

ADVISORY COUNCIL MEETING MINUTES

February 21st, 2023

2:00pm - 4:00pm

Attendees:	Gavin Stuart, Chair Julia Bickford Martin Dawes Wendy Hurlburt Kate Keetch	Stephania Manusha Rob McMaster, Past Chair Srinivas Murthy Melanie Reid
Ex-Officio:	Stirling Bryan, Aoife Kelly, Alison Orth	
Regrets:	Tania Bubela, Lisa Elser, Kendall Ho, Monica Mamut, Mandeep Manhas, Rob Olson, Paul Winwood	
Recording Secretary:	Rishi Sahni	
Guests:	Danielle Lavallee	

1. Call to order / Welcome

G. Stuart welcomed all members to the meeting of the Clinical Trials BC Advisory Council (AC), led a short roundtable introduction and offered a territorial acknowledgement.

2. Approval of Agenda / Additions

A. Orth proposed adding the upcoming International Clinical Trials Day as a new business topic.

The minutes from the previous meeting on October 25th, 2023, were approved by the AC.

3. Clinical Trials Vision Update

G. Stuart welcomed A. Orth to start the discussion. A. Orth shared that the vision has now been made public after endorsement from the government. An organizational priority now is to properly gather greater Indigenous engagement for the vision. M. Reid proposed reaching out to individual health officers for Indigenous bands to gather further engagement. R. McMaster spoke to how Indigenous engagement is an active priority for many areas across the province so finding collaboration with other health authorities and research centers is ideal.

A. Orth shared slides highlighting Clinical Trials BC's role and next steps in the vision process including reviewing why there's a shared vision for BC, where the vision currently lives, what activities are in progress to promote and build on the vision such as a panel at the Life Sciences BC: Access to Innovation Conference, what the current actions are to build on the vision and what future actions may look like.

A. Orth asked the council what the next steps for the vision should be. W. Hurlburt emphasized having a strong communication plan that provides clarity about the vision process and ideas to the stakeholder group is needed. S. Murthy shared that many provinces and regions are following similar paths as BC

right now which runs the risk of competing against other provinces instead of collaborating with them. The council agreed at the need for harmonization nationally with M. Dawes highlighting how current electronic health records are not research compliant so this could be a starting point to convince government to ignite a change. J. Bickford spoke about the need to increase a qualified workforce in the Northern Health Authority and how that ties into a broader need for workforce sustainability, attracting clinicians and having the time and resources to conduct research. Following on that, K. Keetch highlighted the need to shift the culture around research and how research must fall into standard of care and not separated from it. The council agreed that reimagining our health structures to include research as care is a must.

The conversation shifted to potential ownership of the vision into turning it into a strategy. S. Bryan reiterated that this is still undetermined, making it difficult to act on parts of the vision without clarity from government. S. Bryan posed the question of what the comparative advantages of BC are, and the vision should build upon them. The council agreed that the vision should be a collaborative vision with joint ownership and not living with one entity. The current role of Clinical Trials BC in regards to leading the vision is currently undetermined with hope of clarity in the near future. M. Dawes supported the idea that Clinical Trials BC should at least be the conveners of industry and health authorities to formulate a strategy. W. Hurlburt highlighted sentiments shared by some groups that believe the vision is a strategy which is being led by Clinical Trials BC. Clinical Trials BC currently does not have a mandate regarding future work for the vision.

4. National Clinical Trials Initiatives Updates

A. Orth shared slides about the current national Canadian Institute for Health Research (CIHR) clinical trials initiatives including the Accelerating Clinical Trials Consortium, the Canadian Consortium of Clinical Trial Training, and the clinical trials projects ongoing. There has been continued engagement with Indigenous groups regarding these initiatives with some consortiums operating committees having indigenous leaders populating roles.

A. Orth posed the council for their thoughts on the upcoming CIHR initiatives. S. Murthy shared that most of the funding is still directed to Ontario. CIHR held a stakeholder consultation on the long-term strategy after the three-year funding for these consortiums have ended. A strategy should be released in the near future.

5. Health Research BC Strategy & Clinical Trials Priorities 23/24

A. Orth introduced D. Lavallee to the meeting. D. Lavallee shared slides recapping the Health Research BC three-year strategy and how clinical trials fits into the strategy and how clinical trials are a key priority for the organization in the next fiscal year.

A. Orth shared slides specifically detailing the plans on how clinical trials activity fits under the strategic directions for the organization: Talent Development; Catalyze Change for a robust clinical trials ecosystem: Catalyze Change to increase access to and participation in clinical trials; and Catalyze Change to attract new investment.

A. Orth posed the council for their reflections. J. Bickford echoed the need for greater talent development in the North and for easing the administrative burden on researchers. S. Murthy agreed with those sentiments and commented how little protected time researchers have is a major issue. A. Orth flagged this topic for reconvening.

S. Manusha spoke to the importance of regulatory compliance, quality, risk management and quality management systems. S. Murthy shared how asking a clinician to partake in further modules, training etc. will lead to fewer enrollment in said training, so having ways to make those more efficient is ideal. K. Keetch posed a question in relation to REACH BC regarding a system which contains all the information of active trials that someone could be apart of. This doesn't currently exist, but this is an ongoing conversation. M. Reid indicated the need for harmonizing REACH BC with other large organizations to centralize trial enrollment and volunteers.

6. International Clinical Trials Day

ACTION ITEM – Please email any thoughts or suggestions for International Clinical Trials Day planning to Alison at aorth@healthresearchbc.ca

7. Update on June Advisory Council Meeting and Gathering

G. Stuart invited R. Sahni to provide an update on the planning for the next advisory council meeting. R. Sahni shared the plan for the next meeting to take place in person on June 5th followed by a meet and mingle gathering at a banquet hall with the advisory councils from Research Ethics BC and the BC SUPPORT Unit.

ACTION ITEM – Please confirm your attendance with Rishi at rsahni@healthresearchbc.ca at your earliest convenience.

ACTION ITEM – Please confirm if you will require a hotel room/travel accommodations by May 1st to Rishi at rsahni@healthresearchbc.ca

8. Adjournment

The meeting was adjourned by A. Orth at 4:00PM.

Next Scheduled Meeting: June 5, 2023