

September 11, 2007

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c: Ms. Hanan Abdel-Akher
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c: Ms. Thérèse De Groot
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Dear Sir or Madam:

Re: Research Ethics Process for Complex Research Initiatives

The Research Sub-Committee of the Canadian Interprofessional Health Collaborative (CIHC) considers it necessary to express their views on the ethics approval process due to substantive issues raised by its members. The aim of this letter is to highlight key challenges and recommendations as we look toward the future of interprofessional and collaborative education research in Canada.

Note: Letter was sent via email to each recipient on September 7, 2007

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The Canadian Interprofessional Health Collaborative represents Canadian collaborative partners advancing the evidence base related to Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP)¹. The focus of this research is to identify and share best practices in interprofessional education and collaborative practice, and translate this knowledge to people who can use it to transform healthcare.

Background

Canada is becoming a recognized leader for initiatives and research in IECPCP. Health Canada has funded interprofessional education research for the past three years as one component of the Pan-Canadian Health Human Resources Strategy. We are currently gathering a wealth of knowledge. However, additional research is required on interprofessional education for collaborative patient-centred practice (IECPCP) as a strategy to achieve system change and ensure health professionals have the training required to work effectively on interprofessional teams that view the patient/family/community as a partner.

In 2005 and 2006, Health Canada approved 21 funded learning projects through the IECPCP initiative². The projects take place in a range of settings, address a variety of health care issues, include a breadth of interprofessional teams, and are lead by strong collaborations among educators, academics, health professionals, community groups and other key stakeholders. Funding for this initiative was in the order of 20 million dollars. While the majority of these projects are headquartered at universities across Canada, a range of diverse partners are involved in the research.

Challenges

Interprofessional Education for Collaborative Patient Centred Practice (IECPCP) projects filed their ethics reviews applications beginning in the fall 2005. The projects filed submissions at numerous research ethics boards around the country. CIHC members recognize the Tri-Council Policy Statement on Research Ethics and the importance of protecting the rights and safety of human research participants. In February 2007, CIHC distributed a survey to the principal and affiliated investigators of these twenty projects to help identify experiences and challenges these projects encountered in their ethics review process. Ten of the twenty projects provided responses. The survey revealed four key challenges in the research ethics review process:

CHALLENGE 1- MULTI-SITE REVIEW

Respondents found the process of completing the requirements of different research ethics boards' rules and regulations extremely complex and time consuming. In many cases, multiple research protocols were required, increasing the complexity of the project and shifting resources. The majority of the respondents reported application issues, with some projects required to submit as many as 23 ethics applications for the same protocol. (8 of the 10 respondents)

CHALLENGE 2 - LACK OF UNDERSTANDING OF EDUCATIONAL RESEARCH

Research ethics boards, particularly health authority REBs, lack understanding of educational research. Their frameworks, rules and regulations need to respond to the demands of diverse,

¹ <http://www.cihc.ca>

² http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index_e.html

complex research in the education sector as well as the health sector. Interprofessional education research frequently includes patients, students and preceptors (health professionals who are teaching in the practice setting) and involves mixed methodologies that differ from clinical trials or other research.

CHALLENGE 3 – LOW/MINIMAL RISK SUBMISSION

Research ethic boards do not have the flexibility to respond to low/minimal risk submissions in a suitable manner.

CHALLENGE 4 – RESPONSIVENESS

Multiple respondents reported that navigating the research ethics systems in their institutions and obtaining responses to their unique circumstances was challenging.

Recommendations

1. Encourage the standardization of rules and regulation among research ethics boards within the provinces to facilitate multi-site research. This includes REBs that review research for universities/colleges, the practice environment (hospitals and health authorities) as well as other sites.
2. Local research ethics boards need to reach agreements with universities/colleges, the practice environment (hospitals and health authorities) as well as other sites to avoid duplicate and/or inconsistent revision of the same study.
3. Efforts to digitalize subject consent forms would be particularly useful for complex research involving multiple participant groups.
4. Encourage development of REB regulations that are supportive/compatible of interprofessional research (i.e. the length of the subject consent form should reflect the risk of a study, include only pertinent clauses necessary to inform the potential subjects.)
5. Report and monitor REB review/turnaround times as a quality indicator of the service provided by REBs to researchers.
6. Facilitate REB mechanisms that allow the review of a low/minimal risk submission in an expedited manner.
7. Finally, all offices of research services should implement formal mechanisms to provide timely response to researchers' questions, challenges and dilemmas. Principal investigators of IECPCP projects are willing to collaborate in the planning of REBs/NCEHR educational sessions in their jurisdiction to create awareness and understanding of this body of research.

Thank you for considering our letter. We would appreciate a response indicating what opportunities may exist to implement these recommendations, and how we might work together to develop guidelines for interprofessional research. Please direct your reply to Brenda Sawatzky-Girling, CIHC Program Manager, at brendasg@telus.net or 604.531.7970.



Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé

learning to work together, working to learn together
apprendre à collaborer, collaborer pour apprendre

Sincerely,

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