

April 10, 2026

## Master Collaboration Agreement (MCA) FAQ

### 1. What is the purpose of the MCA?

The MCA is a high-level legal agreement that enables the [Toronto Academic Health Science Network \(TAHSN\)](#) hospitals to simplify and align processes with the goal of supporting more streamlined and consistent collaboration on impactful initiatives. It is a response to the legal and regulatory frameworks that exist among hospitals which have created significant challenges in activating research studies in a timely manner, and substantial additional costs to research institutes and their hospitals, and risk with funders. It may apply to clinical care, education and research activities; however, only research activities are currently in scope for use of the MCA.

### 2. Who is party to the MCA?

An initial MCA was executed by the Centre for Addiction and Mental Health (CAMH) and the University Health Network (UHN) in January 2025 and operationalized between these two parties. The operationalization has been successful in substantially reducing study activation times, and enhancing satisfaction among users of the MCA. Following further discussion, the MCA was revised to structure it as a multi-party agreement that was executed by CAMH, UHN, Sunnybrook Health Sciences Centre and Unity Health Toronto in December 2025. The expansion from a two-party agreement to a multi-party agreement among the four signatory institutions has allowed for additional learnings prior to a broader TAHSN agreement, and data will be presented at the June 19 symposium. A revised version of the MCA that will reflect the agreed upon resolutions to all outstanding issues will be circulated in the near future. The goal is for all 14 TAHSN hospitals to become signatories to this final version.

### 3. What does the MCA say?

The MCA relies upon, and documents, the trust and good faith that exists among TAHSN hospitals, and standardizes the legal terms that govern collaborative activities that are frequently engaged in among the signatory institutions including research, clinical and education initiatives. Standard language to address common legal issues including confidentiality, privacy, insurance requirements, liability and dispute resolution have been included. The inclusion of, and agreement to, these standardized terms ensures that institutions can proceed efficiently without needing to negotiate these terms each time they engage in a new in-scope activity.

A Research Addendum to the MCA has been developed which sets out the research activities that are in-scope for use of the MCA. This includes material transfer arrangements, data transfer arrangements, investigator-initiated clinical trial subsite matters, collaboration arrangements, service activities, visiting scientist arrangements and grant funding transfers. The MCA is not drafted in a manner that allows its use for industry sponsored research and commercialization projects at the present time, although this could be within scope subsequently. The schedules and exhibits to the Research Addendum include the agreed upon rules and practices, to be

followed in the conduct of research activities, including rules governing privacy and information practices, IT security, intellectual property, and the sharing of personnel. The framework governing the ownership of intellectual property, data and results is based on the principles embedded in the University of Toronto Affiliation Agreement, which place the focus on proportionate sharing of commercialization revenues rather than ownership.

#### **4. How does the MCA work in practice?**

Within the research context, for each collaboration, a ‘Lead Organization’ will be identified from among the participating institutions. The Lead Organization is responsible for stewarding all approval processes required to activate the research (including grants management, privacy, Research Ethics Board (REB), IT/information security, legal – collectively called “institutional approval” processes) through the Lead Organization (or in the case of REB approval, potentially through Clinical Trials Ontario as appropriate.) The Lead Organization summarizes the details of the research activity intended in an ‘Implementing Letter’ that will be signed by all institutions engaged in the research activity. In conjunction with the terms of the MCA, the Research Addendum and its schedules, the Implementing Letter acts as the authority for the conduct of the research activities, thereby eliminating the need for a new legal agreement for each research initiative and the need for each participating institution to undergo their own institutional approvals process, replicating the work of colleague institutions.

#### **5. What are the tangible impacts of the MCA in practice?**

The MCA has governed research collaborations between CAMH and UHN since January 2025. It has facilitated the streamlining of internal approval processes such as REB approvals, grants management and legal drafting and review, shortening research study implementation timelines from an average of 6-9 months to 2-3 months. As mentioned previously, data are now being collected among the initial set of studies identified among CAMH, UHN, Sunnybrook, and Unity, and will be presented on June 19.

#### **6. Will all collaborative activities between TAHSN hospitals be governed by the MCA, once signed?**

Only research activities that align with the in-scope activities listed in the MCA will be governed by the MCA. All other activities will need to be agreed upon separately. However, the MCA provides a flexible framework to support a wide range of collaborations in a more simplified and streamlined way, should member organizations choose to use it. Addenda for other collaborations, such as for clinical and education initiatives, can be created in the future.

#### **7. What is the timeline for onboarding all TAHSN hospitals onto the MCA? To operationalize it?**

The goal is to have all TAHSN hospitals sign the MCA by August of 2026. Once signed, it will take several months to organize operations among all signatory institutions (internal adjustments to institutional approval processes, relationship-building of operational teams, adaptation of individual hospitals’ practices and procedures etc.) To help set the stage for this process, tailored information will be shared with key groups across TAHSN in the spring of 2026, culminating in the June 19, 2026 TAHSN Research Collaboration Symposium.



**8. Who should be involved in the discussions at my hospital?**

Relevant individuals will vary by institution. The following is a non-exhaustive list:

Before execution:

- CEO
- VP Research
- VP Human Resources
- Legal Services Leadership
- Chief Information Officer

To operationalize:

- Legal team/ Risk
- Research Ethics Board
- Clinical Research Operations
- Other Research Services
- IT/Information Security
- Privacy
- Teams dealing with Intellectual Property
- Grants/Finance
- Partnerships/Collaborations
- Research and/or General Communications