CT:IQ

CT:IQ
Clinical Trials:
Thinking Smarter

Clinical Trial Site Recruitment Guide

A practical guidance tool for recruiting participants into clinical trials

Study Feasibility • Start-Up • Recruitment Methods • Participant Involvement

August 2020, Version 1.1

Contents

GREET Project

Guidance to Recruitment - Examining Experiences at clinical Trial sites

Background

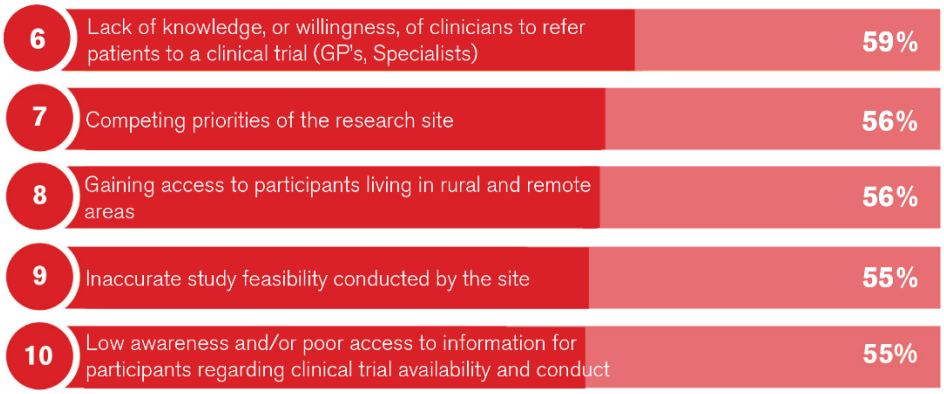
Australia is recognised as a world leader in clinical research. However, there are sub-optimal rates of participation in both industry and investigator led clinical trials in Australia. Clinical trial sponsors and trial sites rarely meet their recruitment goals.

The CT:IQ GREET project has developed recommendations for optimising recruitment which are broadly translational and applicable at the site level. This practical guidance is aimed at site staff to help with the day to day challenges of recruiting participants into clinical trials.

Key findings

Research and consultation identified 24 barriers to a site recruiting participants into a clinical trial. The project team explored all 24 barriers to site recruitment and looked at solutions and enablers to each of the barriers.

Surveys were conducted with site, sponsor and CRO (contract research organisation) staff to understand the relative significance of each barrier along with a separate survey for consumers to understand the reasons why they have or have not previously participated in a clinical trial. The consumer survey also explored the recruitment experience of those that had previously been part of a trial. **The top 10 barriers to site recruitment** (rated as "Very Significant" or "Moderately Significant" by site, sponsor and CRO survey respondents) **were identified as:**



Recommendations:

The key recommendations from this project to improve site recruitment are grouped into four main themes:

1. Accurate **STUDY FEASIBILITY** before taking on the trial is essential
2. Upfront **STUDY START UP** and planning is key before recruitment starts
3. Understanding and selecting the most suitable **RECRUITMENT METHODS** will improve success rates
4. Always having the **PARTICIPANT** top of mind maximises recruitment outcomes

This practical site recruitment guide provides best practice guidance under these four themes, giving tips, resources and tools to assist site staff to meet their recruitment goals. It is a central repository of the currently available information for clinical trial recruitment.

Part of the challenge with recruitment is people jump straight into the "recruiting mode" without proper planning and preparation. It is recommended that you read through the document sequentially. Doing feasibility, planning and preparation will ensure recruitment has a greater chance of success.

This document has been prepared as a guide only, please determine the most appropriate actions to take to meet your site's requirements. This document contains links to many third-party resources. CTIQ will endeavour to keep links current but some may become obsolete.

This is the first version of this document, produced after a 12-month CT:IQ collaborative cross industry project. The content can also be viewed in an online format at ct-iq.teachable.com.

The CT:IQ project team welcome your feedback. Please provide feedback.

Feasibility

A feasibility assessment determines the practicality of a proposed clinical trial/project at a site.

Feasibilities can help you determine whether a new clinical research study is relevant to your patient population, has scientific/clinical merit, is viable to conduct at your site and if it can be recruited to.

1.1 Conducting a Feasibility Assessment

1.1.1. Introduction

Accurate feasibility assessment on a prospective clinical trial predicts the real potential for participant recruitment. As the research site, you must demonstrate that you have both the capacity and capability to conduct the trial. If your site does not have the capacity and capability it is unlikely that the trial will be successful, and you should consider whether it is right for you to accept the trial.

1.1.2. Feasibility assessment tools

1. **Study feasibility in clinical research is an assessment conducted to ascertain the practicality, relevance and functionality of a research project.** It answers a basic question of whether the research is suitable for conduct at the site. Feasibility assessment will differ for different study phases, disease indication and local regulation. Feasibility assessments may be presented in paper form, a weblink or via a portal.

2. **Ensure your site undertakes accurate study feasibility before accepting the trial**. You need to have a good understanding of your site profile. A feasibility assessment tool helps to provide perspective and insight into what sites need to be aware of and prepared with when presented with a new study/ research project which they need to consider whether to partake in. Many sites already have a process or template for conducting feasibility assessments, if not the following tools may assist.

Tools:

- CT:IQ have developed a **tri-part FEASIBILITY ASSESSMENT TOOL** which can be used as a guide, able to be modified and adapted to meet your needs. This site tool contains three feasibility templates (Study, Site and Sponsor), all of which help sites to assess different aspects of a proposed research project. They are intended to be completed as pertinent to the site and are designed as editable documents to give sites flexibility to select all or part of the templates as relevant and customise to their needs.
    1. Feasibility Template – Study. This template is relevant for Study Specific considerations like protocol, IB, disease indication, study phase, eligibility criteria etc.
    2. Feasibility Template – Site. This template is relevant for Site related considerations like staff, space, equipment etc.
    3. Feasibility Template – Sponsor. This template is relevant for Sponsor related considerations like contact details, study vendors, sponsor specific requirements etc.

Resources:

- The Shared Investigator Platform (SIP) developed by Transcelerate facilitates interaction between investigators and multiple clinical trial sponsors, enabling study planning, study start-up and study conduct activities while reducing the administrative burden on site staff. Sites need to be invited to be part of the SIP by a Sponsor. It is the intention of Transcelerate member sponsors to send feasibilities to site via the SIP.

3. Working through the rest of this Feasibility section will give you context for the things to consider when undertaking study feasibility.

1.2 Pre-requisites

1.2.1 Introduction

This section is designed to help you consider what some of the prerequisites are before taking on new trials and feasibility requests. It will particularly help new sites or those with limited experience. Having the right staff, systems and processes maximises your chances of being awarded trials that you can successfully manage and recruit to.

1.2.2 Roles and responsibilities

1. **Determine roles and responsibilities for the conduct of the trial**

   Roles are the positions team members assume or are assigned based on qualifications, knowledge, skills, specialty training etc. It is the position they have been given in the organisation and often detailed in a Position/Job description. Ideally it should be part of an Organisational Chart.

   Examples of some roles / delegations at Clinical Trial Sites:

   a. Principal Investigator / Chief Investigator -PI
   b. Sub-Investigator
   c. Nurse Practitioner – NP
   d. Study Nurse / Clinical Research Nurse
   e. Clinical Trial Coordinator
   f. Clinical Trial Assistant
   g. Ethics Administrator
   h. Ethics and Regulatory Specialist / Coordinator / Manager
   i. Finance Administrator / Coordinator / Manager
   j. Contracts and Budget Coordinator/ Specialist
   k. Start-Up Specialist / Coordinator
   l. Research Governance Officer
   m. Research Officer
   n. Data Entry Administrator/ Manager
   o. Trial Pharmacist

   Responsibilities are the specific tasks or duties that members are expected to complete according to their roles. They are the specific activities or obligations for which individuals are held accountable to and reviewed for performance. Again, responsibilities can be reflected in Position/Job descriptions.

   For clinical trials the guidance of roles and responsibilities of site personnel have been listed in section 2.2 of the ICH GCP Guidelines.

   Resources:

   - The Australian Clinical Trials handbook provides guidance on the responsibilities of all parties involved in the conduct of trials in Australia using 'unapproved' therapeutic goods.

2. **Determine Delegations of Authority for the conduct of the trial**

   It is a requirement of Good Clinical Practice that personnel employed to work on clinical research studies are qualified to do so by education, training and experience.

   Delegation of Authority (DoA) is one way of determining the various roles and responsibilities delegated by the Principal Investigator (PI) to the Site study team. This delegation can be determined per study and /or per each trial unit. Recruitment is one of the activities that can be delegated.

   Tools:

   - Transcelerate has developed a DOA template. Click on this link then the downloadable form can be found by clicking on "Site Signature and Delegation of Responsibility Log" once in the Transcelerate website
   - CT:IQ have also provided an example of a DOA template that can be used as a guide and modified to meet your requirements

   Resources:

   - Transcelerate : Information & guidance sheet for site signature and delegation of responsibilities log
   - A free copy of a DoA worksheet from Forte can be downloaded here.

1.2.3 Certification and accreditation

The clinical research environment is strictly governed with regulations to protect the study participant and ensure ethical conduct of the research. To this end there are global and local training and courses to be undertaken by clinical research staff to ensure compliance with regulations. Certifications and accreditations are proof of such undertaking and some are mandatory documents which clinical researcher must have depending on their role in the clinical research conduct.

1. Overall **guidance to conducting clinical trials in Australia** can be found in the following resources.

   Resources:

   - Link for the Global ICH E6(R2) guidelines.
   - The TGA has annotated the ICH E6(R2) . This link provides the annotated sections.
     To Note: If requirements specified in the National Statement appear to differ from those specified in the Guideline for Good Clinical Practice, the TGA recommends compliance with the National Statement.

- The National Statement on Ethical Conduct in Human Research (2007) consists of a series of guidelines made in accordance with the *National Health and Medical Research Council Act 1992*.

2. **Ensure that the required certification and accreditation is completed** for the site and site staff to conduct clinical trials, so you are ready to go!

   If you are a new site then you will need various certifications, here is a list of some of the various GCP and Dangerous Goods training courses on offer.

   Resources:

   - Dangerous Good Certification
     - World courier course
     - Online Training Course by Mayo Clinic
   - Good Clinical Practice Certification
     - ARCS GCP Training course
     - Free GCP Online Training

3. **Transcelerate has resources (maintained by Society of Clinical Research Sites - SCRS) for site qualification and training**

   For example, there are resources for less experienced sites in running studies which can help with recruitment techniques and the management of participants (such as a video on "Conducting a study" which goes through feasibility, site qualification and recruitment issues. It is very basic but it is for less experienced staff).

   Resources

   - Transcelerate Site Qualification and Training resources

4. **Reach out to the study sponsor,** they may be able to assist in helping to ensure you are complying with all the necessary regulations and they may provide some relevant training programs.

1.2.4 Programs/systems to help with feasibility and trials management

1. **Consider programs/systems to help with feasibility, participant databases, and trials management.** These can create efficiencies and provide data to enable effective decisions to be made.

   Example: Participant databases can help collate data of disease prevalence in the local community, provide a database of potential participants to approach etc. This helps the site develop better efficiencies to project potential recruitment targets, develop recruitment strategies relevant to the community and determine what advertising materials would be more relevant to the wider community. These would then help sites in determining what studies are feasible at their site and what recruitment numbers they can offer to sponsors for new studies.

2. **Trials management:** Software solutions for Standard Operating Procedures (SOPs) and systems include Clinical Trial Management Systems (CTMS), or Clinical Research Management (CRM) systems, of which there are various options.

   These platforms enable complete management for a trial or trials at site from feasibility until close out. These systems then help with collation of data, extraction of reports and formulating projections for future trial undertaking. The CRMs or CTMS help collect data like recruitment numbers, costs, staff allocation etc.; which help determine efficiencies like performance across different therapeutic areas, etc.; to be able to make important decisions like disease prevalence in the community, regional network reach and referrals etc.

   The following resources may assist.

   Resources:

   - RealTime is a complete Site Operations Management System (SOMS) that allows research sites to bundle together solutions needed to run at peak performance while managing all aspects of site operations.
   - MAISi – Management Application for Investigator Sites, is a fully-featured CTMS (Clinical Trials Management System).
   - VELOS eResearch - is a comprehensive and adaptable clinical research management suite (CRMS) available for automating all administrative, financial, and research activities.
   - Cancer Trials Australia - (CTA) is a member based clinical trial network and site service organization. CTA's administrative services include ethics and governance start-up, compilation and negotiation of

clinical trial budgets and contracts, post-approval activities for ethics and governance, financial management for the life of the trial, as well as hosting, training and support of a CTMS (VELOS eResearch). CTA utilises information captured in this platform to inform customised dashboards that support site decision making. CTA also coordinates and hosts quarterly teleconferences for 11 stream-based Tumour Groups, that inform interested Investigators of current and potential clinical trials and recruitment opportunities."

- The following links are to websites comparing different Clinical Trial Management software.
    - Finances Online - 20 Best Clinical Trial Management Software of 2019
    - Comparison of different types of Clinical Trial Management Software - Sites & Sponsors

3. **Participant databases:** To manage participant information it is ideal to have a 'Customer Relationship Management' (CRM) System which has the ability to collect and manage participant information or if you have a Clinical Trial Management System (CTMS) there may be a participant recruitment database module available.

   Examples of software solutions include Hubspot, Pipedrive, Salesforce or you can custom develop a system. You can also consider Excel if you have a small team and small database but there are limitations with this software program.

   Resources:

   - Hubspot
   - Salesforce
   - Pipedrive

4. **Quality management systems:** Quality Management is a specialised function and practice in clinical research with a primary focus to ensure that the clinical research conduct from feasibility to site close out is of the highest quality and in compliance with regulations.

   Quality management systems are tools/systems used particularly in clinical research, designed to manage quality and best practices during the planning, conduct and analysis of a clinical research study.

   Resources:

   - Online free Quality management system from Transcelerate.

- Online free resource for sites who want to explore creating their own Quality Management System – appliedclincialtrialsonline.com
- There are also providers that sell quality management systems. Here is one example Quality Management System from Mastercontol.com.au

In addition to quality management systems there are many software solutions for improving and capturing processes and workflow management.

- System Hub
- Devana provide technology solutions to align the best Research Sites with Sponsors and CROs to reduce drug development costs and cure disease
- Process Street
- Trello for project management
- Asana for project management

1.3 Site Considerations

1.3.1 Introduction

A clinical trial site should have the appropriate facilities and resources available to conduct a trial, making the site an attractive proposition to sponsors. This section looks at what you need to consider when assessing your site's capability and capacity to take on a particular trial.

1.3.2 Site facilities

Determine if you have the required facilities and equipment to run the trial.

Tools:

- The CT:IQ Feasibility Template-Site lists examples of some of the equipment and resources you need to consider.

- CTIQ have developed a **Checklist for the conduct of early phase trials**. Even though the checklist is branded as Early Phase it is broadly applicable to all trial sites running any phase of trials. There is a section/tab in the checklist called "Facility" that can help guide you on general requirements. Here is a link to the website for the CT:IQ Early Phase Best Practice project, which contains a link to the checklist.

Resources:

- Australian Clinical Trials toolkit provides comprehensive guidance for site set-up and consideration to conduct clinical trials.
- NSW Health clinical trial toolkit
- ARCS, SCRS and Transcelerate all have good resources for what facilities sites should have.

1.3.3 Staff capacity

Do your **current staff have the capacity** to take on the trial or if you accepted the trial would you need to consider engaging additional staff. Additional staff could be on a contract or temporary basis to cover the trial period.

1.3.4 PI availability

Establish **whether the PI (Principal Investigator) will be available to assist with the recruitment process**

The PI is crucial to the access of participants and can leverage their professional network to get referrals from other clinicians. They will also need to have the time to discuss the trial with their peers and patients in order to be able to recruit successfully. The PI's presence is an essential requirement during the participant consent process and should not be overlooked.

1.3.5 Competition from other sites

1. As part of feasibility, **find out which other sites nearby your facility are involved in the same trial** and whether there is geographical overlap which could impact participant recruitment.

2. You can also engage with nearby sites to **advise them of the studies you have open to recruitment** and the participant populations these trials require so they may consider referring participants to your site.

3. **Consider utilising a CTMS to track recruiting trials at a site** that may be competing for the same participant pool. Participant pools are groups of participants within the community who share common health characteristic. For example, disease Indication, demographics, socio-economic status etc.

1.3.6 Networks for recruitment

1. Your **ability to be able to recruit to the protocol** is one of the biggest factors that sponsors look for in choosing a trial site. As part of feasibility you need to determine, and demonstrate to the sponsor, that you can reach the recruitment targets. Most trial sites will need to engage networks to reach recruitment targets.

2. Review your existing networks to access **Key Opinion Leaders (KOLs) and possible Sub-Investigators.** Determine if your connections will be sufficient to support recruitment and how many participants are likely to be enrolled from the networks.

3. Consider how you can tap into **other networks of clinicians in the therapeutic area** you are recruiting for They will be a good source of referrals and some may be interested participating as Sub-Investigators.

   Sponsors will review the recruitment rate and the number of participants a site proposes they can enroll. It is vital that sites discuss these numbers as a team and make realistic forecasts on recruitment targets before trials are awarded.

4. Engage clinicians by **attending/pitching at monthly multi-disciplinary team meetings**

   Communicating and promoting trials once is not enough. People forget so it is important to keep trials at the forefront of people's minds. One way to do this is to present at multidisciplinary meetings where clinicians meet to discuss trials and their patients. Identify relevant meetings early and the key dates. You can also utilise these meetings to update other attendees as to how the participants on the study are faring and discuss measures to boost recruitment.

5. Sponsors may ask you to **provide examples of how you have successfully recruited to targets for other trials.** Be prepared to provide metrics on past performance. This is where utilising a CRM to track success can be helpful.

1.4 Study Considerations

1.4.1 Introduction

Assuming that you have the right site facilities and staff capability to conduct the trial (see Site Considerations) you also need to consider at feasibility if you are capable of running the particular study at this time, taking into account other trials or programs that are happening.

1.4.2 Managing competing demands

Develop strategies for managing competing demands on internal resources or competing populations of participants.

1. **Consider using a tool that helps keep track of what the site has going on** (e.g. Team management/project management tools such as Trello, Asana, Slack, Basecamp or consider using Excel, MS Project, or similar systems). If you choose to use one of these systems include tips/links for site staff on how to use them correctly (simple 101's, use them privately, put passwords on etc.)

2. **Consider adding an item to clinical trials unit team meetings** to discuss trials and identify overlapping populations of potential participants or demand on resources. In these meetings flag what trials are performing well, what is under performing and what barriers/blockers need to be overcome.

3. Tip: **Have a back-up Clinical Study Coordinator (CSC) who can manage the trial** if the primary CSC is on leave/sick etc.

1.4.3 PI knowledge

1. Ensure the Principal Investigator (PI) for the study has the knowledge of how clinical trials are conducted. If the PI does not have experience or knowledge in clinical trial conduct, **ensure they receive the required training and are appropriately supported at site.** The study sponsor may also be able to assist with their training.

Resources:

- The Association of Clinical Research Professionals (ACRP) Certification Programs
- PRAXIS Australia provides a range of training resources for researchers and clinical trialists involved in the planning, review and conduct of research.
- ARCS Australia is a membership and training organisation for people working in the medical, technology and pharmaceutical sector
- The Transcelerate investigator registry was created as a shared repository of business contact details for consenting investigators and study participation information.

1.5 Sponsor Relationship

1.5.1 Introduction

Collaboration from both the site and the sponsor will deliver better outcomes if a shared approach to recruitment responsibility is taken. Both parties need to be realistic and express concerns early, ideally in the feasibility stage.

1.5.2 Prepare your site profile

1. Prepare and maintain **up to date site profile information that demonstrates your site capabilities**. Post it in relevant places that are accessible to Sponsors. There are many Investigator registry programs.

Resources:

- One example is the Cognizant Shared Investigator Platform
- Members of SCRS can avail of their Site Profile, Best Site Practices and Trial Opportunity Platform (TOP). You need to be a member of SCRS to access these resources.

1.5.3 Realistic recruitment potential

1. An **honest discussion with the sponsor during feasibility** is critical to ensuring that expectations are clearly understood regarding your site's realistic recruitment potential. Outline what recruitment activities, including resources, budget and time, are required to achieve agreed targets.

2. **Under GCP the investigator should be able to demonstrate an ability to recruit** the required number of subjects in the agreed-upon recruitment period.

3. **You need to provide the best estimate of your recruitment potential** as part of the expression of interest (EOI). You may have limited access to information about the protocol at this stage so working off past experience is a good foundation for forecasting. Your estimates at this point may impact your contractual obligations down the track. Be aware of this and ensure you update your projections with the sponsor as required.

1.5.4 Who undertakes recruitment

1. At feasibility, **identify who in the potential study team** will undertake recruitment. The amount of time required to plan and carry out recruitment activities should not be underestimated.

2. If the required resources to undertake recruitment activities are not available at your site, negotiate a budget with the sponsor to support the resources required. **You may want to consider an external third-party provider** to manage recruitment.
   This could make all the difference to meeting recruitment targets. The cost needs to be discussed up front in feasibility.

1.5.5 Inclusion/exclusion criteria

1. If you identify **inclusion/exclusion criteria in the protocol that may present as barriers to recruitment, then raise this with the Sponsor during feasibility.**

   It is important to identify any unreasonable eligibility criteria early. It may be possible to **negotiate amendments before the trial starts.** It is preferable to look at making modifications before the study opens to recruitment as this will avoid protracted recruitment delays.

1.5.6 Including culturally and linguistically diverse (CALD) populations

1. Language barriers can prevent people participating in clinical trials. **Discuss with the Sponsor at feasibility including CALD populations in your recruitment strategies/plans** to increase the participant pool.

Determine what you need to do to tap into diverse participant pools. You may need to involve engaging a translator. Be mindful that many studies have long term participant follow up contact that in some instances requires telephone communication. Ensure that all aspects of participant contact that may require a translator are checked against the schedule of assessment and budgeted for in your contract. Particular attention needs to be paid to translation involving the Participant Information & Consent Form (PICF) and participant facing materials like questionnaires, participant diaries, participant recruitment materials etc.

An open discussion at feasibility about the benefits and costs associated with a targeted multicultural recruitment approach is recommended.

Resources:

- NSW Health care interpreting and translating services
- Australian Government translation and interpreting service

1.6 Administrative and Other Considerations

1.6.1 Introduction

It is also important at the feasibility stage to consider the administrative and contractual requirements of the study. This ensures that once you are awarded the trial there are no surprises in relation these requirements, which could cause unexpected costs or delays.

1.6.2 Vendors and suppliers

1. **Determine what vendors and suppliers are required to meet trial requirements and the accessibility of these services.**

   For example: pharmacy, radiation, infusions, pathology and couriers. Make sure you check that their availability does not clash with other clinical demands.

   Understand what you require from third parties in order to meet trial requirements.

1.6.3 HREC and governance requirements

1. During feasibility, **determine which HREC and Governance** will be used and identify any specific requirements they have. It is also important to be aware of their timelines for reviews to understand the impact these dates will have on the sponsor's timelines.

   Note: In NSW all early Phase research MUST be reviewed by the specially appointed Early Phase Ethics Committee.

   Resources:

   - Guidance document for NSW Framework for early phase research
   - Ethics link and guidance for NSW early phase research

1.6.4 Confidentiality agreements/Non-disclosure agreements

1. **CDA/NDA Deeds need to be put in place**, where required.

   Confidentiality Disclosure Agreements (CDA) also referred to as Non-Disclosure Agreements (NDA) or Confidentiality Deeds are documents signed before release of confidential information from one party to another. In the case of clinical trials, the CDA is usually sent by the Sponsor/CRO prior to the release of any study information at feasibility.

   Sites should ensure that a CDA or like document is in place as soon as a study proposal has been received. This will ensure that site can receive study information from the sponsor at the earliest, which in turn helps with better review of study feasibility and recruitment planning.

2. **Different types of CDA's**.

   CDAs are usually of 2 types:

   1. INVESTIGATOR SPECIFIC CDAs - as the name suggests it is directed to the PI only. Mostly each Sponsor/CRO will provide the CDA template and these are best to use. A new CDA needs to be signed for each study.
   2. INSTITUTIONAL CDAs - these have implications across the Institute, therefore large sites must be cautious when dealing with them. Most will require a legal review. Here CDAs can be Master CDAs which are signed between site and sponsor / CRO for a specified period, drug or time.

Tools:

- This tool contributed by Macquarie University can be used by sites as a master document for mutual (two way) institutional CDA. It can be modified to meet your requirements.

Start Up

This is the phase between the site being awarded the study and commencement of recruitment.

During this phase all essential documentation collation, training, accreditation, ethical approvals, budgets and contractual agreements are finalised along with the development of a recruitment plan. The site must complete all regulatory and sponsor requirements to be ready to enroll their first participant. If study start-up activities are not performed correctly or undertaken in a timely fashion it can lead to recruitment delays.

2.1 Upfront Study Planning / Pre-initiation

2.1.1. Introduction

Congratulations you have won the trial! Now the work begins. It is essential to take the time to plan out how the trial will be managed at your site to ensure protocol compliance and successful execution of the study. Several topics are listed below which provide areas to consider when starting up your trial.

2.1.2. Project initiation

1. **Clarify roles and responsibilities** of key personnel

2. **Conduct an internal kick-off meeting** with the team
    a. Agenda items to include:
        i. Confirm Study team
        ii. Review key dates (ethics submission, RGO submission if required, recruitment timelines)
        iii. Review protocol including inclusion/exclusion criteria and participant visit schedule
        iv. Determine equipment requirements and confirm availability, determine data collection methods, data storage, pharmacy and laboratory/pathology needs

v. Recruitment strategy and plan – review participant recruitment targets (number of participants to screen vs number enrolled and enrolment rate); advertising plan; PI and Sub-I referral capacity; outreach options to patient advocacy groups, and any key events that may present as opportunities to promote the trial.

3. **Have a clear, up-front understanding of the participant eligibility criteria** and how eligibility assessments will be performed. If the protocol is ambiguous or open to interpretation, ask the sponsor/protocol author to confirm exactly what is accepted. Create a protocol compliant checklist of key eligibility criteria to assist your site staff and ask the sponsor to provide you with tools to aid assessments. Ensure version control of these type of documents.

2.2 Ethics

2.2.1 Introduction

Human research in Australia must be conducted in an ethical and responsible manner. Ethics approval and oversight is provided by Human Research Ethics Committee (HREC) which are often (but not always) located at the site(s) where the clinical trial will take place.

The time taken to obtain Ethics approval may be longer than anticipated and can be a major barrier to commencing recruitment.

The quality and completeness of the submission and an understanding of how ethics approvals operate will facilitate the process.

2.2.2 Ethics preparation

1. **Familiarise yourself with the guidelines for Ethics** (see Ethics Guidelines subsection for more details)

2. **Gather all documents from Sponsor** as part of Ethics preparation.

3. **Engage ethics early**
   It is important to engage with Ethics as soon as possible so you know what you need to meet the requirements.

4. Have a well-considered final **Protocol and Investigator Brochure** for submission to reduce the potential for HREC comments and review cycles (which takes time).
   Resources:
   - Transcelerate Common Protocol template

5. **All recruitment materials that are considered to be advertising**, will need to be submitted as part of the submission to Ethics so you need to be prepared well before recruitment can start. Advertising materials are any study-specific, publicly available and participant-facing information.
   a. Refer to Recruitment Methods section for tips on preparing advertising materials.
   b. When you create your advertising materials ensure that you check online social media advertising policies as they also need to approve all advertising and some wording and images may be rejected. For example, Facebook will not allow you to use language such as "do you have type 2 diabetes?" which is a very common heading in offline advertising mediums. Do this before you submit to Ethics and if you have any doubts, submit multiple variations of the same ad. Variety is key.
      Resources:
      - Bellberry HREC guidance on advertising

6. In addition to advertising materials, **ensure all other participant documentation is complete and submitted to ethics**, e.g. having a clear, easily understood participant information sheet and consent form (PICF). Refer to section 4.1 Consent for tips on preparing the PICF.

7. **Ensure accurate version control of all ethics documentation** as any changes are made during preparation and with any required amendments.

2.2.3 Ethics submission

1. **Ethics submission to approval** can take at best 4 to 6 weeks and in many cases several months therefore ensure you include all possible recruitment advertising materials even if you may not use all of them. This avoids having to resubmit at a later time.

Resources:

- **Standard forms for submission** are available from the following websites
  - NSW and ACT
  - QLD, Mater Health, Victoria Health - Ethical Review Manager (ERM) Templates
  - SA Health
  - WA Health
  - Private Sites - Bellberry Human Research Ethics Committee

2.2.4 Ethics guidelines and SOPs

1. **The National Statement on Ethical Conduct in Human Research** provides an outline of all areas related to conducting the research and responsibilities towards the participant. The National Statement sets national standards for use by any individual, institution or organisation conducting human research.

   Use the following resources to maximise a successful ethics submission, minimising the delays that a protected ethics approval process can cause on recruitment**.**

   Resources:

   - National Statement on Ethical Conduct in Human Research (2007) (Updated 2018)
   - NHMRC Ethical considerations in quality assurance and evaluation activities
   - NHMRC - Ethical guidelines and giving consent to a trial

2. **The National Mutual Acceptance (NMA) Scheme** supports the acceptance of a single scientific and ethical review for multi-centre research conducted in publicly funded health services. All states and territories, with the exception of the Northern Territory and Tasmania, are currently part of the NMA scheme and further information on the NMA scheme can be found from the state health department websites. If you think your site could work under this model talk with the sponsor in the first instance before doing lots of upfront work.

   Resources:

   - NSW Health NMA
   - Vic Health NMA
   - QLD Health NMA
   - SA Health NMA
   - ACT Health NMA
   - WA Health NMA

2.3 Governance

2.3.1 Introduction

As defined by the National Health and Medical Research Council (NHMRC), research governance refers to the processes used by institutions to ensure that they are accountable for the research conducted under their auspices.

In addition to ethical approval, governance or 'site authorisation' is also required for most sites where participants are recruited, or the study is conducted. The time taken to obtain the required authorisations from all participating sites can be a significant barrier to commencing recruitment for a study. The governance process may be started before HREC approval has been obtained.

Public hospitals typically refer to the site authorisation process as 'governance', however different terminology may be used in other organisations/institutions such as private hospitals/sites or universities. If you are unsure ask your organisation's research or ethics office to clarify.

Resources:

- NHMRC: Australian Clinical Trials – Research Governance
- NHMRC Good Practice Process for Site Assessment and Authorisation Phases of Clinical Trial Research Governance

2.3.2 Governance requirements

Engage early with the Research Governance Office to identify what is required. For institutions that do not have a Research Governance Office, contact the Ethics Office. **Elements of governance/site authorisation** can include:

1. Risk management.
2. Budget review and financial management.
3. Legal review and execution of agreements.
4. Review of insurance and indemnity arrangements.
5. Ensuring the study complies with guidelines and codes of practice (e.g. privacy laws).
6. Obtaining authorisation (signatures) from committees /departments /executives at each site/group of sites.
7. Suitability of site and research team to conduct the study.

Resources:

- NHMRC Research Governance Handbook

2.3.3 Site governance: private, public, other

Governance processes and terminology can vary greatly among the different entities. Collection of relevant signatures and contract negotiations can be time consuming. It is important to liaise as **early** as possible to familiarise yourself with their processes and timelines.

1. **Public hospitals:** Public health organisations will typically have research governance offices who are the contacts for governance review and can provide advice on completing the site-specific assessment (SSA) form. Network with site staff to identify which signatures are required for each site-specific assessment (SSA) form. Public hospitals will issue a separate site authorisation letter for each site which is required in addition to the HREC approval letter.

2. **Private hospitals:** Private hospitals conduct similar governance reviews to public hospitals but use their own forms and in-house processes. Ethics approvals and site authorisation may be incorporated into a single letter rather than separate letters used in public hospitals. Types of agreements may be dependent on the relationship between the site PI and the hospital (eg visiting medical officers vs salaried).

3. **Other sites:** Liaise with the university research office, private company or general practice owners to identify their site governance requirements.

Resources:

- ICON Research have kindly provided a Governance Case study example

2.3.4 Governance Guidelines

Each state's health department provides governance guidelines. Links to these have been provided below, along with links to some examples of private institutions governance processes along with other useful resources including the current work being done on the National Clinical Trials Governance Framework.

Resources:

- WA Health

- ACT Health
- NSW Health
- Victoria Health
- Queensland Health
- Tasmania Health
- SA Health
- NT Health
- The National Clinical Trials Governance Framework
- Australian Clinical Trials toolkit - scroll down to see a section on Feasibility and Research Governance
- TGA - Australian Clinical Trials Handbook
- St John of God Health Care
- Ramsay Health Care
- Medicines Australia: Clinical Trial Research Agreements
- ANZ CTR Clinical Trial Registries

2.4 Budgeting

2.4.1 Introduction

Once your site has been selected and has agreed to participate in the clinical trial, the more difficult aspects of the financial and contractual negotiations begin.

Planning a preliminary budget specifically for recruitment is beneficial to supporting strategies that will target the right participant population, using the right methods. It is also important to ensure that staff time and resources are covered in the recruitment budget, if relevant.

2.4.2 Sponsor negotiations on budgets

Now your site requires the recruitment budget for the clinical trial. Consider the following factors:

1. **Talk to the Sponsor to explain what their investment would buy.** Present several options with associated budgets (refer to the Recruitment Methods section in the guide for ideas and recommendations). Let them

know that timelines may slip and budget may increase and how you will manage contingencies if enrollment rates are lower than expected.

Key things to consider in a recruitment budget and plan are:

a. Participant population (identifying the target population and its accessibility)
b. Length of recruitment period
c. Participant remuneration/reimbursement
d. Advertising options and costs
e. Engaging a third-party vendor for advertising (consider appropriateness, cost, relevance)
f. Contingency planning (if you don't achieve the enrollment rate agreed upon, what is the back up plan? What other recruitment strategies can you activate and when is the time to make that decision?)
g. Screening and identification of potential participants (who/how will this be managed?)

2. **The Sponsor is willing to pay in most cases for site's recruitment needs,** as long as it is fair market value and is broken down in a compilation of legitimate costs.

   Resources:

   - Standard costs associated with conducting clinical trials in Aust 2015.
   - Medicare Benefits Schedule (January 2020)

3. If you have **quotes from third party vendors for recruitment,** it is possible to arrange a call with them and the Sponsor to ensure they are across the proposal and have any questions or concerns addressed.

4. The cost of a recruitment campaign will usually be significantly less than activating other sites. **It is important at this stage that the Sponsor understands what is included in** the investment so that recruitment is not considered 'just another line item/expense.'
   Sometimes sponsors may not have experience in this area and a lack of understanding means they may reject funds because it is seen as another expense. However, it is important to communicate the following:
   - Early investment and an adequate recruitment budget may improve adherence to prescribed recruitment timelines.
   - An insufficient recruitment budget may result in extension of the recruitment period and the site requesting more funding.
   - The sponsor may need to open additional sites to compensate for the lack of recruitment.

Depending on the study, sponsors will often prefer the upfront recruitment budget, as it is more cost-effective.

Tools:

- The linked budgeting tool developed by NSW Health may assist at start-up to develop an accurate budget of what it would cost the site to run the trial.

2.4.3 Budgets for investigator-initiated studies

1. **Investigator-initiated studies that run on grants** may operate with tighter budgets allocated via the grant. You may need to consider cost efficient recruitment plans (refer to 'Recruitment Methods" section for ideas).

2. Ensure allocation of adequate costs to staff training and resources, recruitment, advertising and overheads. Your site needs to determine how variations to the study budget will be managed if costs exceed the grant provision.

3. If the clinical trial will be partially or fully funded by a commercial Sponsor, refer to 2.4.2 for important considerations.

2.4.4 Budget considerations for inclusion in agreements

1. **In your Agreement** (CTRA - Clinical Trial Research Agreement - template is available on the Medicines Australia and MTAA websites) include the following:
    - Agreed number of participants to be enrolled by your site (confirm if this is capped or if you can exceed agreed targets and be mindful of whether recruitment is competitive or not).
    - Payment milestones e.g. Upon execution of the agreement the set-up fees will be paid following receipt of an invoice. Another payment milestone example would be at first participant dosed. Having payment milestones works for both the site and the sponsor.

    Resources:

    - Medicines Australia CTRA template
    - MTAA CTRA template (available for MTAA members)

2.5 Recruitment Pre-planning

2.5.1 Introduction

Having a recruitment plan in place before you start your trial is essential. It gives you, your team, and the Sponsor a clear baseline to measure against and monitor recruitment and enrolment. By measuring recruitment, you will have the data to make informed decisions and this will be important for any potential conversations with the sponsor for additional budget. The data will help with rationale for additional advertising spending, if required. Along with providing a recruitment plan template, this section has been broken into 3 key areas to consider in recruitment pre-planning: Resourcing, Third Party Vendors and Materials to be created as part of the recruitment process.

2.5.2 Recruitment plan template

1. There are many things to consider in developing your recruitment plan. You may already have a planning tool that you use. If not, the attached template can be used/modified as a guide for the development of your recruitment plan.

   Tools:

   - Clinical Trial Recruitment Plan example template

   Resources:

   - Trialfacts: A 4 step clinical trial recruitment plan to attain your sample size, provides some good tips.
   - Patient Recruitment Campaign Strategy Guide by Evrima Technologies provides some useful guidance on recruitment strategies.

2.5.3 Resourcing

1. **Determine who will be supporting the PI and conducting the trial** (Clinical Project Manager, Clinical Study Coordinator, Clinical Trial Assistant).

2. Once the team has been selected, **determine if any staff require training or upskilling** in order to meet the trial requirements.

3. The Study Coordinator and/or Assistant should **commence drafting a recruitment plan** based on the strategy outlined in the Feasibility stage. The plan should detail channels for recruitment and the target enrolment rate within the agreed recruitment period as well as what will be measured and reported on.

4. **Determine who will be the primary and secondary point of contact for potential participants** when recruitment commences. If your team operates in business hours only this will need to be communicated to participants in the participant information documents and any advertising materials.

2.5.4 Third party vendors for participant recruitment

1. **If you require support to boost recruitment** you may want to consider outsourcing to a third-party provider who can assist your team. It is worthwhile obtaining quotes from several vendors. Be clear on your requests ie your target population, length of recruitment period and your budget boundaries. Some vendors only provide advertising services whilst others offer additional services such as pre-screening. Make sure you get a clear breakdown of what is included in the quote.

2. If you choose to work with a recruitment service provider, ensure you nominate **a primary point of contact** for them to liaise with your team.

   Resources:

   - Some examples of Australian established participant recruitment services providers are:
     - Evrima Technologies
     - ClinTrial Refer
     - TrialFacts

2.5.5 Materials to create

The following **examples of recruitment tools** have been kindly provided by Evrima Technologies. These are **to be used as guides only** to create your own tools.

1. **Internal study one-pager (aka Fast Facts)** with high level information and key messages to communicate to potential participants (e.g. screening dates, location, main eligibility criteria, why the trial is being conducted.

   Tools:

   - One-page Trial Fact Cheat Sheet Editable Template

2. **Advertising material** - offline (flyers, newspaper etc) and digital (Facebook, google ads, landing page, eNews, blog post.

   Tools:

   - Facebook Adcopy Editable Template

3. **GP referral letter template**

   Tools:

   - GP Referral Letter Editable Template

4. **Email to send to potential participants who enquire about the trial**

   Tools:

   - Follow-up Email to Potential Participants Editable Template

The following tool has been kindly provided by CMAX. It is to be used as a guide only

5. **Phone pre-screening questionnaire:** this is an example of a pre-screen questionnaire that has been created in Google Forms. You can set up your own questionnaire in Google Forms or another similar platform (e.g. Survey Monkey) that enables you to capture and report on the information collected.

   Tools:

   - CMAX phone pre-screen example

Recruitment Methods

Choosing the right methods to identify and attract potential participants is critical to ensuring your site meets its recruitment targets within the stipulated recruitment period.

This section looks at different strategies for identifying and qualifying potential participants. There is no one size fits all solution. There are many factors that can effect success. You need to choose the method you think is right for your trial.

3.1 Advertising - Internal

3.1.1. Introduction

Challenges associated with participant recruitment are many and varied, however, lack of awareness and access to trial opportunities are key reasons for poor participation rates. Improving awareness and access should start at a site level.

Advertising internally within your site and using databases and electronic medical records can be a great way to source suitable participants. This section allows you to explore which internal advertising methods might be appropriate for your trial. If you have an-in house marketing team, consider involving them and using their expertise. Explore your options.

3.1.2. Posters, flyers and pamphlets

1. **Create advertising materials for your recruiting trials to share within your facility**. These materials can be study specific (which will require ethics approval) or generic, to alert patients and staff that you conduct clinical trials.
   Check that your designs meet institutional branding guidelines. Check on any permission that may be required to post flyers within your facility. If you have access to a marketing team ask if they can assist with content and design.

2. **Consider the ethics requirements for any advertising material that you create.** Remember if it is study specific advertising, you will require sponsor and ethics approval. Generic advertising does not require ethics approval and provides a great avenue to raise general awareness about the work you are doing. Always include contact information in both study specific and general advertising material so that people have an immediate pathway for enquiries.

3. **Areas you may want to consider displaying your advertisements** include but are not limited to:
    a. Staff/patient noticeboards
    b. Lifts
    c. Waiting room areas
    d. Consulting rooms
    e. Treatment rooms
    f. Rest rooms

Resources:

- Sample poster template from the Skin Health Institute

3.1.3. Waiting room TV monitors

1. Waiting rooms provide a great avenue to **communicate current clinical trials to a captive audience.** It is estimated that people spend on average 35 minutes in waiting rooms.

   Non audio digital screens provide an avenue to inform and educate patients during wait times. Content displayed in this medium is probably best used for generic advertising, otherwise you will need to be mindful of updating content as trials change.

2. If you have **TV monitors in your facility waiting room areas,** find out what resources you can access to assist with the development of visual content that can be looped in to the current program of information. If budget is a concern, a simple PowerPoint presentation could also work effectively.

3. There are **waiting area media group suppliers**, and in some circumstances, you may be eligible for free monitors and installation. The content is largely controlled by the media supplier, however, facility/practice messaging is combined into the content mix. It is also possible to undertake paid advertising of trials to media suppliers' practice/site partners.

Resources:

- Medical Media
- Tonic Health Media (Dr Norman Swan's media channel)

3.1.4. Databases - GP's/specialists/patients

1. **Existing databases** - Find out if your facility has existing databases with regular communication in place that might be relevant to advertising your trials.

2. **Creating databases** - create your own database of potential participants and/or referrers (patients/volunteers, specialists, GP's) as a way of supporting site recruitment efforts.

   The process for creating/building a relevant database **depends on the target audience**. Below are some tips for building your own:

   Volunteer database:

   Building a database of potential trial participants that you can communicate with about new trial opportunities isn't very difficult. You can build a volunteer database by:

   - Including an opt-in on your facility patient registration form asking if patients would like to join a database to be notified about current clinical trials.
   - Current trial participants- when participants complete a trial they may want to be kept up to date about future trials. Offer them the opportunity to join your mailing list. They may also recommend family/friends to sign up.
   - Advertise a link to register to be part of the database on your facility's social media channels or website.
   - Have a sign up page (electronic or paper format) at fundraiser stands and other relevant events your organisation may run.

   Specialists/GPs:

   Building a database of primary care clinicians and specialists can open up the potential for referrals into clinical trials. You can build a list by:

   - Reaching out to the practice manager of clinics in your area. Tell them about your trial centre and ask them if they would like to receive email communication about current clinical trial opportunities that might be relevant to patients attending their practice. Note: It's a good

idea to offer to visit the specialist/GP practice as this helps to establish confidence in the referring clinician(s) about where they might be sending their patients. Visiting the practice might also help you reach more than one clinician at a time. This initiative not only helps you build a database but it also helps establish a referral network.

Resources:

- Sample email template for communication from the Skin Health Institute

- If your organisation is exhibiting at a conference/event, ensure you have the ability to sign up interested clinicians. This can be achieved electronically (via an iPad) or via sign-up sheet.

3. **Important tips for databases: Communication, Content, Compliance**

    1. It is important that databases are **kept up to date** and that a regular communication schedule is established to maintain people's interest.

    2. Content may be delivered in the form of an e-newsletter or bulletin. Work out what this will be and **create a relevant template**.

    3. The communication can **include information about current trials but may also include staff profiles**, which helps people gain confidence and familiarity with your centre. Content may also include updates on completed research projects or health tips relevant to the target audience.

    4. Ensure you have **relevant approvals in place** for all your communication, where required.

    5. **Anti-spam law compliance, industry compliance and data privacy/protection**

        I. Ensure that you have **permission/consent to add people into your database** and that you provide an opt out so that people can unsubscribe at any time.

        Ii. There are **marketing automation platforms/customer relationship management systems** that allow you to manage email campaigns and communication with your audience. Many of these platforms provide built in industry compliance requirements that regulate how personal data of individuals can be collected, used, and processed and also include built in security to protect data.

3.1.5. Electronic Medical Records

1. If your facility has **Electronic Medical Records (EMR) these may potentially be utilised to source eligible participants.**

   Important: It is important to **check with your facility on access and communication protocols** to ensure that these are not breached and that patient privacy is maintained. State laws also vary and govern the way in which EMR's can be accessed for communication purposes with patients.

3.1.6. Websites

1. **Your organisation website can present an opportunity to advertise** current clinical trial opportunities. Find out who you need to speak with in your organisation to develop a communication page for trial announcements.

   Resources:

   - The Skin Health Institute website is a good example

2. **Some trials set up their own webpage** or are hosted on another organisation webpage. An example is the CHALLENGE Clinical Trial

3. **Consider using your organisation's intranet to communicate trial announcements.**

3.2 Advertising - External

3.2.1 Introduction

For a person to see an ad about a service or product and then make the "purchasing decision" they generally need to have seen or heard the message 5 - 7 times. To put this in context, a potential participant may need to see information about your trial multiple times before deciding to call or register their interest. As such, it's important to have multiple channels to reach your target audience and this may likely include a range of advertising beyond your site's internal channels.

Advertising can include mass traditional advertising channels such as radio, TV or newspaper but these days consumers are marketed to predominantly on digital mediums. Advertising is about creating messages and a campaign that speaks to your target audience and encourages them to take action (this is called a "Call to Action or CTA").

This section explores some of the different external advertising methods.

3.2.2 Social media

If considering social media here are some tips:

1. Having considered multiple advertising options available before recruitment starts is important. Especially for social media as certain images or wording can be rejected on channels like Facebook. Variety is key to having alternatives to fall back on. In Australia, **ethical approval of your participant facing materials** is required prior to using them.

2. When you create your advertising materials ensure that you **check online social media advertising policies** as they also need to approve all advertising and some wording can be rejected. For example, Facebook will not allow you to use language such as "do you have type 2 diabetes?" which is a very common heading on offline advertising. Do this before you submit to Ethics and if you have any doubts, submit multiple versions of the same ad.

3. You will need to **include your social media/media template in your ethics application.**

4. It's important to note that **social media is not set and forgot**. Social media campaigns require regular review and adjustment to ensure you are reaching the right audience and getting the most out of your spend. You also need to ensure that you have enough resources to manage comments/enquiries that filter through from ads and posts. If campaigns are not managed correctly, they can be harmful to your brand and reputation.

Resources:

- e-Recruiting: Using Digital Platforms, Social Media, and Mobile Technologies to Improve Clinical Trial Enrollment – Inventiv Health Whitepaper 2013

3.2.3 Traditional media advertising (including radio, TV and print)

Traditional advertising is not as common as it once was due to the rise of digital advertising. If your target audience is older then it may be beneficial to consider traditional advertising. Here are some **tips and considerations**:

1. Your ads will be competing against household name brands so ensure you have **high quality images and production**

2. When **budgeting for ads**, you can normally get a volume-based discount for an agreed number of slots, off peak is cheaper and for TV, you may only decide one or two channels will be appropriate. TV news channels will usually do stories free of charge if the content is of interest.

3. For radio it is crucial to have a **strong Call to Action**. Consider an easy to remember website in place of a phone number. Try to include the name of the site (if appropriate), the website or number at least 3 times. People will have a better chance of recalling it later if it is repeated.

Other avenues to consider include:

- Patient Support Groups/Consumer groups (including online)
- Pharmacies
- School Newsletters
- Community Noticeboards
- Sports Clubs

3.2.4 Advertising traps

Here are some **quick tips on what not to do**:

1. Allocate all your ad spend to one medium.

2. Spend all your budget in one go.

3. Use low quality images or designs that don't translate well from paper to digital mediums.

4. Task someone with no experience to manage social media advertising. If you decide to manage advertising internally, ensure the people responsible have access to online training, and time to familiarise themselves with the digital platforms from an *advertiser's perspective* not consumer perspective.

3.2.5 Ethics and advertising

1. **All study specific recruitment materials that are participant-facing are considered to be advertising** and will need to be submitted as part of the application to Ethics. Therefore, be prepared well before your site opens for recruitment to allow adequate time for approvals.

2. Independent ethics committees can advise on the process of having advertising approved and work with your site to gain approval.

   Resources:

   - The Bellberry Research Ethics Committee have an SOP on advertising

3. There are also commercial entities that can provide all elements of advertising/marketing campaign if you wish to outsource this work or you can hire a freelance graphic designer

   Resources:

   - An example of a commercial option who are experts in STEM industry advertising, marketing and ethics

3.3 Third Party Recruitment Vendors

3.3.1 Introduction

If you do not have the resources, time or expertise within your team to manage advertising you may want to consider outsourcing to a third-party provider who specialise in marketing and advertising.

3.3.2 Using third party vendors

It is important to consider the benefits of using a third party vendor (outsourced solution provider) and the potential risks of managing campaigns in-house.

Benefits:

1. Having an outsourced solution **reduces the burden on sites** to manage high volumes of unqualified calls and email enquiries about the trial so the study team can focus on the clinical aspects of the trial. With all the available platforms to advertise through these days, it can very easily become a full time job for someone at the site to manage. Bringing on providers with the knowledge and expertise can assist in campaign strategy, optimising budget, reaching the target audience and qualifying potential participants.

2. Solution providers have **existing relationships and infrastructure in place** to get the campaign up and running quickly and they may also have their own database that they can promote your trial to as well.

There is a cost associated with these services but they may be able to provide expertise that you either don't have or undertake the activities that you don't have time for. Speak with your CRO or Sponsor regarding the options to include an outsourced recruitment solution and you may be able to pass the costs through directly.

Resources:

- Examples of third-party recruitment providers are:
    - ClinTrial Refer - ClinTrial Refer is a mobile app and website platform providing searchable access to current clinical trials and unique access to site contact information. Median search time to identify a currently recruiting trial is 60 seconds.
        - ClinTrial Refer App can be utilised by doctors/referrers, patients or anyone interested in connecting to current clinical trials and can be downloaded free from the App Store and Google play.
        - ClinTrial Refer supports knowledge management of current clinical trials and the service can apply to any trial portfolio and any health organisation involved in the provision of clinical trials. The app works on a unique data collection solution which empowers trial sites to take ownership of managing content and communicating current trial opportunities.
        - To learn more about listing your trial in the platform visit www.clintrial.org.au or contact christine.zahren@health.nsw.gov.au

- Evrima Technologies has extensive experience in participant recruitment strategic planning, design and execution across a wide range of therapeutic areas and all phases of trials. Evrima works with Sites and CROs to reduce the administrative burden of managing advertising campaigns, participant identification and pre-screening.
    - Evrima are also bridging the gap between clinical research and general practice through their software platform that allows GPs to quickly identify their patients who are suitable for trials and refer them to sites via our platform.
    - If you would like further information or a free consultation call contact Charlotte Bradshaw cbradshaw@evrima.com.au

3.4 General Awareness/Trial Promotion

3.4.1 Introduction

General awareness strategies can be an effective way of improving recruitment into clinical trials. One of the greatest advantages is that general awareness campaigns don't usually require ethics approval.

3.4.1 Public registries

1. Consider listing your trial on public registries such as:
    a. ANZCTR
    b. Clinicaltrials.gov
    c. Who Register

3.4.2 Brochures

1. Developing a **general brochure that summarises your site's capabilities** and the clinical trial work you undertake is a good way to generate awareness about your capacity, and to increase interest and enquiries that can support recruitment.

2. Brochures can be **displayed in waiting room areas within your facility,** but they can also be **distributed at conferences and events**. Electronic versions of the brochure can be used when making introductions to

new practices/centres that could be potential referrers. It's a great way to present your site and cut down on lengthy email introductions.

3. **Brochures do not require ethics approval** (provided they don't contain any study specific advertising).

4. If you have **access to a marketing team** within your facility, they might be able to assist with the development of a brochure or at least help you source a designer that can assist. There are also companies that provide **online resources and templates** on their websites to help you independently create, design and print your own brochure.

5. Some of the **items you might want to think about including in your brochure** include:

   Tip: try not to include information that will date quickly so you don't need to update it regularly:

   a. Site Summary/background information
   b. Team Profile
   c. Therapeutic Area(s)
   d. Site Resources (list any state-of-the-art resources, renovations etc)
   e. Location/Map
   f. Contact Details

6. It's a good idea to **add photos of your site/staff**. This can help people feel more connected to what you are talking about and helps humanise the presentation. It's important that your audience knows who your team is. List any noteworthy staff achievements (academic or other). These are all important to building confidence in anyone considering attending or referring to your site.

7. It is also important that you are **clear about the therapeutic areas you work in** to avoid irrelevant enquiries and make sure people know how to reach you.

   Resources:

   - Sample CMAX Brochure

3.4.3 Referral networks - specialists/GP's

1. **Establishing your own referral network(s)** can be a great way to improve recruitment into clinical trials. Consider local practices (specialists/GPs) that are in your area that might not be aware of the work you

undertake. It is not unusual for staff within a facility to be unaware of the clinical trials that are being undertaken, let alone people outside of your organisation.

2. Make a list of centres that are within a 5-10km radius of your trial site and **develop a plan to reach out**. You can work your way out as you progress contact.

3. **Create an introductory email** that you can duplicate and send out to individual organisations. This will save you time. It's always good to phone practices and determine who the best person is to email your enquiry to. Practice managers are usually the best place to start. Attach brochures and any other relevant information about your site that can help people gain a good sense for the organisation you represent.

4. **Be clear about what you are requesting.** Reach out with a defined intention to make it easy for the practice to decide about their involvement. i.e if you want the doctors at a practice to join a mailing list so you can send them weekly updates about current clinical trials then state this clearly and ensure you provide instructions on how people can join the mailing list. If you want to visit the practice to conduct a presentation to clinicians about the work you do/current trials you are running, then state this.

5. Make sure you **include information about how clinicians might benefit** from attending your talk/joining the mailing list.

6. Establishing a successful referral network is best achieved with **face to face outreach**. Meeting with clinicians/potential referrers is important to establishing quality, longer term relationships and increasing the likelihood of engagement.

7. It is also important to **maintain regular contact and communication**. Commit to what you promise to deliver. Ask clinicians what works for them. Co-design a plan of communication that appeals to your audience. This will maximise success.

Tip: You might also want to consider **giving your 'referral network' a name.** This helps people feel a sense of belonging and can enhance commitment.

3.4.4 Clinician meetings - specialists/GP's

1. Meetings that bring together clinicians provide a good avenue to **target multiple health care professionals at one time.** Learn about meetings and events that may present an opportunity for you to communicate current clinical trials. These meetings might be one's that occur within your facility or externally. Meetings that you might want to consider include but are not limited to:
    a. Multidisciplinary Team Meetings (MDT's)
    b. Clinical Update Meetings
    c. Education Updates

2. **Find out who the right person is to speak with** and determine what would be the most appropriate way to communicate your current clinical trials in these forums.

    It will be important to **have study specific information available to present to clinicians** so ensure that you think about these types of meeting early in your recruitment planning so you have information ethically approved and available in advance.

3. You may also want to consider **holding an information evening at your centre** about the trial, with sponsor support. Invite clinicians and other health care professionals in your area.

3.4.5 Universities

1. Universities present a variety of options for advertising trials. **Open days, orientation periods and other social events** present opportunities to communicate trials. Talk to Universities within your area about events that might be suitable for advertising your current trials.

3.4.6 Sponsors

1. Some sponsors may have websites or brochures which provide general information for potential participants about clinical trials. You may wish to consider partnering with sponsors to help raise awareness of your general trial activity through their communication tools.

3.5 Managing Recruitment: Review and Reporting

3.5.1 Introduction

It's great to have an initial recruitment plan and then track its progress. Build-in review stages; you may need to revise the plan if it's not tracking with your ultimate recruitment target number and timeline. The tools may also help you determine how much time is spent on recruitment activity and support site compensation and budget requests.

3.5.2 Monitoring advertising and managing outsourced solution providers

1. If you incorporate paid advertising into your strategy **it is vital to monitor your budget and the performance of ads** across the campaign period.

2. If you advertise on digital mediums there will most likely be **in-built data insights** that you can check and report on (e.g. how many people saw the ad, number of link clicks, number of people who visited the website, number of people who registered their interest on the website).

3. By monitoring your ads you can **optimise your campaign budget**. For example if you have 5 ads running and only 2 are performing well you can switch off the other 3 and reallocate that budget to the top performing ads.

4. If you have engaged an outsourced solution provider then ask them to provide reports on an agreed frequency and then ask for their **recommendations as to how to optimise the campaign**.

3.5.3 Tracking and review

1. It's useful to **set-up a tracking spreadsheet** at the start of the trial and then enter information as it's generated.

   Tools:

   - CTIQ have developed a recruitment tracking spreadsheet template that can be downloaded and modified to meet your site requirements

2. **Build-in a number of review timepoints as recruitment progresses** so you can evaluate if your strategy is working and revisit if it's not.

3. **If the strategy is not working,** you can use this information to feedback to the sponsor, building a case to request more funding, if need be.

4. Regularly reviewing the progress of recruitment for a specific study allows you to **apply the learning to the study and potentially also to future studies**. Key metrics to evaluate are:
    a. Number of initial enquiry phone calls received
    b. Capture how the person heard about the trial
    c. Number of phone pre-screening calls conducted
    d. Number of screening appointments booked
    e. Number of people enrolled on the study
    f. Cost per recruited subject- look at spend and dollar value/ROI
    g. You may also want to consider establishing regular team meetings to review recruitment progress

Participant Involvment

To maximise chances of successful participant recruitment, it is important to ensure that considerations relating to consent, education, awareness and communication have been examined as well as trying to minimise inconveniences to the participant.

Whenever possible, consumers should be involved in protocol development to ensure more participant friendly protocols are developed that will in turn be easier to recruit to.

Resources:

- The ACTA/CT:IQ Consumer Involvement and Engagement Toolkit provides practical advice for researchers and research organisations wishing to conduct participant-centered clinical trials. Through the use of an interactive map, the Toolkit provides guidance and tools to help plan, deliver, evaluate and report consumer and community involvement and engagement activities.

4.1 Consent

4.1.1. Introduction

Informed consent is a process in which a participant is educated about the risks, benefits, and alternatives of a given procedure or intervention. This is an important part of recruitment and a good consent process improves the chances of successfully recruiting participants when they know exactly what they are involving themselves in and may improve retention as there are no surprises.

The participant must be provided with all available information (informed) to make a voluntary decision, without coercion, about whether to participate or not. Informed consent is both an ethical and legal requirement of medical practitioners and originates from the participant's right to direct what happens to his/her body and what their participation involves.

Informed consent is mandatory for all clinical trials involving human beings. Acceptable informed consent for research must include these major elements:

(1) disclosure of information,

(2) competency of the participant to make a decision, and

(3) voluntary nature of the decision including a full, detailed explanation of the study and its potential risks. [1]

The elements in this section address the scope of information and requirements to attain informed consent.

4.1.2. The National Statement and ICH Good Clinical Practice (GCP)

1. There is a **responsibility for researchers** to protect and be ethically responsible to those who enter into a relationship with them. The National Statement on Ethical Conduct in Human Research provides an outline of all areas related to conducting the research and responsibilities towards the participant.

2. The National Statement **sets national standards** for use by any individual, institution or organisation conducting human research.

3. **ICH GCP provides a set of internationally recognised standards** that inform the conduct of research involving human subjects.

   Resources:

   - National Statement on Ethical Conduct in Human Research (2007) (Updated 2018)
   - ICH GCP 4.8 Informed Consent of Trial Subjects

4.1.3 Standard format for PICF

1. **Consider adapting a standard format for your PICF** - Participant Information Sheet & Consent Form (taking into account your ethics committee and local state requirements).

   Although modification of the PICF may be out of scope for some sites there are many trials where site staff have increased autonomy and control on the design and conduct of the study or can engage with the sponsor for input into the PICF.

[1] Introduction information from the abstract of the following book : https://www.ncbi.nlm.nih.gov/books/NBK430827/

Resources:

- National PICF template: Standardised PICF with User Guide

  - Part A presents general information,

  - Part B contains study specific information with an informal letter style and;

  - Part C is the consent form with a formal tabular format.

- NHMRC Standardised PICF Template (Genetic; Interventional; Non-interventional; Health/Social Science Research PICF templates available)

4.1.4 Using simple language in PICF

1. **All participant documents should use simple, easy to understand language** to ensure that the potential participant clearly comprehends all aspects of the study.

2. The language used in PICFs should be simple enough that it can be **easily understood by someone with no medical education**. It should be aimed at a Year 8 (13 years old) reading level. Sites are often not consulted in the process of writing the PICF. If possible, sites should proactively seek to review the PICF before it is implemented.

   Resources:

   - Regularly access the research guidance documents linked to the institution you intend to submit the application to. There will be useful tools and guidance documents to assist researchers to complete study PICFs as well as tools to assist with recruitment.
   - Guidance for Writing PICFs in plain English – Melbourne Health 2013
   - Informed Consent Guidance - How to Prepare a Readable Consent Form, Johns Hopkins Medicine 2016

4.1.5 Provide a lay summary of the PICF

1. Provide a **lay summary of the trial** in addition to PICF.

2. Summaries **written in plain language** help people who are not scientists or doctors understand complex medical information. Lay summaries are a method of sharing clinical study results, but they do not replace other ways that information is shared.

   Resources:

   - Lay Summaries of Clinical Study Results: An Overview, Barnes, A., Patrick, S.

4.1.6 Adequate time for potential participants to read the PICF and ask questions

1. The potential participant should have **adequate time to read the participant information sheet and consent form** prior to a consultation with the investigator/study doctor.

2. Consider **sending PICF by post or email** to participants after initial phone pre-screening.

3. Encourage the **potential participant to discuss the study with friends, family and their local doctor** before signing the consent.

4. Consider **allowing time at the screening appointment for participants to review/read the consent form** prior to seeing the Investigator.

4.1.7 E-Consent

1. **E-Consent can be a valuable option** for potential participants who are unable to visit the study site.

2. **If you are considering recruiting beyond the local geographical area** be aware of recent developments in eConsent as a means of improving ease of participation. Communicate with the sponsor to be aware of options.

   Resources:

   - Transcelerate e-consent resource

4.1.8 Reaffirming consent

1. Commonly referred to as "reconsent", reaffirming consent may be appropriate **when the original consent is superseded or there has been a substantial change** to the research or the participant's condition since the time of the original consent. This may include safety information, changes to trial design or important trial updates. The "reconsenting" process provides participants with the opportunity to **reaffirm** their willingness to continue to participate in a trial when new information becomes available. This process does **not** mean that a participant is consenting to restart the trial, only that they are willing to continue participation.

2. **Make reaffirming consent more streamlined and simple,** only identifying areas that have changed.

3. Also consider the possibility of **drafting a consent addendum** when a specific change needs to be shared with trial participants.

   Resources:

   - Re-consenting human subjects: ethical, legal and practical issues, D B Resnik J Med Ethics
   - Considerations for Notification of Subjects, Determining Methods of Notification based on Study Participant status, Mayo Clinic Human Research Protection Program

4.1.9 SOP for consent

1. Consider having an SOP - **Standard Operating Procedure for how the consent process is conducted**, to streamline the procedure, making it easier for the participant and site staff.

   Resources:

   - Informed Consent SOP from Praxis

4.1.10 Documentation of a participant's consent journey

1. In addition to obtaining the signed, written informed consent document, it is recommended that **a narrative note be written in the subject's research records documenting the informed consent process.** This documentation may depend on the risk of the study and could include information such as:
   a. Who was present during the informed consent discussion;
   b. The fact that risks were presented and questions were asked and answered
   c. A notation, if applicable, that significant issues of concern to the subject were addressed;
   d. A statement that all questions were answered to the satisfaction of the subject.

2. The **narrative note should also indicate the date and time that the subject signed the informed consent document** and be signed by individual responsible for the documentation. Noting the time of consent, in addition to the date, is especially important if any research procedures will be performed on the same day that informed consent was obtained. Note that this is a requirement for any research study involving the evaluation of a research intervention which falls under the jurisdiction of the FDA.

   Resources:

   - Checklists to streamline and efficiently document the consent process exist online, sites should consider developing a tool to streamline the consent documentation process.

4.2 Education and Awareness

4.2.1 Introduction

Many people have never heard of clinical trials and those who have are often sceptical about participation. It has been shown that education and awareness about clinical trials improves the likelihood of participation. Education and awareness driven by site staff is an important part of informing the potential participant. Improved participant knowledge can improve clinical trial recruitment.

The elements of this section address areas which can assist a person to understand both the scope of the clinical trial and the extent of their participation.

Resources:

- ACTA and CTIQ have produced a Consumer Engagement and Involvement Toolkit - this is a great resource that provides useful information for both researchers and consumers.
- The Need for Awareness of Clinical Research, US National Institutes of Health
- Enhancing Clinical Trial Awareness and Outreach, Journal of Oncology Practice, An American Society of Clinical Oncology Journal
- Clinical Trial Educational Initiative Can Improve Applied Clinical Trials, M Alsumidaie
- Global Public Attitudes About Clinical Research and Patient Experiences With Clinical Trials 'JAMA Network, A Anderson, D Borfitz, K Getz

4.2.2 Access to trial information

Improving the visibility of your trial will improve the chances of potential participants learning about your trial.

1. Consider **listing** your trial your trial on **public registries** such as:
    a. ANZCTR
    b. Clinicaltrials.gov
    c. Who Register

2. **Consider listing your trial on other third-party registries or resources.**
    Examples include:

a. ClinTrial Refer - have developed an app and website platform, that empowers participants and consumers with current trial information nationally and abroad that can be useful to making decisions that impact their health. The app is a great way for people to learn about and connect to therapeutic interventions in their development phase. These options can be especially important in circumstances where current treatment interventions are ineffective or there are none.
b. Victorian Cancer Trials Link (VCTL): a database that can be used by health professionals or participants to identify cancer clinical trials that are being conducted in Victoria.

3. **Consider submitting your trial to your institutions publicly accessible website:** ie the Hospital or University may have a link to research studies that can be accessed publicly

4. Researchers are increasingly motivated to move toward participant-centric drug development. TransCelerate has identified **improved "information exchange" as an important component of creating a more satisfying clinical trial experience for participants** and their health care professionals (HCPs).

Resources:

- Improving Information Exchange with Clinical Trial Participants: A Proposal for Industry, J Dietrich, J Alivojvodic, I Seliverstov, M Metcalf, K Jakee

4.2.3 FAQ's for participants/carers/guardians

1. **Develop FAQ's for participants/carers/guardians to understand more about your clinical trial.**

This can be a useful resource to provide additional information but will need to be approved by ethics.

Tools:

- Here is a list of questions that a participant may ask, you may want to consider including responses to some of these in your FAQ's.

Resources:

- An example of FAQ's are shown in Linear's website
- Article from Brainline.org on Understanding Clinical Trials: Frequently Asked Questions

4.2.4 Educating on placebos

1. It is important to **educate participants about placebos** in clinical trials. If a placebo is to be used in the trial, **explain what a placebo is**, how it is used in the study and what the chances are of receiving the placebo.

Resources:

- How clinical trials work - Placebo Effect NHMRC
- Placebo Effect – American Cancer Society – What is a placebo? What is the placebo effect? How are placebos used in research? How does the placebo effect work?
- What trial participants need to be told about placebo effects to give informed consent: a survey to establish existing knowledge among patients with back pain , Journal of Medical Ethics

4.2.5 Explaining randomisation

1. **Ensure that there is a paragraph in the Participant Information Sheet and Consent Form (PICF) which explains randomisation** and what the chances of getting either the study drug or the placebo.

   Resources:

   - ACTA/CT:IQ Consumer Involvement and Engagement Toolkit - video explaining randomisation in clinical trials
   - Describing randomisation: patients' and the public's preferences compared with clinicians' practice British Journal of Cancer 2002 (Table 1 The seven descriptions of the randomisation process from this article could be a useful resource)

4.3 Communication

4.3.1 Introduction

Communicating about clinical trials can be challenging for many reasons. Trials frequently involve medical procedures that can stir fear and uncertainty. They often involve difficult scientific concepts that are unfamiliar to potential participants. Courteous and respectful communication is an important element to ensuring the success of any trial. Communicating clearly and consistently takes time and energy but will help ensure that the participants in your trial understand their roles throughout the course of the trial.

The elements in this section assist with understanding the language to use, the scope of questions that the participant may have during the recruitment process and methods for communicating throughout the clinical trial.

4.3.2 Staff knowledge

1. It is important that all staff that interact with the potential participant have **good knowledge of the trial so the participants can be adequately informed.** Consider if protocol training is required before you commence recruitment.

   Tools:

   - Praxis Australia - Standard Operating Procedure template for clinical Research Training

   Resources:

   - Research staff training in a multisite randomized clinical trial: R Walker, D Morris, T Greer, M Trivedi

2. Consider **planning internal meetings** once a study has been awarded and at various stages, e.g Ethics approval, site activation - **to ensure all staff are fully aware of the trial ongoing.**

3. **Consider additional staff** such as reception personnel, as they also interact with participants and should be aware of trials the site is running and the best contact person for enquiries.

4.3.3 Clear and regular communication

1. **Clear communication** with your potential/current participants is crucial ensuring that **medical jargon is avoided, and lay terminology is used** to confirm understanding of all aspects of the study.

   Resources:

   - How to talk to your patients about clinical trials - Australian Govt – NHMRC
   - Talking to Your Patient About a Clinical Trial - NIH - US Dept of Health
   - Recruitment - Essential Considerations produced by Melbourne Health 2019
   - Glossary of common site terms : ClinicalTrials.gov

2. It can be of great benefit to have an **information statement/lay summary** in addition to the full consent form, so the participant understands the spirit of what they are being asked to do rather than bogged down with complexity of full PICF.

3. **Regular, timely communication** with the potential participant is important throughout their involvement in the recruitment process.

   Resources:

- Clearly Communicating Research Results across the Clinical Trials Continuum, US National Institutes of Health

4.3.4 Creating a positive experience

1. **It's important that participants feel like they are part of the research too**. Creating a positive experience is an excellent way to gain referrals and publicity from participants.

   During recruitment, consider positioning it as: Do you want to join us? Do you think this research is important and interesting? When participants feel like they're a member of the research team they feel engaged and are more likely to be involved.

   Consider providing access to study results at the end so participants feel like they have contributed to something.

   Resources:

   - Creating a Patient-Centric Clinical Trials Experience, R Rohrbach, Huron Consulting Group

2. **If a participant isn't in alignment with one trial, they might be for another.** Consider guiding them to other trial opportunities.

   Resources:

   - Clin Trial Refer - A way to find Clinical Trials Quickly and Easily

4.4 Participant Considerations

4.4.1 Introduction

It is important to minimise the inconveniences (real or perceived) to the potential participants to support enrollment in a timely fashion.

Both benefit and burden influence the participation level of both recruitment and retention in clinical trials. The burden on a participant may include lengthy and numerous site visits, painful procedures, and travel inconveniences to name a few. Understanding the benefit-burden balance is key to ensuring that participants have made an informed decision regarding their decision to initially participate in the clinical research and to assist with their continuation to the conclusion of the clinical trial.

The elements in this section provide information to help reduce the burden on the participant.

Resources:

- Using Patient Burden Evaluation to Improve Clinical Trial Planning and Execution, Medidata Whitepaper 2018

4.4.2 Visit schedules

1. Often trials have onerous visit schedules (frequent visits/tests, time involved). **Consider flexible options where possible,** making it as easy as possible for the participant to be involved.

2. **Inconveniences** such as no evening hours or inadequate parking facilities at the site are factors that **can easily undermine the most well thought-out recruitment campaigns** designed to attract participants in the first place.

3. If your site can **pre-plan the visit schedule** so the participant knows their commitments in advance it can increase the chances of recruitment.
    a. Ask the Sponsor or CRO to help provide a **visit schedule template or tracker** or consider creating one of your own.

    b. There are **good online apps that can support scheduling of participant visits**, dosing reminders, capturing adverse events (AEs). Listed below are a couple of examples of these tools. PICF's should make reference to HREC approved resources and provide transparency of the likelihood of data being captured by a 3rd party vendor.

    Tools:

    - MediSafe is a well-designed mobile app and is intended for participants who are on multiple medications for chronic diseases and who have a hard time complying with their prescription medications. The app has a number of features, including medication reminders and participant education videos.
    - RoundHealth 12+ An app to assist with remembering to take medication. The app organises medications and vitamins in one place with audible reminders.

4.4.3 Look at ways participants could receive treatment closer to home

1. Consider linking into your institution's existing **Telehealth service models** to access participants remotely. Telehealth refers to the provision of healthcare remotely by means of communication technology. Most acute care and community health funded facilities in Australia will have access to a telehealth service. Researchers should incorporate this resource into their protocols to support and engage trial participants remotely. This needs to be considered early, in the feasibility stages.

   Resources:

   - Australian Government Department of Health - information on Telehealth

2. **Consider engaging existing services in Acute Healthcare settings,** consider seeking approval for the use of communication tools to capture follow up visit activities via Skype or Zoom to limit the level of travel for participants as a study visit option.

3. **Consider getting approval to use a facility network to reduce participant inconvenience** eg Do blood testing/ECG's at local facility closer to home.

4. Also **consider the option of incorporating Teletrials** to access and support the care of participants attending remote satellite sites. A tele-trial allows a clinician at a larger centre (primary site) to enrol, consent and treat participants on clinical trials in partnership with smaller regional and rural centres (satellite sites), allowing participants to participate closer to home.

   Keep abreast of advancements in Teletrials that could be relevant to your study or future studies to make participation in trials more attractive. Review this at the feasibility stage.

   Resources:

   - Australasian Tele-trial model (Access to clinical Trials closer to home using Telehealth_ A national guide for Implementation 2016) developed by COSA is a good guidance document. The COSA website has additional resources and information about Tele-trials.
   - VCCC Tele-trials information, resources and SOP's
   - QLD Health Tele-trials pilot analysis report
   - NSW Health have developed SOPs and templates involving tele-trials

4.4.4 Reimbursement

1. **Ensuring participants are reimbursed appropriately in the trial - think about what is "reasonable" or "adequate" or "as deemed necessary."** This may vary between trials. It is important to have these discussions in the feasibility stage with the sponsor and to ensure the appropriate approvals are obtained for any of the reimbursement options outlined in this section.

   Resources:

   - The NHMRC has finalised the Guide to Payment for Participants in Research, one of the series of guides accompanying the Code of Conduct.
     - This document provides information for researchers and reviewers of research to assist in decision-making about when payment of participants in research is ethically acceptable.
     - The payment models and options presented are intended to reflect what may be reasonable and justifiable in the context of a specific research project, not what is required or expected. It remains the remit of Human Research Ethics Committees (HRECs) and other ethics review bodies to determine whether, for each research project, payment is ethically appropriate and, if so, whether the type/s and amount/s of payment proposed are optimal or acceptable.
     - The information in this document is not intended to replace or override guidance provided in the National Statement and should be understood as providing additional information to assist those designing and reviewing human research.

2. **Negotiate at your own institution level to get a benefit for participants** (e.g. free parking, meals).

3. Consider providing **reimbursement of travel costs** (for KM travelled, or public transport).

   Resources:

   - Australian Tax Office Car Expenses cents/kilometre

4. Consider providing **meal allowances** if participants have to come in fasting or are in for >4 hours.

5. Consider whether participants should be **reimbursed for their time**, particularly for long visits. Need to consider Ethics implications so as not to be seen as incentivising participants to participate in the trial. Consider using minimum wage (or less).

   Resources:

   - Payments to Participants in Research - Human Research Ethics Office, Curtain University

6. Sites should also consider **support they can provide to carers/parents** of trial participants. This could include additional meal and parking vouchers, allowing carers to stay with participants during treatments/visits. HREC approved letters of appreciation.

7. **Make it fast to reimburse** - Negotiate with your institution's finance department to get access to streamlined accounting practices so they can be reimbursed in a timely manner.
   E.g. Reimburse to a corporate eftpos card (to research assistants or study coordinators - they can reimburse participants in a timely fashion rather than having to submit claims.)

   There are also third-party vendors within the clinical trial sector that are developing methods to streamline the reimbursement process.

   Resources:

   - Greenphire example of a third-party payment card for clinical trial participation

8. **Give participants access to points and online vouchers and 3rd party cards** (eg Coles Myer cards which have no admin fee) in lieu of cash.

9. In circumstances when a sponsor does not offer reimbursements **consider foundations/charities/donations** as opportunities to provide some form of reimbursement instead.

10. Consideration should also be given to the possibility of **providing an ethically approved incentive for trial participants.** In cases where the research offers little or no benefit to individuals (e.g. early phase clinical trials) or where the research requires the participation of target populations that are difficult to recruit, payment may be offered as an incentive to participation.

11. There are guidelines to ensure **participants that sustain an adverse event are supported.**

    Resources:

    - Medicines Australia
      Guidelines for Compensation for Injury Resulting from Participation in a Company-Sponsored Clinical Trial
    - Medical Technology Association of Australia (MTAA)
      Clinical investigation agreement for commercially sponsored studies of medical technology – available to MTAA members only