethics Boards was to answer the question, "*What is the problem that we are attempting to solve and what is the relationship of a scheme of accreditation or qualification to the resolution of that problem?".*

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There was clear consensus that the principal problem to be addressed is primarily, although not exclusively, the inefficiencies of the system of REBs, particularly in relation to review of multi-centre clinical trials. "Efficiencies" of the REB system was considered to be related to timeliness of reviews and reduction of repetition of reviews but also to a more comprehensive concept of elevation of the quality of REB reviews through collaboration, consistency, and compliance. The working group agreed that REBs should be striving for excellence, knowledge and positive practices in the ethical oversight of research. Secondary drivers were Health Canada's desire for a mechanism to regulate REBs, and a need for a mechanism to *demonstrate* baseline quality of REB reviews as a critical component of improving efficiencies of REB reviews of multi-site studies.

When the working group attempted to address the second aspect of the question, i.e. what is the relationship between accreditation (or qualification) and efficiencies in REB reviews, the group was unable to come to a definitive conclusion. The group did agree that there does not seem to be adequate ***evidence*** of the impact of accreditation on improving the protection of research participants ,[7] nor on enhancing efficiencies in reviews. Evidence available to the working group was limited to non-existent. However, there was agreement that some valuable information could be obtained by consulting with jurisdictions that currently have accreditation systems or processes. Such a consultation should focus less on the system of accreditation, and more on evidence of the impact of accreditation.

The working group isn't convinced that accreditation would be an effective approach and a good use of time and resources to solve the problem of efficiency of REB reviews (multi-site). However, the working group believes that some mechanism for assessing or evaluating REBs likely would have an indirect impact on efficiency by providing a standardized due diligence process to facilitate cooperation and eventual reciprocity among REBs.

In order to inform the answers to questions related to accreditation, such as those that were articulated in the working groups terms of reference, (e.g. how would the accreditation process work, what standards would be used), it was agreed that it would be essential to obtain more information on what is and what isn't working to create efficiencies in multi-site REB reviews as well as information on the benefits of accreditation, on the potential models of accreditation and on the cost of various models of accreditation

3.i) Reframing the Working Group Mandate

Rather than assuming that accreditation is an end in itself, the working group proposed that accreditation, should be viewed as one indirect component to facilitating an increase in the efficiencies of ethics reviews. In order to operationalize efforts toward efficiency, a mechanism to facilitate cooperation between REBs seems intuitively necessary and establishing a baseline standard for operations, whether it be through a formal accreditation process, a qualification process similar to that of Clinical Trials Ontario, or a provincial designation system like the Quebec model seems to be a pre-requisite. What the mechanism for developing better cooperation and possibly eventual reciprocity should look like and how it should be operationalized needs to be informed by evidence that is gathered from other jurisdictions and from the provincial initiatives. The group supports a staged, investigative

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approach that would lead to a designation/qualification/accreditation process and believes that it would be more appropriate than assuming that accreditation is the end goal, and inferring from that, what it should look like, who it should apply to, how it would be governed etc. One of the first steps, which forms one of our recommendations and which is currently in development discussions by CAREB, is the creation of an REB Registry.

The group's consensus was that the answer to the questions articulated in the Terms of Reference could be best obtained by starting with reviewing provincial harmonization initiatives, since the provinces are in the process of attempting to implement streamlined (i.e. more efficient) processes for review of multi-site studies. Within each of these initiatives, the working group speculated that mechanisms (either formal or informal and including software tools) would exist to assess the quality of reviews and to enhance communications between REBs. A careful examination of these provincial undertakings would help inform the working group's deliberations around a process of pan-Canadian accreditation and/or qualification or designation. Although many of the provincial initiatives are still relatively new, most if not all include an evaluation component. The working group acknowledges that some of this work has been done through a variety of reports, including the comparative analysis by Marie Hirtle, Karen Weisbaum, Sebastien Lorneau and Martin Letendre, (2004, 2007, 2014), Marianne Vanderwel's Health Canada report of 2012, and by Diane Martz in the harmonization survey appended to the SHRER report to the SPOR committee however, there have been significant developments since those reports, including operationalization of the CTO process.

3.ii) Recommendations

The working group recommends a staged approach: as a first step (but concurrent with its other recommendations), that a compilation / registry of current Canadian REBs be created for information sharing purposes. This task should primarily lie with the Canadian Association of Research Ethics Boards, with assistance from the CCTCC to build and maintain the registry. This would include a mechanism to identify and track REBs that review clinical trials. The development of this "registry" including what information should be collected and how it could be kept up-to-date will require careful consideration, including whether or not existing registries (such as the OHRP FWA listings, the Ministry of Health and Social Services in Quebec, or the CTO registry in development) could be utilized or leveraged.

The working group further recommends that it be given the opportunity and required administrative and financial support to investigate the various provincial harmonization initiatives that are enabling REBs to share reviews, delegate reviews or accept reviews by another REB. Based upon the deliberations of other groups looking into the issue of streamlining and harmonization, a pan-Canadian model may not be achievable in the short- or mid-term, but a single REB opinion per province may be feasible. And of course, provincial streamlining efforts may serve as a stepping stone to further streamlining between provinces. A review of existing cross-jurisdictional initiatives should also be conducted.

The working group also recommends that it take a staged approach to establishing / defining a quality baseline or standard for REBs and a peer-driven mechanism for continuous quality improvement. Initially, a comparison of REB designation/qualification systems should be conducted, with a goal of

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providing evidence to the working group such that it could recommend an overarching program that would serve to promote consistency across the country, provide a mechanism to qualify / designate REBs in provinces that do not have such a system, and to either grandfather existing REB designation or qualification programs or only require slight modifications to meet any additional / missing components.

In keeping with the goal of increasing efficiencies, the working group also recommends that it create a defined set of common elements to be used for data collection from the REBs in Canada that are currently reviewing and approving regulated clinical trials in Canada. An evidence-based approach to the evaluation of efficiency measures would require assessment measures. These data could then be used to develop a common set of metrics and benchmarks to assist REBs to assess their performance and promote transparency. These common elements should be created having due regard for the CGSB standard, the CAREB/N2 SOPs and applicable regulatory requirements, but should also include timelines for completion of specific REB functions. For example, in the UK, research ethics committees are audited against a standard of 95% of applications being completed within 40 days, 95% of substantial amendments being completed within 28 days and 95% of proportionate review (minimal risk) applications being completed within 14 days. Quebec has a requirement that studies be approved within 30 days.

Development and ultimately incorporation of these metrics and benchmarks into a designation, qualification or accreditation scheme, will enhance within-REB assessments by allowing for longitudinal comparisons such that would facilitate the development of review norms (e.g. average review times). Having these data available would allow for the identification of instances that are outliers and which may prompt further investigation. Moreover, the routine collection of data could enhance transparency and communication, for example, providing researchers with data regarding expected review times based on historical trends of similar protocols. It may also promote the use of performance improvement techniques such as Audit and Feedback.

In conclusion, the working group is not recommending that a formal accreditation process for Canadian REBs be abandoned. It is recommending however, that a staged approach to the development of such a process be taken, and that appropriate evidence to justify a formal accreditation process be gathered, before implementation of any system takes place. It could be that a peer driven process mandating baseline minimum standards similar to the CTO model could be adopted for those provinces that don't already have any such process. It could be that different models will work better in different provinces but that all will meet the end goal of enhancing efficiencies, meeting a baseline minimum quality standard and enhancing compliance.

4 SUMMARY

In summary, the working group recommends that:

- CAREB and CCTCC work collaboratively to develop a "registry" for REBs, in particular, of those REBs that are reviewing and approving clinical trials in Canada. [Note: the definition of the term registry needs to be agreed upon]

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- The working group consult with various jurisdictions that have implemented accreditation programs to ascertain what if any evidence they have of the **impact** of accreditation upon compliance and upon enhancing the protection of research participants, as well as on efficiencies of ethics review and on the standardization of REB operations.
- The working group consult with the various provincial harmonization initiatives to obtain more detailed information about the models of review being adopted to streamline multi-jurisdictional reviews, and in particular, what evidence they have pertaining to the success or lack of success of these initiatives. The consultation should explicitly ask about negative implications, e.g. increased costs, increased workload for research ethics administration, and other types of problems that have to be overcome, etc.

- The working group examine the various standards and metrics currently being applied to REB operations both in Canada and in other jurisdictions, and create a common set of elements against which REBs in Canada that review and approve regulated clinical trials be asked to report. From that data, benchmarks could be developed on a pan-Canadian basis which potentially could be incorporated into a future process of designation, qualification or accreditation. Of course, any common elements or benchmarks that are developed by the working group, would need to be evolving over time, and ideally that evolution would be driven by the organizations that are part of the designation, qualification, accreditation system.

- The working group inform its recommendations on the basis of the evidence it will have collected through the consultation and investigation processes described above, specifically in addressing what should a program of "assessment" (i.e. designation, qualification or accreditation on) of REB efficiencies and standards look like in Canada, and how could it realistically be implemented.

5 REFERENCES

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