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* The cover image displays the results of a word cloud generated using the data collected through the ACRC Strategic Plan Consultation Survey. A word cloud is a visual representation of narrative data used to depict keywords by frequency and visualized as free form text. The importance of each word is shown with variations in font size and color.

EXECUTIVE SUMMARY

BACKGROUND

The Inaugural Strategic Plan Consultation was requested by the Alberta Innovates Health Solutions' (AIHS) Director of Research Ethics and ACRC Initiatives. This survey is part of a broader consultation and engagement process following the development of the ACRC's Draft Inaugural Strategic Plan.

The purpose of the ACRC Consultation Survey was to elicit constructive stakeholder feedback and implementation suggestions for the following three proposed strategic priorities:

1. *Improve the efficiency of clinical research administrative processes across the province*
2. *Standardize legal review guidelines for contracts and agreements related to clinical research*
3. *Develop provincial standards and opportunities for clinical research training*

DEMOGRAPHICS

From the 99 invitations sent, 23 stakeholders, representing government, health, academic and community research sectors, as well as the pharmaceutical industry, completed the online consultation. Typically, these stakeholders provided feedback on behalf of their departments and organizations and were informants with the knowledge and experience desired by the Consultation sponsor.

STRATEGIC PRIORITIES

With respect to the first strategic priority, many stakeholders ($n = 21$, 95%) identified efficient clinical research administrative processes utilized within their respective organizations including the centralization and standardization of processes, and alignment of administrative forms. However, foreseen barriers to provincial implementation of these processes were noted and included inconsistencies in the research review processes used at different research sites, and insufficient resources (i.e., funding) or a lack of access to appropriate resources. Furthermore, while a majority of stakeholders appeared to support centralizing clinical research processes provincially, a small proportion offered alternatives, suggesting that field- or disease- specific consortiums or research ethics boards and related processes be established.

Addressing the second strategic priority, stakeholders suggested that the legal review process for clinical research contracts and agreements could be improved by minimizing administrative redundancy; this could be achieved through harmonized, yet flexible procedures catered to the research site. Another common recommendation for the ACRC to consider was how decisions of other research ethics boards could be honoured in subsequent studies to circumvent the need for frequent contract renegotiation. However, anticipated barriers to implementing these suggestions provincially were identified and included possible challenges with the integration of multiple institutional processes and the effect of resource constraints on the expediency of clinical legal review processes (e.g., contract negotiations).

When discussing the third strategic priority, stakeholders indicated that they currently provide training opportunities to graduate students, residents, and research staff in the form of coursework, supervision and workshops. Furthermore, stakeholders suggested that professional development for clinical researchers could include other training opportunities (e.g., CIP, GCP, and LEAN process training) and that the use of online methods for the delivery of future training was encouraged where appropriate. As with the first two strategic priorities, stakeholders noted potential barriers to provincial implementation of the ACRC's training proposal, and/or stakeholder suggestions, citing a lack of available funding, time, and human resource concerns as the most common constraints.

Stakeholders most frequently identified the following topics when asked to describe what they would include in essential skills training for those engaged in clinical research:

- Ethics
- Research methods
- Statistics
- Good clinical practices (GCP)
- Writing skills

Interestingly, the Industry sector was the only sector where all stakeholders who participated in the consultation provided suggestions for essential skills training. While this finding is preliminary and its interpretation is exploratory in nature, the results could indicate that representatives from Industry have a good sense of the competencies they are looking for in people trained to do clinical research; these representatives were able to articulate the training expertise desired and/or expected by current employers in Industry.

ACRC STRATEGIC PLAN

Overall, stakeholders appeared to support the ACRC's strategic plan and its goal to develop a more unified, centralized system for clinical trials research in the province. Further, no stakeholders appeared to question the benefits of the ACRC's strategic plan. In fact, many articulated a number of anticipated benefits at multiple levels should the plan be implemented including time savings through more streamlined operations, improved healthcare delivery, increased clinical research activity, and improved reputation in the national and international clinical research community. However, many stakeholders also foresaw challenges to implementing the plan due to a lack of appropriate resources (i.e., human, infrastructure, & funding), as well as anticipated difficulties with coordinating competing stakeholders' interests while integrating multiple systems and processes across a number of complex environments.

Throughout the Consultation survey, stakeholders from the healthcare sector appeared most vocal with respect to identifying barriers to implementing the ACRC's strategic plan; however, they were also vocal in identifying anticipated benefits at all system levels should the plan be implemented. A possible interpretation of this finding is that stakeholders in the healthcare sector see the benefits of the ACRC, but they also see the need for all stakeholder groups to be involved in the initiative in order to help address some of the foreseen barriers and facilitate the plan's successful implementation.

TAKE HOME MESSAGE

Typically, stakeholders provided feedback on the ACRC's proposed strategic plan and priorities and implicitly suggested that these priority areas address needs that currently exist in the province's clinical research community. Despite this, many stakeholders appeared unsure of how exactly the ACRC would implement the initiative given all of the stakeholders involved and the systemic complexity inherent in clinical trials research; nevertheless, the stakeholder community appeared to accept the leadership and coordination role that AIHS has assumed in moving the ACRC's plan forward.

For additional information, please contact Tammy Mah-Fraser (tammy.mah-fraser@albertainnovates.ca), Project Manager, Alberta Clinical Research Consortium.