

# Research Ethics Board

## 2024-2025 Annual Report

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Research Ethics Office and Research Ethics Board  
Research Department – *Insights for Better Health*  
Quality, Safety, and Information

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## I. Report Summary

In 2024–25, Saskatchewan Health Authority (SHA) Research Ethics Office (REO) and Research Ethics Board (REB) continued to advance their mandate of supporting ethical, high-quality research across Saskatchewan. The Board reviewed 122 new study applications in addition to a large number of renewals, amendments, and study closures, reflecting both the volume and diversity of research in the province.

Key highlights include:

- **Improved Timelines for Delegated Reviews:** Processing times for delegated reviews improved by 35%, reflecting efficiency gains and effective coordination.
- **Increased Complexity of Full Board Reviews:** Turnaround times for full board reviews lengthened by 24%, driven by more complex studies, multi-stage revision cycles, and resource limitations.
- **Strengthening Capacity:** Training of a Vice-Chair expanded educational outreach, and updated templates and guidance materials have improved support for researchers and Board members.
- **Commitment to Quality Improvement:** Process mapping and workflow reviews are underway to identify inefficiencies and standardize practices across the REO.

Key trends from the year point to a growing complexity of research submissions and the importance of ongoing process refinement to maintain timely, high-quality reviews across Saskatchewan.

## II. Introduction

The Annual Report outlines the work of the SHA REO and REB. This report summarizes activities from April 1, 2024, to March 31, 2025. It highlights the number and types of studies reviewed, key performance metrics, and timelines. It also recognizes the contributions of REO staff and REB members. The report provides accountability and transparency while identifying areas for improvement and future system needs.

## III. Mission of the Research Ethics Board

The SHA REB is responsible for the ethical review and oversight of research involving human participants conducted within SHA facilities or by SHA-affiliated investigators. The REB evaluates research proposals to ensure scientific soundness and adherence to ethical standards set by the institution and aligned with national and professional guidelines.

Established in 1997 under the former Regina Health District, the SHA REB plays a critical role in safeguarding the rights, dignity, and welfare of research participants.

The SHA REB operates in accordance with the **Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2, 2022)** and adheres to all relevant provincial legislation, national

regulations, and institutional policies. The Board has been formally approved by the Saskatchewan Minister of Health **under Section 29 of the Health Information Protection Act (HIPA)** to fulfill its mandate in protecting personal health information within the context of research.

## IV. Background

The SHA REB is responsible for the ethical review of both **biomedical** and **behavioural** research involving human participants. **Biomedical** research involves protocols with medically invasive procedures, pharmaceutical testing, physical interventions, surgical procedures including the collection of biological specimens, such as blood, and the use of personal health records in accordance with provincial legislation. **Behavioural research** encompasses non-invasive methodologies such as interviews, surveys, focus groups, and psychological or behavioural interventions.

New applications submitted to the SHA REB are assessed based on the level of risk posed to participants as a result of the research procedures involved. Studies assessed as involving minimal risk—that is, no greater risk than that encountered in daily life—are reviewed through a delegated review process conducted by the REB Chair or a designated representative. In contrast, studies involving moderate to high risk require review by the full Board at a convened REB meeting.

Following the review of a research ethics application, REB issues a formal decision in the form of a Notice of Ethical Review (NER). The outcome may include approval, a request for revisions prior to approval, or a determination that the project does not require REB review under the TCPS 2. For projects requiring revisions, the REB provides detailed feedback to guide researchers in addressing ethical considerations. A final approval is granted once all outstanding issues are resolved to the satisfaction of the Board. This process ensures that all research conducted within the SHA aligns with national ethical standards and supports the protection of research participants.

The REB also provides formal determinations for projects that may be exempt from requiring approval from the REB, typically when an application is submitted under Articles 2.1 to 2.6 in TCPS2. These determinations are delegated to the REB Chair and may be initiated through a submitted application or by direct request from the researcher.

The REB convenes monthly meetings to review protocols deemed to involve more than minimal risk to participants. These studies typically include medical procedures, tests, or drugs that go beyond standard clinical care. Approval decisions for these studies require a simple majority vote of Board members, and voting may only occur if quorum is met, in accordance with [Standard Operating Procedure \(SOP\) 201.004, Section 5.23](#). Minimal risk studies such as access existing health information are reviewed by the Chair and/or a designated subcommittee of REB members through a delegated process.

The SHA REB reviews research spanning a broad range of clinical specialties and investigator expertise. In the 2024/25 reporting period, the 122 new study applications submitted, representing principal investigators from over 30 distinct clinical specialties. The most active areas included pharmacy, cardiosciences, obstetrics and gynecology, clinical appropriateness, nephrology, and nutrition and food services.

## **V. Reporting Period**

This report outlines the activities and accomplishments of the Saskatchewan Health Authority (SHA) Research Ethics Office (REO) and Research Ethics Board (REB) for the period April 1, 2024, to March 31, 2025.

## **VI. Research Ethics Office (REO)**

The REO team operates within the Insights for Better Health portfolio under Quality, Safety, and Information division and plays a key role supporting the SHA's commitment to ethical research by facilitating and coordinating the research ethics review process. The REO team includes 1.0 FTE Research Ethics Senior Specialist and 1.0 FTE Research Ethics Associate, as out of scope employees. Both positions provide direct support to the SHA REB and the REB Chair, ensuring the effective coordination and administration of the ethics review process. The REO is overseen by a 1.0 FTE Research Services Manager, who reports to the SHA Director of Research and is responsible for the operational leadership of the office. The REO was fully staffed during the 2024/25 reporting period.

## **VII. REB Membership**

The SHA REB is composed of nine members, who collectively bring expertise in research, clinical practice, ethics, and law. Members are appointed by the REB Chair and serve defined terms to ensure continuity and a broad representation of knowledge and experience.

As of 2024/25, the REB is chaired by Dr. Tracy Wilson (term: April 22, 2024 – April 22, 2027), with Dr. Michelle McCarron serving as Vice-Chair (term: August 31, 2020 – October 1, 2024).

Given the ongoing workload and time commitments required of the Chair, the SHA REB and REO are actively seeking to recruit one or two additional Vice-Chairs to support operational continuity.

The current REB membership roster is available online under [SHA REB Membership – January 2025 \(PDF\)](#).

Member	Term	Term Dates	Affiliation with REB	Affiliation with Institution
Dr. Tracy Wilson, Chair	1	22-Apr-2024 to 22-Apr-2027	Chair, Research Ethics Board	No
Dr. Sylvia Abonyi	1	01-Feb-2023 to 01-Feb-2028	Knowledgeable in Research	No
Dr. Mustafa Andkhoie	1	01-Oct-2022 to 01-Oct-2027	Knowledgeable in Research	No
Julia Bareham	1	01-Oct-2022 to 01-Oct-2027	Community Member	No
Dr. Jarol Boan	1	01-Feb-2022 to 01-Feb-2027	Clinician	Yes
Kirsten Fox	1	24-Oct-2023 to 24-Oct-2028	Knowledgeable in Research	Yes
Gary Goldsand	1	01-Feb-2022 to 01-Feb-2027	Knowledgeable in Ethics	Yes
Brianna Groot	1	01-Oct-2024 to 01-Oct-2029	Knowledgeable in Research	No
Dr. Jeffrey Irvine	1	01-Mar-2023 to 01-Mar-2028	Clinician	Yes
Dr. Lynn Jansen	1	01-Feb-2023 to 01-Feb-2028	Knowledgeable in Research	No
Dr. David Kopriva	2	01-Feb-2020 to 01-Feb-2025	Clinician	Yes
Eric Miller	3	01-Aug-2022 to 01-Aug-2027	Legal Representative	No
Dr. Jessica Minion	3	01-Feb-2023 to 01-Feb-2028	Clinician	Yes
Sherri Pooyak	1	01-Apr-2023 to 01-Apr-2028	Community Member	No
Greg Riehl	2	01-Aug-2022 to 01-Aug-2027	Community Member	No
Caitlin Roy	1	01-Jun-2022 to 01-Jun-2027	Knowledgeable in Research	Yes
Dr. Paul Simard Smith	1	01-Feb-2022 to 01-Feb-2027	Knowledgeable in Ethics	No
Sydney Young	1	01-Mar-2023 to 01-Mar-2028	Legal Representative	No

## VIII. Metrics and Review Activity

### a. Total Requests for Ethical Review

The SHA REB processed a total of 412 requests for research ethical review in 2024/25. These requests included the review of:

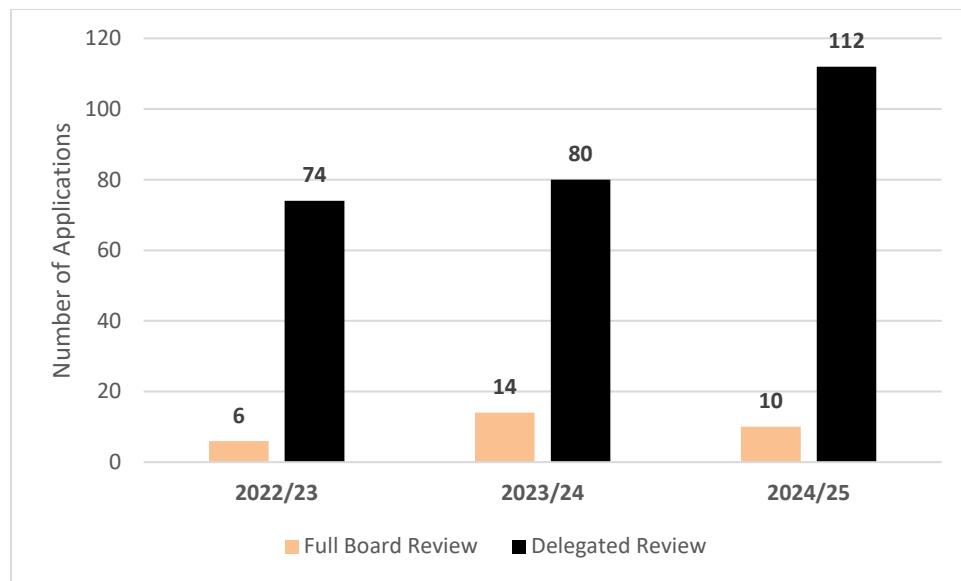
- 122 new study applications
- 136 amendments to studies currently in progress,
- Renewal of 118 studies in progress, and
- 36 requests to close studies that had been completed.

Between 2022/23 and 2024/25, the SHA REB experienced a steady increase in overall submissions, rising from 200 in 2022/23 to 412 in 2024/25. New study applications grew significantly, from 85 to 122, reflecting expanding volume of research reviews of the SHA REB. Amendments and renewals also increased sharply, indicating active oversight of ongoing studies. While study closures fluctuated, with a notable dip in 2023/24 (14), they rebounded to 36 in 2024/25, consistent with the completion of multi-year projects. Given that many research studies require multiple years to complete, the SHA REB maintained active oversight of 179 active studies during this period.

**Table 1.** Number of REB submissions received in the past three fiscal years, by review type.

	2022/23	2023/24	2024/25
New applications	80	94	122
Amendments	26	112	136
Renewals	29	99	118
Closures	65	14	36
<b>TOTAL SUBMISSIONS</b>	<b>200</b>	<b>319</b>	<b>412</b>

As illustrated in **Figure 1**, the number of studies qualifying for delegated review remained relatively stable in previous years but increased notably during the 2024/25 period, reflecting a recent shift toward a higher volume of minimal risk research projects.



**Figure 1:** Number of REB applications received in the past three fiscal years, by review type.

## b. Characteristics of New Study Applications

In 2024/25, the SHA REB received a total of 122 new study applications (**Table 2**), including 53 that were determined to be exempted from REB review — the highest number of exemptions, compared to 20 in 2023/24 and 12 in 2022/23.

The remaining 69 applications underwent either delegated or full board review processes. This reflects a slight decrease from 74 reviewed applications in 2023/24, but it remains higher than the 68 reviewed applications submitted in 2022/23.

Among these reviewed applications in 2024/25, there was a modest increase in the number of applications requesting access to existing health information, while behavioural studies decreased

slightly. Of these reviewed applications, 40 studies (58%) received full approval following their initial review.

*Note: Throughout this report, the term “new study applications” refers to all submissions to the REB, including those later determined to be exempt. However, analytical breakdowns may distinguish between exempt and non-exempt studies where relevant.*

**Table 2.** Number of REB applications received in the past three years, by application type.

Application Types	2022/23	2023/24	2024/25
<b>Access Existing Health Information</b>	25	26	<b>29</b>
<b>Biomedical Research</b>	10	21	<b>15</b>
<b>Behavioural Research</b>	33	27	<b>25</b>
<b>Exemption</b>	12	20	<b>53</b>
<b>TOTAL APPLICATIONS</b>	<b>80</b>	<b>94</b>	<b>122</b>

### **c. Study Amendments**

Once a study receives research ethical approval, any subsequent changes must be reviewed and approved by the REB before implementation. Over the past three years, the number of submitted study amendments has steadily increased (**Table 1**). Most of the amendments for this fiscal year (133/136) were classified as minor and were approved through a delegated review process, facilitating timely oversight while maintaining compliance with ethical standards.

### **d. Approval Timeline**

The target median turnaround time from receipt of all study application by the REO to issuance of the NER was 14 business days, for both delegated and full Board reviews. During the 2024/25 fiscal year, 122 new study applications were received. Of these, 69 study applications that underwent formal REB review, 35% (n=24), met the 14-day target. Exemption requests do not undergo a formal ethics review process and therefore are not issued NERs. Approval timeline metrics apply only to applications reviewed by delegated or full board processes.

As shown in **Table 3**, the overall approval process (from submission to final approval) for delegated reviews improved significantly, with a median of 43 business days. This represents 35% faster timeline compared to the previous year. This improvement highlights enhanced efficiency in the review and approval process for minimal risk studies handled via delegated review. In contrast, full Board reviews saw an increase in median approval time to 115 business days, reflecting a 24% slower turnaround compared to 2023/24. This may be attributed to increased complexity and volume of above minimal risk studies requiring in-depth full Board consideration and follow-up.

Approval timelines remained highly variable, with durations of up to 176 days for delegated reviews and 166 days for full Board reviews. This variability likely reflects study-specific factors such as incomplete or

unclear submissions, multiple rounds of revisions, and delayed responses from study teams. In some cases, applicants took up to three months to respond to an NER, or submitted inadequate revisions, which prolonged the review process.

To address these challenges and support ongoing improvements, the REO has initiated several key efforts. A Vice-Chair is currently being trained to enhance REB capacity and improve timeliness of reviews. Additionally, the REO has launched the development of value stream maps (VSMs) for above-minimal-risk, minimal-risk, and administrative reviews. These process mapping exercises aim to identify bottlenecks, reduce variability, and support continuous quality improvement in research ethics review workflows.

**Table 3.** Median number of business days from submission to issuing the NERs and final approvals for new delegated and full board reviews approved between April 1, 2024, and March 31, 2025. Data are reported as medians with interquartile ranges (IQR) and total ranges.

	Median days to NER issued (IQR, Range)	Median days to approval (IQR, Range)	Change from 2023/24
<b>Delegated</b>	17 (13, 24), 68	43 (30, 59), 176	<b>35% Faster</b>
<b>Full Board</b>	38 (33,42), 39	115 (93,136), 166	<b>24% Slower</b>

## e. Research Community Outreach

In 2024/25, the REO remained committed to strengthening engagement with the research community by providing education, guidance, and ethics-related consultation. The REO delivered eleven invited presentations on research ethics principles and processes to internal SHA departments and external audiences, helping to increase awareness and alignment with national ethical standards across various programs.

In addition to group presentations, REO staff conducted one-on-one consultations with researchers and teams to address project-specific guidance, clarify submission requirements, and enhance understanding of the ethics review process. By fostering two-way dialogue, these outreach efforts aimed to improve the overall research ethics experience for both applicants and the REO/REB members responsible for reviewing submissions.

## f. Continuing Education for REO Staff

The REO staff attended the 2024 Canadian Association of Research Ethics Board (CAREB) Annual Conference. Keynote sessions included presentations on artificial intelligence and its impact on research ethics, research security, and innovation in adaptive platform trials. Recordings of all presentations are also available to CAREB members to view retrospectively.

The REO staff have completed/have participated in training in the following areas:

- TCPS2 CORE-2022 (Course on Research Ethics)
- Hamilton Integrated Research Ethics Board (HiREB) Privacy Tutorial

- Fundamentals of the First Nations Principles of ownership, control, access, and possession (OCAP®)

## IX. Future Considerations and Infrastructure Needs

The SHA REB and REO currently conduct research ethics reviews using standardized tools available uniformly across SHA, such as Outlook, Word, Excel, and SharePoint. Additionally, the REO manages a custom-built database to track applications and issue certificates. However, this database lacks automation and integration capabilities, resulting in a largely manual review processes and highly reliant on staff time for tracking and reporting.

As the volume and complexity of research activity in Saskatchewan grows—particularly with the increasing number of projects requesting exemption from ethics review, these manual processes are becoming unsustainable. This trend reflects a broader national pattern with other REBs across Canada also facing increased administrative burden.

Investing in a secure, modern research ethics information system with enhanced automation and workflow management capabilities could significantly reduce administrative burden, improve operational efficiency, and minimize the risk of human error. Such a system would also enhance audit readiness and support the long-term sustainability of REB operations. Securing resources for this infrastructure upgrade will be essential to support the REO and REB in delivering timely, high-quality ethics reviews that meet all regulatory and institutional standards.

## X. Conclusions and Reflections

The 2024–25 fiscal year was marked by steady research activity and ongoing commitment to supporting ethical and high-quality research across the SHA. The REB reviewed 122 new study applications, alongside a significant volume of amendments, renewals, and study closures. This reflects the continued diversity and complexity of research in the province, spanning multiple clinical specialties and investigator expertise.

The REO played a critical role in coordinating timely and thorough reviews, facilitating clear communication with researchers, and delivering outreach and educational sessions. While approval timelines for delegated reviews improved by 35% compared to the previous fiscal year, full board reviews experienced a 24% increase in turnaround time. This shift reflects the growing complexity of above-minimal-risk studies, which often involve extensive discussion and clarifications, and multi-stage revision cycles. Delays attributable to researcher response times and capacity limitations among REB leadership also contributed to variability in timelines.

To help address these challenges and strengthen overall review capacity, the REO is actively training a Vice-Chair to support the REB Chair. Additionally, the team has initiated internal process reviews, including updating all REB application forms, templates, and guidance notes, and developing VSMs for ethical review processes. These efforts aim to identify inefficiencies, promote standardization, and

support continuous quality improvement—ensuring the review process remains both efficient and ethically rigorous.

Looking forward, the SHA REB and REO recognize the need for infrastructure improvements, particularly the transition to a modern, automated ethics review system to enhance operational efficiency and reporting. Continued investments in staff training, stakeholder engagement, and process optimization will remain priorities to ensure the REB can meet the evolving needs of the research community while upholding rigorous ethical standards.

## **XI. Glossary of Terms**

### **Active (ongoing) Studies**

Research projects that have received REB approval and are currently in progress. These studies may be actively recruiting participants, collecting or analyzing data, or undergoing follow-up procedures. Active studies remain under REB oversight until they are formally closed by the researcher or reach the end of their approved duration.

### **Amendment**

A change to an approved research study that requires review and approval by the REB before it is implemented. Amendments may include changes to the protocol, consent form, study personnel, or data collection methods.

### **Certificate of Approval**

A formal document issued by the REB confirming that a study has been ethically reviewed and approved in accordance with applicable policies and guidelines.

### **Delegated Review**

An ethics review process conducted by the REB Chair or a designated member for studies involving minimal risk. This allows for timely processing without the need for full Board review.

### **Exemption**

A formal REB determination that a project does not require REB review under TCPS 2 guidelines. Often applies to program evaluations, quality improvement or assurance, or administrative surveillance data reviews.

### **Full Board Review**

A review of research applications involving greater than minimal risk, conducted at a convened meeting of the full REB. Approval requires quorum and a majority vote.

### **Health Information Protection Act (HIPA)**

Saskatchewan legislation governing the collection, use, and disclosure of personal health information. The SHA REB operates under Section 29 of HIPA for research purposes.

### **Interquartile Range (IQR)**

A statistical measure of variability that describes the range within which the middle 50% of values fall. It

is the difference between the 75th percentile (upper quartile) and the 25th percentile (lower quartile) in a data set, providing insight into the spread of the central portion of the data.

### **Median**

The middle value in a data set when the values are arranged in ascending order. It represents the point at which half the observations fall below and half fall above, offering a measure of central tendency that is less affected by extreme values than the mean.

### **Minimal Risk**

Defined in TCPS 2 as risk no greater than what participants encounter in their everyday lives. Studies deemed minimal risk may qualify for delegated review.

### **Notice of Ethical Review (NER)**

A formal notification from the REB summarizing the outcome of the ethics review. This may include approval, a request for revisions, or an exemption determination.

### **Principal Investigator (PI)**

The lead researcher responsible for the conduct of the study, including ethics compliance and data stewardship.

### **Range**

The difference between the minimum and maximum values in a data set, showing the full spread of observed values from lowest to highest.

### **Research Ethics Board (REB)**

An independent committee responsible for reviewing and overseeing research involving human participants to ensure it complies with ethical and legal standards.

### **Research Ethics Office (REO)**

The administrative office supporting the REB. It coordinates application intake, communication with researchers, and operational processes related to ethics review.

### **Saskatchewan Health Authority (SHA)**

The provincial health authority responsible for delivering healthcare services in Saskatchewan. It oversees the REB and REO.

### **Tri-Council Policy Statement (TCPS 2)**

Canada's national guidelines for the ethical conduct of research involving humans, jointly issued by three federal research funding agencies in Canada: The Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council (NSERC), and Social Sciences and Humanities Research Council (SSHRC). It provides the framework for REB review.

### **TCPS 2 - Article 2.1–2.6**

Sections of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS 2) that outline categories of research exempt from REB review, including publicly available data and quality improvement activities.

### **Value Stream Mapping (VSM)**

A visual tool used to map and analyze the flow of information and activities involved in a process from start to finish. In research ethics, VSM helps identify each step in the review process, distinguish value-added from non-value-added activities, and support efforts to improve efficiency, reduce delays, and enhance process quality.