



Purpose:	To provide Island Health a standardized approach for describing the requirements for document pre-review and distribution prior to Research Ethics Board (REB) review.
Context:	<p>Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuu-chah-nulth, and Kwakwaka'wakw Peoples.</p> <p>As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment.</p> <p>The organization is committed to strengthening diversity, equity and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.</p>
Scope:	<ul style="list-style-type: none"> • Affected Roles <ul style="list-style-type: none"> ○ REB Office Personnel; REB Chairs, and members • Environment <ul style="list-style-type: none"> ○ Research Environment
Outcomes:	<ul style="list-style-type: none"> • Outline the requirements for REB Office Personnel pre-review analysis and distribution of documents.

1 Responsibilities

All REB members and REB Office Personnel are responsible for ensuring the requirements of this standard operating procedure (SOP) are met.

2 Procedure

The efficiency and effectiveness of the REB is supported by administrative procedures that assure that REB members not only have adequate time for thorough assessment of each proposed study, but that the documentation they receive is complete and clear enough to allow for an adequate assessment of study design, procedures, and documentation.

The requirements for REB submissions are made available to all Researchers. The REB Office Personnel are responsible for maintaining and disseminating this information to Researchers.

2.1 Administrative Review Procedures

- a) The online database assigns a study number to all studies as soon as the application process is commenced by the Researcher. In the case of the harmonized online database system, applications are not received by REB Office Personnel until the Researcher has completed the application, had signed it off electronically and their Department Head/Dean has approved the study. In the case of the Island Health

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specific online database system, study applications are submitted directly to the REB office. REB Office Personnel screen the submission for overall completeness;

- b) If the submission is incomplete, (e.g. documents are missing or incorrect documents were uploaded), the REB Office Personnel will send the study back via the online database system to request the required information for inclusion with the submission;
- c) Upon receipt of a complete submission, the responsible REB Office Personnel identifies any outstanding items that will be required to issue approval, as applicable.

2.2 Scheduling for Review

- a) If a complete submission meets expedited/delegated review requirements, the review will be performed as described in Island Health REB SOP 508 Ongoing Research Ethics Board Review Activities.
- b) For submissions reviewed via the delegated review process, REB Office Personnel assigns a designated delegated reviewer(s) to the study via the online database system;
- c) For submissions requiring Full Board review, the REB Office Personnel assigns the study to the next Full Board meeting agenda via the online database system. Primary and Secondary reviewers are assigned once the agenda is complete, if applicable;

2.3 Distribution Prior to REB Meetings

- a) Application materials described in Island Health REB SOP 537 Research Submission Requirements will be made available to all REB members, generally at least seven (7) calendar days prior to the meeting;
- b) All REB members will be able to access all relevant documentation via the online database system, except those studies where they are in a position of conflict of interest as a Principal/Qualified Investigator or a Co-Investigator;
- c) Ad Hoc consultants receive material via the online database system or secure electronic format.
- d) Late submissions (add-ons) may be accepted for inclusion in a meeting at the discretion of the REB Chair and Coordinator.

2.4 Confidentiality

- a) All material received by the REB is considered confidential and is accessed by REB members only for the purpose of review. The online database system is a secure online system which can only be accessed by individuals with the appropriate campus-wide log-in in the case of Research Information Systems (RISe),

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or through registering for the Island Health specific online database system. REB members are provided with additional access based upon their Board requirements;

- a) Chairs, designated Delegated Reviewers, and REB Office Personnel are provided with expanded access to allow them to complete their additional duties in relation to delegated review;
- b) All ad hoc reviewers and observers of REB meetings will be required to sign a *Confidentiality Agreement*. All REB members must execute the *Member Declaration concerning Confidentiality and Conflict of Interest*.

2.5 Destruction of Copies

- a) Any miscellaneous hard copies of confidential materials will be destroyed in a secure manner by individual REB members or REB Office Personnel as soon as the materials are no longer needed, which is generally understood to be immediately subsequent to the REB meeting at which the materials were reviewed;
- b) REB Members without access to secure disposal must return their REB materials to the REB Office for confidential waste disposal.

3 Training

- 3.1 Review of the SOP.

4 Compliance Monitoring

- 4.1 The Island Health Manager, Research Ethics & Compliance or their delegate is responsible for ongoing monitoring of Island Health operations to verify compliance with this SOP.
- 4.2 The Island Health Manager, Research Ethics & Compliance or their delegate is responsible for communicating any changes to this SOP to all relevant personnel.
- 4.3 Deviations from this SOP will be addressed through corrective and preventative action implementation.

5 Definitions

- Refer to Glossary of Terms – Research Ethics

6 Related Island Health Policy Documents

- SOP 508 Ongoing Research Ethics Board Review Activities
- SOP 537 Research Submission Requirements

7 References

- [Network of Networks \(N2\)](#), SOP 301.003 REB Submission Requirements and Administrative Review
- [University of British Columbia, SOP 303: Administrative Review and Distribution of Materials](#)
- [The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Article 6.11](#)

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8 Summary of Changes

Version	Effective Date	Change Description
1.0	05 DEC 2022	New procedure

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