QUEENSWAY CARLETON HOSPITAL



**COMMITTEE TERMS OF REFERENCE**

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COMMITTEE: **Research Ethics Board**

REPORTS TO: Medical Advisory Committee

CHAIR: Appointed by the Medical Advisory Committee and Chief of Staff

MEMBERSHIP: 3 members of the Medical Staff (preferably 1 from Pathology)

2 members with broad experience in methods and areas of research

*(defined as holding a research-based graduate degree)*

1 member of QCH Ethics Committee

1 Pharmacy Representative

The Director of Health Records

1 Community Member

1 Clinical Director

1 Nurse Educator

1 Nurse Manager

1 member of Rehabilitation Services

1 member of Diagnostic Imaging

1 PFAC Representative

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**PURPOSE:**

To provide an independent and impartial review of the ethical implications of research conducted at the Queensway Carleton Hospital.

1. To review and report the ethical implications of the methods and design of all research conducted at Queensway Carleton Hospital involving use of human subjects, human biological materials, patient records, and research involving use of clinical databases. This applies to materials derived from living and deceased individuals.
2. To review research conducted by members of QCH staff where no external REB exists for review of that research.

## OBJECTIVES

1. To ensure compliance with the recommended guidelines of the Tri-Council Policy Statement (Inter Agency Advisory Panel on Research Ethics or PRE) on the “Ethical Conduct of Research Involving Humans” and the “Good Clinical Practice” of Health Canada
2. To provide guidance and leadership in the application of ethical principles to the conduct of research at QCH.

**FUNCTIONS:**

1. The QCH REB functions independently and reports all findings/activities to the MAC.
2. To review the policy for approval of research and ensure compliance with that policy.
3. To approve/reject or suggest amendment, to proposed research at Queensway Carleton Hospital.
4. In conformity with the Tri-Council Policy Statement, the QCH REB will maintain involvement in studies over the course of their execution and require of principal investigators information regarding significant adverse events encountered during the study or any significant new information which becomes available after the initial review by the QCH REB, either of which may impinge on the ethics of continuing the study. Consequently, the QCH REB will review the new information to determine whether the protocol should be modified, discontinued, or should continue as originally approved.

## EDUCATION / QUALITY OF CARE

1. Orientation of new member will include a meeting with the Chair in order to review the Terms of Reference. As well, new members will receive a copy of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.
2. New members will be required to read the Tri-Council Policy Statement and to take the on-line tutorial at <http://pre.ethics.gc.ca/eng/education_tutorial-didacticiel.html>. This on-line course will take approximately 2 hours to complete and covers all aspects of the Tri-Council Policy Statement and what is required of all research ethics review boards in Canada.
3. All members are expected to maintain current knowledge with regard to ethics in research and as minimum, members should review, once yearly, updates or revisions to the Tri-Council Policy Statement which is available on-line at <http://pre.ethics.gc.ca/eng/home.html>.

**NATURE AND SCOPE:**

The QCH REB will give final authority for approval of proposed research at Queensway Carleton Hospital and ***in addition, will be a “designated Quality of Care Committee” under the Quality of Care Information Protection Act (QCIPA) 2004 and will advise and/or make recommendations to Quality Council, which is designated as the Senior Quality of Care Committee under the QCIPA 2004.***

The QCH REB recognizes that the underlying “science” supporting the research design of submitted protocols may, at times, require expert review for which the QCH REB will seek independent, third party advice.

The QCH REB will provide the MAC, Senior Administration, Communication and QCH Board Directors references to all published studies which are derived from protocols reviewed by the REB.

The Chair and all other members of the Committee are appointed by the Medical Advisory Committee and shall have a two-year term with two possible reappointments and at no time will more than 50% of the membership change.

The manager of Health Records, acting as an agent of the Research Ethics Board shall have the authority to approve chart audit proposals for studies by government supported agencies such as ICES when these studies requires only grouped, non-patient specific data. The Health Records manager will bring to the Chair all chart audit proposals for inclusion in the Committee Agenda.

The Committee will meet once monthly for a minimum of six months per year. Additional meetings may be called at the discretion of the Chair~~.~~

Quorum will be constituted when there is 50% of physician committee membership in attendance.

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**Approved by the REB:** June 5, 2002; June 3, 2004;September 6, 2007; November 24, 2015; October 2021

### Approved by the MAC: October 2002; November 2004; February 2016, January 2022