# DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
## INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES (IC/ES) PROJECT
## 2026 TERMS OF REFERENCE

The goal of supporting a Departmental IC/ES analyst is to build research capacity and to provide economical access to Department members who want to pursue IC/ES research.

## Who qualifies

- Full-time or part-time faculty members with a primary appointment in the Department of Obstetrics and Gynaecology can apply for analyst support for their IC/ES project.
- Primary applicants should have prior IC/ES experience and ideally be on track to become an IC/ES scientist. Building research capacity also includes increasing the number of IC/ES scientists in the Department. Primary applicants should have a primary interest in developing IC/ES skills to that end.
- Every project team must include a Responsible IC/ES Scientist (RIS).

## Project qualifications, faculty responsibilities, and agreements

- Project submissions should be feasible, carefully designed, involve IC/ES expertise, and have a realistic timeline.
- For projects with multiple questions, one question at a time will be examined by the IC/ES analyst per project per round to ensure equity of access for current projects in progress with the IC/ES analyst.
- By submitting an IC/ES project, the primary applicant agrees to work closely with the IC/ES analyst. The primary applicant will work extensively with their RIS or an epidemiologist/methodologist to prepare background work and carefully craft the PIA (Privacy Impact Assessment), PAW (Project Activation Worksheet), and DCP (Dataset Creation Plan) before submitting an IC/ES project for consideration. If these documents are not fully prepared at the time of submission, they will be returned to be reworked.
- The applicant and team agree to be attentive to the IC/ES analyst and to be active participants in the research process, including turning around tasks/work in a timely manner and having regularly scheduled team meetings to ensure project development and completion. Applicants should appreciate that the IC/ES analyst is a limited Departmental resource and has multiple ongoing projects.
- The Principal Investigator (PI), research team, and RIS are expected to develop the analysis plan and epidemiological methods. The analyst will implement the approved plan within the Research Analytic Environment (RAE).

## Departmental project selection and oversight

- The IC/ES analyst will be guided and overseen by a Departmental IC/ES steering committee made up of Departmental members with IC/ES experience, including IC/ES scientists, with representation sought from multiple hospitals and divisions.
- The Departmental IC/ES steering committee will meet two to three times a year to review project submissions and to prioritize and rank projects for completion.
- Projects will be reviewed by the Departmental IC/ES steering committee and will be placed in the analyst's queue depending on the strength of the project and the date of the application.
- The Departmental IC/ES steering committee has the authority to return applications to investigators when it is thought that the project is underdeveloped or is inappropriate for IC/ES data.
- Only one project submission is allowed per primary applicant at one time. Additional projects must be reviewed by the IC/ES steering committee before being placed in the workflow queue.

## Project submission

The following documents should be included in the application:

- One-page research proposal
- Study protocol
- Project Activation Worksheet (PAW) and Privacy Impact Assessment (PIA)
- An initial well thought out draft of the Dataset Creation Plan (DCP)

PAW and PIA should be carefully reviewed and signed off by the RIS and project team prior to project submission. If project objectives are not aligned or the correct datasets are not selected, an additional PIA amendment or a new PIA will be required by the PI. This will result in delays to project approval and initiation, and ultimately analysis, as analysts will not have access to the intended datasets within the RAE.

The DCP must be thoroughly developed and reviewed by the research team, including OBGYN IC/ES scientists, collaborating researchers, and the RIS, before it is submitted to the analyst. This includes Appendix A Study Codes, Appendix B Output Table, and Appendix C Concept and Algorithm Details.

Following review and discussion of the initial DCP draft with the IC/ES analyst, a final complete DCP, reviewed and signed off by the IC/ES scientist on the project, must be submitted. Once the final version has been reviewed and approved internally, it may be submitted to the analyst for implementation within the RAE.

## Project costs

The cost of the Departmental IC/ES analyst will be paid for by the Department with the exception of a compulsory $10,000 baseline co-pay. By submitting an application to the Departmental IC/ES steering committee for review, the primary applicant or team agrees to the $10,000 baseline co-pay.

Projects that exceed the baseline time commitment will be charged in increments for the additional time spent on PIA/PAW/DCP development and data analysis, as outlined in the attached schedule of project costs.

## Publication

It is expected that either the primary or senior author on all publications resulting from the IC/ES project will be a full-time or part-time member of the Department of Obstetrics and Gynaecology, Temerty Faculty of Medicine, University of Toronto. The support for the Departmental IC/ES analyst was established to catalyze and support research activity in our Department. Therefore, authorship should reflect this.

In publications and presentations arising from this work, the Department of Obstetrics and Gynaecology, Temerty Faculty of Medicine, University of Toronto is to be acknowledged for funding and support at the end of the published manuscript.

All publications arising from this project should be shared with the Department. Please submit accepted manuscript(s) to obgyn.research@utoronto.ca.

Please Note: It is the responsibility of the PI and RIS to carefully review the final results output and manuscript to prevent re-identification risk and suppress small cells.

## Ethics

Please note that REB approval is generally not required for IC/ES studies. The use of data for IC/ES projects is authorized under section 45 of Ontario's Personal Health Information Protection Act. However, this requirement may vary depending on the dataset selected for the research study, such as ORGD - Vital Statistics - Deaths or BORN - Better Outcomes Registry Network, and the specific partnership arrangements between IC/ES and its data providers.

Consult with the RIS when selecting datasets and completing the PIA and PAW, and to determine what additional forms might be required.

## Timeline and accountability

Projects are expected to be completed within a minimum two-year period of time. While the progress of the project may depend in part on the IC/ES analyst, speed of analysis relies heavily on the epidemiological robustness of the DCP, including Appendix A Study Codes, Appendix B Output Table, and Appendix C Concept and Algorithm Details, submitted by the research team.

The research team should be committed to completing study tasks in a timely manner, including completion of IC/ES forms and scheduling startup and follow-up meetings with the IC/ES team.

A brief annual progress report must be submitted each June by the project lead/Principal Investigator to obgyn.research@utoronto.ca.

# Schedule of project costs

## PIA/PAW/DCP

| Hours | Suggested add-on |
|---|---|
| **0-25 hrs** | **Included in baseline** |
| 26-50 hrs | + $1,500 |
| 51-75 hrs | + $3,000 |
| 76-100 hrs | + $4,500 |
| 101-125 hrs | + $6,000 |
| 126-150 hrs | + $7,500 |
| 151-175 hrs | + $9,000 |
| 176-200 hrs | + $10,500 |

## Analysis hours

| Hours | Pricing logic |
|---|---|
| **0-400** | **$10,000 baseline** |
| 401-500 | $12,500 |
| 501-600 | $15,000 |
| 601-700 | $17,500 |
| 701-800 | $20,000 |