Guidelines for Submissions to the CPRI Research Review Committee (RRC)

# Purpose of CPRI Research Agreements

The Research Agreement serves as a contract between the researcher and CPRI.

# Meeting Frequency

The CPRI Research Review Committee (RRC) meets every month except December.

# Submission Deadlines

* The first five (5) submissions received by 5:00 pm on the 1st of the month will be tabled for review at the RRC meeting for that month. Submissions beyond the cut-off amount will be tabled to the meeting in the following month.
  + The Committee Coordinator will confirm receipt of the submission and the meeting date within 2 working days of receipt.
* Only complete submissions will be accepted.
* Submissions should be sent by email to Laura Theall at [laura.theall-honey@ontario.ca](mailto:melissa.currie@ontario.ca).

# Submission Contents

A full submission to the CPRI RRC contains the following:

* A copy of a full university Research Ethics Board application including specific details about methodology
* A copy of the university Research Ethics Board approval letter
* Certificate of completion of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) tutorial for ALL investigators; tutorial located online [www.pre.ethics.gc.ca/eng/education/tutorial-didacticiel/](http://www.pre.ethics.gc.ca/eng/education/tutorial-didacticiel/)
* Section C to include a complete list of all data elements/variables to be used in the study (please be specific)
* Section I of the CPRI Research Agreement signed by ALL investigators
* All related project materials including consent forms and data collection instruments

# Recruitment Requests

If you would like to advertise your study to any client at CPRI, you may request that a study recruitment flyer be posted in designated high client traffic areas at CPRI without submitting an application to the CPRI RRC. Please submit a copy of your flyer and study start/end dates to Laura Theall, Research Coordinator at [laura.theall-honey@ontario.ca](mailto:melissa.currie@ontario.ca). Please note, a disclaimer is posted that research projects advertised in this way are not endorsed by CPRI.

If you would like CPRI staff to assist in recruiting specific client populations, you must submit a request to the CPRI RRC.

# Methodological Considerations to Include in a Submission

Please consider the following when preparing a submission to the CPRI RRC:

* Access to research data
  + Typically, CPRI data must be accessed on site only. If you would like to request access to data off-site, please explain why this is necessary and provide details about how the data will be de-identified, how the research data will be transferred, how and where it will be stored and destroyed once the project is complete, and who will have access.
* Identifying research data elements
  + In adherence with privacy obligations under the Personal Health Information Protection Act, 2004 (PHIPA), CPRI provides the minimum amount of research data reasonably necessary to complete desired research activities (PHIPA, 2004, c. 3, Sched. A, s. 49 (2).
  + It is imperative that you provide a detailed list of the research data elements (i.e., variables of study or specific item numbers if using a standardized instrument) as well as justification for their inclusion. Submission of an application with insufficient information about requested research data elements will delay approval as the Committee will request more information. Please see the Research Agreement Form, Appendix B for a sample of the Research Data Element Request.
* The CPRI RRC is committed to protecting our clients’ privacy and from unnecessary burden. Please consider the least intrusive methods when designing your study.
* Typically, a minimum sample size of 25 is required for each group for each analyses conducted (i.e., the smallest group analyzed). This is to help ensure that our clients are not identifiable in research projects. If you would like to study a group smaller than 25, please provide justification.

# CPRI Resources

* When working with external researchers, CPRI Research Coordinators are responsible for preparing a de-identified dataset as per CPRI RRC approval and supervising external researchers’ data access and printing.
  + CPRI Research Coordinators are not available to perform any data analyses, or provide advice or instruction related to data analysis.
* A specific data set of de-identified CPRI client or staff information will be prepared after approval has been granted by the CPRI RRC, in accordance with CPRI research policies.
  + All CPRI data is to be accessed onsite only (unless special approval is granted with restrictions as per above). External researchers who have been granted access to CPRI data will be able to view and analyze data onsite only.
  + External researchers are provided with access to a prepared, approved dataset for their project alone, on a CPRI computer that does not have access to the facility’s network, or drives, or the internet. This dataset prepared and provided by CPRI will be completely de-identified. The computer provided does not have access to the internet and external researchers are not to create an internet connection using external devices. External researchers are permitted to leave CPRI with print analysis output only (to be reviewed and printed by the assigned Research Coordinator or their designate).

# Consent

The CPRI RRC prefers Letters of Information/Consent Forms that are:

* + written at a grade 8 reading level or lower
  + concise
  + clearly states that participants are consenting to participation in a research study, describes what the project entails, who will be involved, how the client/family can withdraw from the study and the limitations of withdrawal (e.g., available until the master tracking form is destroyed) and how it will be shared

A sample form is provided below.

# SAMPLE CONSENT FORM

**Sample Letter of Information and Consent**

*Insert Name of Research Project Here (e.g., Parenting Group Evaluation)*

**What is this letter for?**

* To give you information to help you decide if you want to be a part of a research study
* All children and families [*insert recruitment criteria]* are being asked to take part in this study

**Who are the investigators?**

*Identify all by name and role – e.g., Dr. J. Smith, Professor, Greenhills University; M. Blue, Social Worker, Stepping Stone Agency.*

**What will happen in this study?**

* If you and/or your guardian sign the consent form below, you agree to let the research team use information about you and your family to help us answer *[insert research question(s)]*
* *[Describe what participants will be asked to do, how long it will take]*
* We may share your answers with people who do not work with our research team but nothing that identifies you/your family (like names, birth dates) would be shared; only people who have permission from our research team will see this information

**Do I have to do this?**

* It is your choice to take part
* Your choice will not change the services you receive
* If you choose to take part now, you can change your mind at any time; you can request that your information not be included at any time by telling the contact person listed below

**Is my privacy safeguarded?**

* If you choose to take part in this study, steps will be taken to keep the answers you provide secure and from being recognizable to you or others
* Any information collected will be kept in a locked file at *[insert location here]* and entered into a computer file that only certain people who work at *[insert location here]*can see
* Personal information or personal health information may be written on the forms you complete, but nothing that identifies you/your family (like names, birth dates) will be saved in the computer file; this computer file and any information collected will be destroyed *[insert timeline here]*
* The results of our research will only be shared (such as in an article or at a conference) about groups no smaller than *[insert minimum cell size]* people, and we will never use information that would allow you to be recognized
* If we have or collect information that the law says we have to report, we cannot guarantee privacy

**What are the risks?**

*[identify potential risks]*

**What are the benefits?**

*[insert potential benefits]*

**Any Questions?**

If you have any questions about this study, please contact [*insert name and phone number for Principal Investigator*].

**Consent Form**

I have read the letter of information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

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Participant Name (*please print*  Participant Signature

Age: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Person obtaining consent (*please print)* Signature of person obtaining consent

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_