

NCEHR – Quality Improvement Site Visit Programme 2003-2004 Activities

- 59 site visits to date from fall of 1998 to summer 2004 (75 since 1993)
- Visits include universities with medical schools, social science and humanities universities; academic and community hospitals, community-based REB

2003-2004

- Nine institutions reviewed (ten planned)
- One pre-site visit consultation
 - three tertiary care hospitals
 - two clinical REBs at universities
 - three behavioural REBs
 - one community-based REB

- All draft reports completed within one month; one final report pending site approval

A. Strengths of Process

- Dedicated chairs and members
- Improving education – of new REB members with courses, mentoring
 - undergraduate and undergraduate courses
- Monitoring – specific position apart from the REB
- Quality improvement – client satisfaction survey; impact assessment
- Web-based programs for review; web-based applications; guidance documents
- Activities for specific types of research – e.g. aboriginal research; genetic studies (these allow identification of best practices)
- Open communication with researchers with invitation to attend REB meetings

B. Concerns

- Increasing load leading to less time to review complex protocols
- Conflict of interest situations – REB members, reporting structures of the REBs, appeals committees
- Scientific review – inadequate expertise on the committee
- Long turn around times
- Generally minimal monitoring
- None had system to assess impacts on research participants
- Education of new members; general education of research community

C. Comments regarding TCPS

- Insufficient recognition of social science methodologies
- Web-based research
- Community-based research/ aboriginal research
- Minimal risk
- Expectation of continued development of document

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