

Appendix 1 (as supplied by the authors): Reports

Report	Key findings
<i>Biotechnology and the health of Canadians</i> (2004) <sup>1</sup>	“There are currently a number of guidelines, policies, standards and regulations in use in Canada related to research ethics [...]. However, there is widespread recognition within the research and policy communities of the need to modernize approaches to governing the ethical conduct of research involving humans [...] Unless there are national or, better still, international standards that are rigorously adhered to, it will be difficult if not impossible to achieve effective harmonization across institutional, regional and international boundaries [Emphasis added].” (p30-31)
Standing Committee on Health. <i>Opening the medicine cabinet: First report on health aspects of prescription drugs</i> (2004). <sup>2</sup>	“Witnesses pointed to uneven standards and inconsistent operations among research ethics boards across the country. Currently, research ethics boards are not subject to federal regulations. Witnesses expressed concern about the lack of a standard accreditation system or regular audits for research ethics boards.” [Emphasis added](p2)
<i>Moving Ahead: Final Report</i> , (2008). <sup>3</sup>	“There is concern about an unacceptable level of variability with respect to REB decisions on the same or similar research applications. This is seen in multi-site research where different REBs may give disparate opinions on issues not related in any way to local context. This variability may reflect: a lack of expertise among REB members; the strain REB members face in reviewing too many applications; inconsistent interpretation of existing policy and standards; or the lack of clear guidelines and standards for REBs [...] One of the attractions of creating a comprehensive coordinated system in Canada as recommended in this report is that it could materially reduce the workload of some REBs, and some of the burdens of duplication currently borne by researchers.” p30-31
Clinical Trials Summit (2011). <sup>4,5</sup>	“When a company interested in conducting clinical trials comes to Canada, it faces multiple forms, processes, and standards before it can even start a trial. <i>Individual ethics board reviews for the same protocol may have different requirements, results, and inconsistent turnaround times. Eligible patients may be difficult to find, recruit and retain in trials.</i> ” [Emphasis added] (p5)
Senate report “ <i>Canada’s Clinical Trial Infrastructure: A prescription for improved access to new medicines</i> ” (2012). <sup>6</sup>	“In order to ensure that all clinical trials of unapproved drugs are reviewed in a consistent and efficient manner, adoption of a national standard can be ensured through an accreditation program, as has previously been recommended in the <i>Moving Ahead</i> report of 2008.” (p25)
SHRER committee report “ <i>Streamlining of Health Research Ethics Review External Advisory Committee</i> ” (2013). <sup>7</sup>	“Recently, inefficiencies in research ethics review have been identified as one of the major barriers to clinical research in Canada” (p6)
Canadian Clinical Trials Coordinating Centre (CCTCC), WG on REB accreditation (2017). <sup>8</sup>	“Given the extensive changes in the REB landscape since the publication of those reports, as well as the previous failed attempts at REB accreditation, it was imperative for the WG to confirm the problem it was being asked to address. The WG concluded that the principal issue was inefficiency of the REB review process for multi-centre clinical trials. Evidence of the impact of a system of assessment of REBs upon the problem of inefficiencies was however, lacking.” (p3)

## S1. References

1. Canadian Biotechnology Advisory Committee. *Biotechnology and the health of Canadians. A Report from the Canadian Biotechnology Advisory Committee on Biotechnology and Health Innovation: Opportunities, Challenges and Public Policy* Ottawa, Ontario, Canada 2004.
2. Standing Committee on Health. *Opening the medicine cabinet: First report on health aspects of prescription drugs* 2004.
3. The Experts Committee for Human Research Participant Protection in Canada. *Moving Ahead. Final Report of the Experts Committee for Human Research Participant Protection in Canada.* Ottawa 2008.
4. Rx & D, Canadian Institutes of Health Research, Association of Canadian Academic Healthcare Organizations. *An action plan to help attract more clinical trials to Canada. To your health and prosperity...* Ottawa 2012.
5. Rx & D, Canadian Institutes of Health Research, Association of Canadian Academic Healthcare Organizations *Proceedings & Implications from the 2011 Clinical Trials Summit. Towards an Action Plan...* 2012.
6. Standing Senate Committee on Social Affairs, Science and Technology. *Canada's clinical trial infrastructure: A prescription for improved access to new medicines.* Ottawa: The Standing Senate committee on Social Affairs, Science and Technology 2012.
7. External Advisory Committee on Streamlining of Health Research Ethics Review (SHRER). *Streamlining of Health Research Ethics Review External Advisory Committee. Report for discussion.* Ottawa: Canadian Institutes of Health Research; 2013.
8. Evans L, Morin K, Manzo J, et al. *Canadian Clinical Trials Coordinating Centre (CCTCC) Research Ethics Board (REB) Accreditation Working Group (WG) Final Recommendations (FRs).* Ottawa: Canadian Clinical Trials Coordinating Centre (CCTCC); 2017.