Policies & Procedures

- Administrative Documents
- **Clinical Documents**
  - Infection Prevention and Control Manual
  - Interdisciplinary Clinical Manual
  - Medical Directives and Delegated Controlled Acts
  - Medication Use Manual
  - **Research Manual**
    - Section 1: Clinical Research (Standard Operating Procedures)
    - **Section 2: Research Ethics Board Policies & Procedures**
    - Section 3: Research Department Policies and Procedures
  - Vascular Access Manual
  - Bariatric Toolkit
- Department-Specific Documents
- Emergency Codes/Responses
- Document Search Tool
- Policy Bulletin
- Clarity Resources
- Location of Policy Manuals

Disclaimer: the information contained in this document is for educational purposes only. Any PRINTED version of this document is only accurate up to the date of printing. Always refer to the Policies and Procedures Intranet site for the most current versions of documents in effect.

Standard Operating Procedure	**Manual:** Clinical	**Section:** Research Manual Section 2: REB	**Code No.:** REB T001	**Old Code No.:**
Title: Mandatory Research Training			**Original Effective Date:** Jun 01, 2015	
			Review/Revised Effective Date: Oct 05, 2023	
			Next Review Date: Oct 05, 2026	
Cross Index: SOP003_09 (Research Team Training), REB SOP103 (Training & Education)	**Authoring Committee/Program/Dept:** REB, Corporate Research Office		**Approved By:** ELT	

Purpose:

To describe the mandatory research training to be completed by anyone conducting or involved in human research (e.g. investigators, study coordinators, students, volunteers) at Southlake Regional health Centre (SRHC) in accordance with ethical and regulatory guidelines.

Scope:

All individuals conducting research activities that involve Southlake participants/charts/identifiable data, etc. are required to complete the training required depending upon the type of research that is subject to Research Ethics Board review and approval.

Responsibilities:

- All research personnel, REB members and REB Administrative Staff are responsible for ensuring that the requirements of this SOP are met.
- It is the Principal/Qualified Investigator's (or delegate's) responsibility to ensure that all study team members' required training is always kept up to date.

Definitions:

- N2 Glossary of Terms

Procedure:

TRAINING REQUIREMENTS

Tri-Council Policy Statement (TCPS-2)	Good Clinical Practices (GCP)	Health Canada's Food and Drug Regulations (FDR) Part C, Division 5
Required for all individuals conducting research at SRHC	Required if the study involves human participants	Required of study involves drugs or devices requiring Health Canada Approval

- Copies of research training (e.g. Proof of Completion Certificates) should be submitted with the Initial REB Application.
- Proof of training is considered valid for a period of 3 years from the date on the certificate of completion.

References:

- N2 References