CT:IQ Clinical Trial Site Recruitment Guide

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CT:IQ
Clinical Trials:
Thinking Smarter

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ACKNOWLEDGEMENT OF COUNTRY

CT:IQ acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land on which we meet, work and learn. We pay our respects to Elders past and present.

PROJECT TEAM

The Clinical Trial Site Recruitment Guide was originally developed in 2020 by the CT:IQ GREET project (a Guidance for Recruitment Examining Experiences at Trial sites) which included team members from the following organisations:

- Macquarie University
- Evrima Technologies
- ANZ Gynaecological Oncology Group
- CMAX
- Clintrial Refer
- ICON Group
- Five Corners
- GSK
- Movember
- Orygen
- South Australian Clinical Trials Group
- The VCCC Alliance
- WAHTN

The original guide was released in 2020. In 2025 version 1.2 of the Guide was released, which updated the content and moved to an simpler format to access.

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PURPOSE

Successfully recruiting and retaining participants is fundamental to any clinical trial. The purpose of this toolkit is to help site staff establish successful recruitment and retention strategies for their clinical trials. This includes understanding the complexities of running a trial and how to work out if it is feasible to run a particular trial at your site.

BACKGROUND

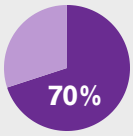
Australia is recognised as a world leader in clinical research. However, there are sub-optimal rates of participation in both industry and investigator led clinical trials in Australia. Clinical trial sponsors and trial sites rarely meet their recruitment goals.

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.

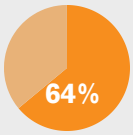
KEY FINDINGS OF THE GREET PROJECT

Research and consultation undertaken by CT:IQ identified 24 barriers to a site recruiting participants into a clinical trial. The project team explored each of these barriers to site recruitment and looked at solutions and enablers.

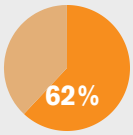
CT:IQ conducted surveys with site, sponsor and CRO (Contract Research Organisation) staff to understand the relative significance of each barrier. The top 10 barriers to site recruitment (rated as "Very Significant" or "Moderately Significant" by site, sponsor and CRO survey respondents) were identified as:



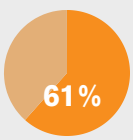
Finding eligible participants that meet study inclusion/ exclusion criteria



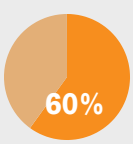
Onerous visit schedules for participants (distance, frequency, time involved)



Insufficient resources at the site for recruitment activities (staff time, staff experience, advertising budget)

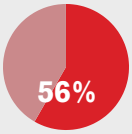


Time taken for governance/site review

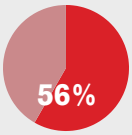


Time taken for ethics submission and review, including amendments

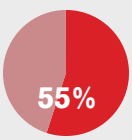
Lack of knowledge, or willingness, of clinicians to refer patients to a clinical trial (GPs, specialists)



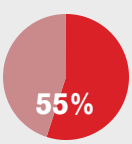
Competing priorities of the research site



Gaining access to participant living in rural and remote areas



Time taken for ethics submission and review, including amendments



Time taken for ethics submission and review, including amendments

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

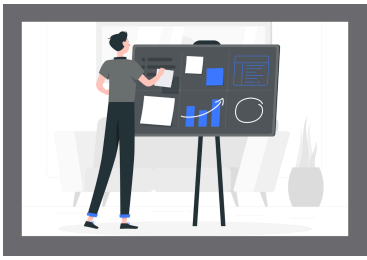
This practical site recruitment guide provides best practice guidance under these four themes, giving tips, resources and tools to assist site staff to meet their recruitment goals. It is a central repository of the currently available information for clinical trial recruitment.

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.

The CT:IQ project team welcome your feedback to continually improve this resource. Please provide feedback at Feedback and ideas – CT:IQ Clinical Trials.

1. Feasibility



A feasibility assessment determines the practicality of a proposed clinical trial/project at a site. Feasibility assessments 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 you are able to recruit participants into that trial.

1.1 Conducting a Feasibility Assessment

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.

1.1.1 Feasibility assessment tools

- 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.

- 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.

RESOURCES

- 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, Investigator Brochure (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.
- The Clinical Trials Hub (from Health Translation Queensland) includes a description of what should be included in a feasibility assessment.
- 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.

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

1.2 Prerequisites

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 clinical research experience. Having the right staff, systems and processes maximises your chances of being awarded trials that you can successfully manage and recruit participants to.

1.2.1 Roles and responsibilities

1.2.1.1 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:

- Principal Investigator / Chief Investigator -PI
- Sub-Investigator
- Nurse Practitioner – NP
- Study Nurse / Clinical Research Nurse
- Clinical Trial Coordinator
- Clinical Trial Assistant
- Ethics Administrator
- Ethics and Regulatory Specialist / Coordinator / Manager
- Finance Administrator / Coordinator / Manager
- Contracts and Budget Coordinator/ Specialist
- Start-Up Specialist / Coordinator
- Research Governance Officer
- Research Officer
- Data Entry Administrator/ Manager
- 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 E6 (R2) Guidelines for Good Clinical Practice (commonly referred to as ICH-GCP, or just GCP).

RESOURCE

The Australian Clinical Trials handbook (Version 2.4, August 2021) provides guidance on the responsibilities of all parties involved in the conduct of trials in Australia using 'unapproved' therapeutic goods.

1.2.1.2 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.

RESOURCES

- National Standard Operating Procedures for Clinical Trials, including Teletrials in Australia – link to SOP compendium, which contains a Delegation Log template and examples
- 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
- Information and Guidance sheet for site signature and delegation of responsibilities log - Transcelerate
- MCRI: SIGNATURE LOG AND DELEGATION OF DUTIES: GUIDANCE & TEMPLATE

1.2.2 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

1.2.2.1 Guidance

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. Note: If requirements specified in the National Statement appear to differ from those specified in the ICH Guideline for Good Clinical Practice, the TGA recommends compliance with the National Statement.
- The National Statement on Ethical Conduct in Human Research (2023) consists of a series of guidelines made in accordance with the National Health and Medical Research Council Act 1992.

1.2.2.2 Completion

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 Goods
  - World courier course
  - Online Training Course by Mayo Clinic
- Good Clinical Practice Certification
  - ARCS GCP Training course
  - Global Health Training Centre - free course
  - PharmaLessons Online GCP Training - free course
  - Australian Clinical Trials Education Centre (A-CTEC) has free online courses that are suitable for use in healthcare settings. You will need to create a login to access.

1.2.2.3 Site qualifications

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 as it is aimed at less experienced staff).

RESOURCE

Transcelerate Site Qualification and Training resources

1.2.2.4 Study Sponsor

Reach out to the study sponsor as 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.

1.2.3 Programs/systems to help with feasibility and trials management

1.2.3.1 Programs/systems

Programs or systems can help with feasibility, participant databases, and trials management. These can create efficiencies and provide data to enable effective decisions to be made.

For example, 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.

1.2.3.2 Trials management

There are various options for software solutions for Standard Operating Procedures (SOPs) and systems include Clinical Trial Management Systems (CTMS), or Clinical Research Management (CRM) systems.

These platforms enable complete management for a trial or trials at site from feasibility until close out. These systems then help with the collation of data, extraction of reports and formulating projections for future trial undertaking. The CRMs or CTMS can help to collect data like recruitment numbers, costs, staff allocation. Collecting this data can be useful to:

- determine efficiencies such as performance across different therapeutic areas
- make important decisions like assessing the disease prevalence in the community, regional network reach and referrals etc.

RESOURCES

These are some examples of the many options available. Your jurisdiction or organization may already have a system in place.

- RealTime is a complete Site Operations Management System (SOMS) that allows research sites to bundle together every solution 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
- Veeva - offers a suite of solutions for sponsors and sites including integrating master data, creating compliant commercial content, and multichannel CRM. Veeva seeks to improve regulatory compliance and collaboration between sponsors, CROs and sites.

The following links are to websites comparing different Clinical Trial Management software.

- Finances Online - 20 Best Clinical Trial Management Software of 2023
- Comparison of different types of Clinical Trial Management Software - Sites & Sponsors

1.2.3.3 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 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, including the lack of an audit trail.

RESOURCES

- Hubspot
- Salesforce
- Pipedrive

1.2.3.4 Quality Management Systems

Quality management is a specialised function and practice in clinical research with a primary focus on ensuring 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.
- A free resource for sites who want to explore creating their own Quality Management System.
- There are providers that sell quality management systems. Here is one example: MasterControl.

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

- System Hub
- RealTime-Devana
- Process Street
- Trello for project management
- Asana for project management

1.3 Site Considerations

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.

1.3.1 Site Facilities

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

RESOURCES

- The CT:IQ Feasibility Template-Site lists examples of some of the equipment and resources you need to consider.
- CT:IQ 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.
- The Australian Government has resources for researchers and industry and sponsors that provides comprehensive guidance for site set-up and consideration to conducting clinical trials in Australia.
- NSW Health clinical trial toolkit
- ARCS, SCRS and Transcelerate all have good resources for their members for what facilities sites should have.

1.3.2 Staff capacity

Determine if your current staff have the capacity to take on the trial, or if you would need to consider engaging additional staff if you accepted the trial. You will need to think about possible competing demands on your staff time, particularly if they work across multiple trials. Additional staff could be on a contract or temporary basis to cover the trial period.

1.3.3 PI availability

Establish whether the PI (Principal Investigator) will be available to assist with the recruitment process. They will need to have the time to discuss the trial with their peers and patients to be able to recruit successfully. The PI's presence is an essential requirement during the participant consent process and this time commitment should not be overlooked.

1.3.4 Competition from other sites

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.

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.

Consider using a CTMS (1.2.3.4) to track recruiting trials at a site if there may be multiple trials competing for the same participant pool. Participant pools are groups of participants within the community who share common health characteristics. For example, disease indication, demographics, socio-economic status etc.

1.3.5 Networks for recruitment

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.

- 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.
- Consider how you can tap into other networks of clinicians in the therapeutic area for which you are recruiting. They will be a good source of referrals, and some may be interested in participating as Sub-Investigators. Sponsors will review the recruitment rate against the number of participants a site proposed that they could enroll. It is vital that sites discuss these numbers as a team and make realistic forecasts on recruitment targets before trials are awarded.

- Engage clinicians by attending and presenting 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 use these meetings to update other attendees about how the participants on the study are faring and discuss measures to boost recruitment.
- 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 using a CRM (1.2.4.2) to track success can be helpful.

1.4 Study Considerations

Assuming that you have the right site facilities and staff capability to conduct the trial (see Site Considerations 1.2) you also need to consider if you are capable of running the particular study at this time, taking into account other trials or programs that are happening.

1.4.1 Managing competing demands

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

- 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.)
- 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.
- Tip: Have a back-up Clinical Study Coordinator (CSC) who can manage the trial if the primary CSC is on leave/sick etc. It is important that you have trial processes and progress sufficiently documented so that this person can take over whenever needed.

1.4.2 PI Knowledge

Ensure the Principal Investigator (PI) for the study has the knowledge of how clinical trials are conducted as well as relevant clinical knowledge. If the PI does not have experience or knowledge in conducting clinical trials, ensure they receive the required training and are appropriately supported at the site. The trial 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
- Australian Clinical Trials Education Centre (A-CTEC) has many free educational resources

1.5 Sponsor Relationship

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

1.5.1 Prepare your site profile

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
- SCRS has several useful resources: Site Profile, Best Site Practices and Trial Opportunity Platform (TOP). You need to be a member of SCRS to access these resources.

1.5.2 Realistic recruitment potential

An honest discussion with the sponsor during feasibility is critical to ensure 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.

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

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.

1.5.3 Who undertakes recruitment

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.

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 toconsider 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.

1.5.4 Inclusion/exclusion criteria

If you identify inclusion/exclusion criteria in the protocol that may present as barriers to recruitment, 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.

1.5.5 Including culturally and linguistically diverse (CALD) populations

Language barriers can prevent people participating in clinical trials. Discuss with the sponsor at feasibility how to include CALD populations in your recruitment strategies/plans to increase the participant pool. It is important that the diversity of trial populations is comparable to the real-world population that will be using the approved therapeutic good. Some jurisdictions (such as the FDA in the USA) have diversity targets, so sponsors should be open to discussions on how to increase diversity at your site.

Determine what steps will be important to tap into diverse participant pools. For example, you may need to engage 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
- Culturally and Linguistically Diverse Ethics Resources (CALDER) – Melbourne Academic Centre for Health site includes videos in several languages introducing the concept of clinical trials.

1.6 Administrative and Other Considerations

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 establishing these, which could cause unexpected costs or delays.

1.6.1 Vendors and suppliers

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. If your site is a healthcare provider, getting agreement from departments within your institution required as part of your Site Specific Assessment. You may also require services from third parties in order to meet trial requirements.

1.6.2 HREC and governance requirements

During feasibility, determine which HREC and Research Governance Office 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 two specially appointed Early Phase Ethics Committees: Bellberry Limited (adults) and Sydney Children's Hospital Network HREC (paediatric). Other states do not have this requirement.

RESOURCES

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

1.6.3 Confidentiality agreements/ Non-disclosure agreements

1.6.3.1 CDA/NDA Deeds

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 or CRO prior to the release of any study information at feasibility.

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

1.6.3.2 Different types of CDAs

CDAs are usually of 2 types:

- Investigator specific CDAs: as the name suggests, these are directed to the PI only. Usually the sponsor or CRO will provide the CDA template. A new CDA needs to be signed for each study.
- Institutional CDAs: these have implications across the Institution, therefore large sites must be cautious when dealing with them. Most will require a legal review. Institutional CDAs can be Master CDAs which are signed between site and sponsor or CRO for a specified period, drug or time.

RESOURCE

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

2.Start Up

This is the phase between the site being awarded the study and commencement of recruitment. During this phase all essential documents are collated and finalised (including training and accreditation records, ethical approvals, budgets and contractual agreements) 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

Congratulations you have been awarded the trial! Now the next stage of 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.

2.1.1 Project Initiation

- Clarify roles and responsibilities (1.2.1) of key personnel.
- Conduct an internal kick-off meeting with the team. Agenda items should include:
    - Confirm Study team
    - Review key dates (ethics submission, RGO submission if required, recruitment timelines)
    - Review protocol including inclusion/exclusion criteria and participant visit schedule
    - Determine equipment requirements and confirm availability, determine data collection methods, data storage, pharmacy and laboratory/pathology needs
    - 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.
- 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 types of documents.

2.2 Ethics review

Human research in Australia must be conducted in an ethical and responsible manner. Ethics approval and oversight is provided by Human Research Ethics Committees (HRECs) 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. The quality and completeness of the submission and an understanding of how ethics approvals operate will expedite and facilitate the process. Your HREC or Research Office may have guidance for what they will require as part of your submission.

2.2.1 Preparing your ethics application

- Familiarise yourself with the guidelines for ethics submissions (2.2.3).
- Gather all documents from the sponsor required for ethics preparation.

- Engage early: It is important to engage with the HREC you plan to use as soon as possible so you know what you need to meet their requirements.
- Have a well-considered final Protocol and Investigator Brochure for submission to reduce the potential for time consuming HREC comment and review cycles.
    - If you are writing the protocol, consider using a template such as BMC Trials, NIH, or your state Health Department may also have guidance.
- All recruitment materials that are considered to be advertising will need to be submitted as part of the ethics submission, so you need to be prepared well before recruitment can start. Advertising materials are any study-specific, publicly available and participant-facing information. Refer to Recruitment Methods (section 3) section for tips on preparing advertising materials.
    - 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 in your advertisements is key.

RESOURCE

- Bellberry HREC guidance on advertising_

- In addition to advertising materials, ensure all other participant documentation is complete and submitted to ethics. Having a clear, easily understood participant information sheet and consent form (PICF) (4.1 Consent) is particularly important.
- You may need to modify participant-facing master documents provided by the sponsor to suit your local requirements, such as the PICF. This may include adding site specific contact details or logos.
- Ensure accurate version control of all ethics documentation as any changes are made during preparation and with any required amendments.

2.2.2 Ethics Submission

The time from submitting your ethics application to approval can take at least 4 to 6 weeks and in many cases several months. Ensure you include all possible recruitment advertising materials, even if you may not use all of them. This avoids having to resubmit them later.

RESOURCES

Many state health departments use online systems to submit ethics and governance applications

- NSW, ACT and Tasmania Health use REGIS
- QLD, Mater Health and Victoria Health use Ethical Review Manager (ERM)
- SA Health uses Research GEMS
- WA Health uses Research Governance Service (RGS)
- Private Sites - Bellberry Human Research Ethics Committee

If your site is not within a health service organisation, you may also use an institutional HREC. This is particularly true for University sites.

2.2.3 Ethics guidelines and SOPs

2.2.3.1 National Statement

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 protracted ethics approval process can cause on recruitment.

RESOURCES

- National Statement on Ethical Conduct in Human Research (2023)
- NHMRC Ethical considerations in quality assurance and evaluation activities
- Australian Clinical Trials - Apply for ethics approval for a clinical trial

2.2.3.2 National Mutual Acceptance

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 territory-certified public health organisations participate in the NMA scheme and further information on the NMA scheme can be found from the state health department websites. Other institutional HRECs (such as those hosted by Universities) may participate in the NMA, but you will need to check this with your institution. If you think your site could work under this model talk with the sponsor in the first instance before doing significant upfront work.

Additional state links:

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

2.3 Governance

As defined by the National Health and Medical Research Council (NHMRC), research governance is the processes used by institutions to ensure that they are accountable for the research conducted under their auspices. This approval may be known as a “local site approval”, “governance approval”, or “site specific assessment (SSA)”. SSA is required for all health service organisations that provide a clinical trial service. This is embedded as part of their institutional accreditation in the Australian Health Service Safety and Quality Accreditation Scheme. Non-health service sites, such as research institutions, may also require similar approvals: if you are unsure ask your organisation's research or ethics office to clarify.

Governance approval is dependent on receiving ethics approval from the relevant HREC, and is the final piece required before recruitment can start. The institution (often the Research Governance Office) will review the funding, research, and service agreements; insurance and indemnity contracts; as well as other factors depending on the nature of the research, such as OGTR approvals and biosafety. The time taken to obtain the required approvals 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.

RESOURCE

National Clinical Trials Governance Framework | Australian Commission on Safety and Quality in Health Care

2.3.1 Research Governance requirements

Engage early with the Research Governance Office to identify what is required. For institutions that do not have a Research Governance Office, the Ethics Office may be able to provide advice. Elements of site authorisation can include:

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

RESOURCES

- National Clinical Trials Governance Framework has been implemented at all health service organisations as an embedded approach under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.
- Interventional drug trials should use the standard contracts developed by Medicines Australia (Clinical Trial Research Agreements – Medicines Australia)
- Interventional device trials should use the standard contracts developed by Medical Technology Association of Australia (Clinical Investigation Research Agreements – MTAA).

2.3.2 Site governance: private, public, other

Governance processes can vary between 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.

- 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 SSA form. Public hospitals will issue a separate site authorisation letter for each site which is required in addition to the HREC approval letter.
- 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.
- Other sites: Liaise with the university research office, private company or general practice owners to identify their site governance requirements.
- It is essential to liaise early with the Institutions research office to understand how they approach issues such as how visiting medical officers are listed in the application, and how third-party agreements are treated.

RESOURCE

ICON Research have kindly provided a governance case study example.

2.3.3 Governance Guidelines

Each state's health department provides research 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

- State guidelines
  - WA Health
  - ACT Health
  - NSW Health
  - Victoria Health
  - Queensland Health
  - Tasmania Health
  - SA Health
  - NT Health
- National guidelines
  - TGA - Australian Clinical Trials Handbook
  - Medicines Australia: Clinical Trial Research Agreements
  - ANZCTR Clinical Trial Registries
  - The National Clinical Trials Governance Framework
  - National Clinical Trials Governance Framework Implementation Workbook - Melbourne Academic Centre for Health
- Private institutions
  - St John of God Health Care
  - Ramsay Health Care

2.4 Budgeting

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.

2.4.1 Sponsor negotiations on budgets

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

- 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 enrolment rates are lower than expected. Key things to consider in a recruitment budget and plan are:

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

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

RESOURCES

- NSW Health & Medical Research | Clinical Trial Budget Costing Tool
- Medicare Benefits Scheme. Most recent files from MBS are available to download

- 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.
- 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.

2.4.2 Budgets for investigator-initiated studies

Investigator-initiated studies that run on grants may operate with tighter budgets allocated via the grant. You will need to consider cost efficient recruitment plans (refer to "3. Recruitment Methods" section for ideas).

- 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.
- If the clinical trial will be partially or fully funded by a commercial Sponsor, refer to previous section (Sponsor negotiation on budgets) for important considerations.

2.4.3 Budget considerations for inclusion in agreements

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 has a suite of CTRA templates for different situations
- MTAA CTRA template for commercially sponsored studies of medical technology.

2.5 Recruitment Pre-Planning

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 is 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.

2.5.1 Recruitment plan template

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 to get you started in the development of your recruitment plan.

RESOURCES

- Clinical Trial Recruitment Plan example template
- You may also want to consider communication plans more broadly, to include ongoing communication with your participants. This is a useful template: Creating a best practice template for participant communication plans in global health clinical studies | Trials | Full Text

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
- CTTI Recommendations: Planning for Successful Trial Recruitment
- How to create a clinical trial recruitment plan [template] from Antidote,

2.5.2 Resourcing

- Determine who will be supporting the PI and conducting the trial (this may include a Clinical Project Manager, Clinical Study Coordinator, Clinical Trial Assistant).
- Once the team has been selected, determine if any staff require training or upskilling in order to meet the trial requirements.
- 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.
- 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.

2.5.3 Third party vendors for participant recruitment

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, i.e. list 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.

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

2.5.4 Materials to create

You will need to create recruitment materials specific to your study and participants. 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.

RESOURCES

- Here are several examples from Evrima Technologies:
  - One-page Trial Fact Cheat Sheet Editable Template with high level information and key messages to communicate to potential participants, for instance screening dates, location, main eligibility criteria, why the trial is being conducted
  - Facebook Ad copy Editable Template - may be useful for designing both offline (flyers, newspaper etc) and digital (Facebook, google ads, landing page, eNews, blog post) materials.
  - GP Referral Letter Editable Template
  - Follow-up Email to Potential Participants Editable Template to send to potential participants who enquire about the trial
- Here is an example from CMAX:
  - CMAX phone pre-screen example: 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.

3. 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 affect success. You need to choose the method you think is right for your trial.

3.1 Advertising – Internal

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.

3.1.1 Posters, flyers and pamphlets

- 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.
- 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.
- Areas you may want to consider displaying your advertisements include but are not limited to:
    - Staff/patient noticeboards
    - Lifts
    - Waiting room areas
    - Consulting rooms
    - Treatment rooms
    - Rest rooms

RESOURCE

Sample poster from the Skin Health Institute

3.1.2 Waiting room TV monitors

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.

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.

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

- Marketing and advertising in waiting rooms of doctors - Food and Drugs Law - Food, Drugs, Healthcare, Life Sciences - Australia
- Tonic Health Media (Dr Norman Swan's media channel)

3.1.3 Databases – GP's/specialists/patients

- Existing databases: Find out if your facility has existing recruitment databases with regular communication in place that might be relevant to advertising your trials.
- Creating databases: create your own recruitment 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.

3.1.3.1 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. Make sure that you don't add them to a contact list without their permission.
- 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.

3.1.3.2 Specialists/GP's:

Building a database of primary care clinicians and specialists can open 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 or GP practice as this helps 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.

RESOURCE

Sample email template for communication from the Skin Health Institute

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

3.1.3.3 Important tips for databases: Communication, Content and Compliance

- It is important that databases are kept up to date and that a regular communication schedule is established to maintain people's interest.
- Content may be delivered in the form of an e-newsletter or bulletin. Work out what this will be and create a relevant template.
- 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 that might be relevant to the target audience.
- Ensure you have relevant approvals in place for all your communication, where required.
- Anti-spam law compliance, industry compliance and data privacy/protection:
    - 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.
    - 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.

3.1.4 Electronic Medical Records

If your facility has Electronic Medical Records (EMR) these may potentially be used 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 and federal laws also vary and govern the way in which EMR's can be accessed for communication purposes with patients. You will likely need to submit a request for access to the data to your ethics committee and Research Governance Office.

3.1.5 Websites

- Your organisation's 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. The Skin Health Institute website is a good example
- Some trials set up their own webpage or are hosted on another organisation's webpage. An example is the RECOVERY clinical trial
- Consider using your organisation's intranet to communicate trial announcements.

3.2 Advertising – External

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. It's important to have multiple channels to reach your target audience, which may 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.

3.2.1 Social Media

Having considered multiple advertising options available before recruitment starts is important. 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.
- 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. Check all relevant policies before you submit your ethics application and if you have any doubts, seek ethics approval for multiple versions of the same ad.
- You will need to include your social media/media template in your ethics application.
- It's important to note that social media is not set and forget. Social media campaigns require regular review and adjustment to ensure you are reaching the right audience and getting the most out of your money. 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

- Novel technologies for clinical trial recruitment in Australia. ACTA
- Social Media Recruitment. VCCC Alliance

3.2.2 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 an older age group, then it may be beneficial to consider traditional advertising. Here are some tips and considerations:

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

3.2.3 Advertising traps

Here are some quick tips on what not to do:

- Allocate all your ad spend to one medium.
- Spend all your budget in one go.
- Use low quality images or designs that don't translate well from paper to digital mediums.
- 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.

3.2.4 Ethics and advertising

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. You may be able to use a communication plan and templates to seek approval rather than needing every iteration to be reviewed – discuss this with your ethics office. Be prepared well before your site opens for recruitment to allow adequate time for approvals.

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

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.

- Opyl are an example of a commercial option who are experts in STEM industry advertising, marketing and ethics. Be aware that there may be ethics implications when using artificial intelligence (AI) in your recruitment strategy.

3.3 Third Part Recruitment Vendors

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.

3.3.1 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.

- 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.
- 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:
  - Evrima Technologies has 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. Their software platform also allows GPs to identify suitable patients and refer them to sites.
  - ClinTrial Refer is a mobile app and website platform providing searchable access to current clinical trials and unique access to site contact information. Their free app can be used by doctors/referrers, patients or anyone interested in connecting to current clinical trials.

3.4 General Awareness/Trial Promotion

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

The National Statement requires researchers to register clinical trials on a publicly accessible register complying with international standards (see information on the International Clinical Trials Registry Platform (ICTRP) on the World Health Organisation website) before the recruitment of the first participant. One benefit of registering your trial is that people interested in participating in a clinical trial and doctors investigating relevant trials for their patients have access to a reputable and comprehensive on-line register showing what trials are occurring across all areas of health, which may facilitate recruitment.

The main registry in Australia is the Australian New Zealand Clinical Trials Registry, but other WHO-certified registries may also be used, depending on your institutional policies.

RESOURCES

- ANZCTR
- Clinicaltrials.gov based in the USA
- WHO International Clinical Trials Registry Platform

3.4.2 Brochures

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.

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.

Generic brochures that outline the facility details do not require ethics approval, but this will be required if the brochure refers to study specific advertising.

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.

Tips:

- You may want to include the following information, but try not to include details that will date quickly so you don't need to update it regularly:
  - Site Summary/background information
  - Team Profile
  - Therapeutic Area(s)
  - Site Resources (list any state-of-the-art resources, renovations etc)
  - Location/Map
  - Contact Details

- 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.
- 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.

RESOURCE

Sample CMAX Brochure

3.4.3 Referral networks – specialists/GPs

- 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.
- Make a list of centers 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.
- 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 of the organisation you represent.
- 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. For example, 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.
- Make sure you include information about how clinicians might benefit from attending your talk/joining the mailing list.
- 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.
- 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/GPs

- 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 ones that occur within your facility or externally. Meetings that you might want to consider include but are not limited to:
  - Multidisciplinary Team Meetings (MDT's)
  - Clinical Update Meetings
  - Education Updates
- 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.
- 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

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

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

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 meeting 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.

3.5.1 Monitoring advertising and managing outsourced solution providers

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

3.5.2 Tracking and review

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

RESOURCE

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

- Build-in a number of review timepoints as recruitment progresses so you can evaluate if your strategy is working and adjust if it's not.
- If the strategy is not working, you can use this information to feed back to the sponsor, building a case to request more funding, if needed.
- 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
  - Number of initial enquiry phone calls received
  - How the person heard about the trial
  - Number of phone pre-screening calls conducted
  - Number of screening appointments booked
  - Number of people enrolled on the study.
  - Cost per recruited participant- look at spend and dollar value/ROI
- You may also want to consider establishing regular team meetings to review recruitment progress

4. Participant Involvement

To maximise chances of successful participant recruitment, it is important to examine considerations relating to the potential participants' consent, education, awareness and communication preferences as well as trying to minimise inconveniences to the participant.

Depending on your trial, you may need to consider what is likely to motivate people to take part in your research. For instance, they may be seeking treatment for an existing condition, or they may be healthy volunteers motivated by altruism: these motivations will impact the recruitment strategies that you may put in place.

If you are working with populations that are likely to be experiencing physical or mental distress or discomfort, it is important to consider how these experiences may impact their ability to freely consent to the research when designing your recruitment strategy.

Working with people who have experience of either living with the relevant health condition, or have supported loved ones with the condition, will give valuable insights into how to most appropriately frame your recruitment and consent approaches. These people are referred to as "consumer representatives" in many Australian policy documents. Consumer representatives may also be people who represent the views and interests of a consumer organisation, a specific community or a wider constituency.

Whenever possible, consumers should be involved throughout the lifecycle of research development to help make the research outputs relevant to their needs. Involving consumers in protocol development will also help make the participant experience of the recruitment, consent, and research processes more approachable.

RESOURCE

The ACTA/CT:IQ Consumer Involvement and Engagement Toolkit provides practical advice for researchers and research organisations wishing to conduct participant-centred 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

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. A good consent process improves the chances of successfully recruiting participants as they know exactly what they are involving themselves in, which may also improve retention.

The participant must be provided with all the relevant information ("informed") to make a voluntary decision, without coercion, about whether to participate or not. Informed consent is both an ethical and legal requirement for clinical research and originates from the participant's right to direct what happens to their body and what their participation involves.

Informed consent is mandatory for all clinical trials involving human beings, except where a waiver of the requirement for informed consent has been approved by your HREC. Acceptable informed consent for research must include these major elements:

- Disclosure of information,
- Competency of the participant to make a decision, and
- Voluntary nature of the decision including a full, detailed explanation of the study and its potential risks.

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

4.1.1 The National Statement and ICH Good Clinical Practice (GCP)

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.

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

ICH GCP provides a set of internationally recognised standards that inform the conduct of research involving research participants

RESOURCE

- National Statement on Ethical Conduct in Human Research (2023)
- ICH E6(R2) Section 4.8: Informed Consent of Trial Subjects (note that Australia uses the term "participants" and other countries are moving away from using "subjects")

4.1.2 Standard format for PICF

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.

RESOURCE

- InFORMed: Redesigning Consent to Research (informedpicf.com.au)
  - The InFORMed Project template has been developed to support a participant-centred, simplified, national PICF. The template includes guidance for adapting to your research project, and this website also has a User Guide which provides more information on how to design a participant-friendly PICF.
- NHMRC Standardised PICF templates
  - Some institutions require the use of the NHMRC Standardised PICF Template (Genetic; Interventional; Non-interventional; Health/Social Science Research PICF templates are available)
- The National PICF User Guide has some great resources for designing a PICF.

4.1.3 Using simple language in PICF

All participant documents should use simple, easy to understand language to ensure that the potential participant clearly comprehends all aspects of the study. Sites should proactively seek to review the PICF before it is implemented.

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.

The PICF should focus on the key information that the participant needs to know to make a decision about providing their consent. This is information that a reasonable potential participant would consider significant to making a decision to participate in a research project. Additional information that may be considered useful by some, but not all, potential participants should be provided as supplementary information. Separating out these two types of information is called layered consent.

RESOURCES

Regularly review 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 design their PICFs as well as tools to assist with recruitment.

- The InFORMed template (2024) comes with a User Guide that provides guidance about key principles for drafting plain language PICFs and how to layer consent.
- The CT:IQ InFORMed Project A report on consumer values and preferences regarding participant information sheets and consent forms provides information about layering consent.
- Canberra Health Literacy Writing Health Information for Consumers – Canberra Health Literacy (cbrhl.org.au) provides tips for writing clear health information.
- Sydney Health Literacy Lab SHeLL Editor (techlab.works) allows you to review the reading level of your text.
- Informed Consent Guidance - How to Prepare a Readable Consent Form, Johns Hopkins Medicine (2019) provides further guidance.

4.1.4 Developing your PICF with Consumer Representatives

Involving consumer representatives in the development of your PICF helps to ensure that the content and language are appropriate to your target audience.

- Ask what information they consider to be key to deciding to take part in a research project.
- Check if there are terms or images that should be used or avoided.

Your organisation may already have systems for involving consumers, such as standing consumer review bodies, or you may need to set up a system for your project. Choose an approach that is feasible for your project.

RESOURCES

- ACTA and CT:IQ (2019) Consumer Involvement and Engagement Toolkit.
- Western Australian Health Translation Network (2018) Involving Consumers in Health and Medical Research
- Tanya Symons, CT:IQ InFORMed Project: A report on consumer values and preferences regarding participant information sheets and consent forms (2023)
- Doing Research Together – NSW Regional Health Partners: a resource to help researchers, consumers, carers, and health workers co-design and co-deliver medical research

4.1.5 Importance of giving participants time to consider the research project

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.

- Consider sending them the PICF by post or e-mail after their initial pre-screening.
- Encourage the potential participant to discuss the study with friends, family and their local doctor before signing the form.
- Consider allowing time at the screening appointment for participants to review and read the consent form before seeing the Investigator.

4.1.6 eConsent

Electronic Consent (eConsent) can be a valuable option for potential participants who are unable to visit the study site.

If you are considering recruiting beyond the local geographical area, using eConsent may make it easier for people to participate. Discuss with the sponsor to understand if this is an option for your study. You may also need to discuss with your institution or HREC to understand if they have any policies related to using eConsent.

RESOURCES

- Implementing eConsent – CT:IQ Clinical Trials (ctiq.com.au)
- TransCelerate e-consent resource

If you are using eConsent, it may be helpful to use short videos to explain confusing topics. Some existing examples are:

- What are clinical trials? Plain language video explaining clinical trials, part of ACTA and CT:IQ Consumer Involvement & Engagement Toolkit.
- This resource is also available in multiple languages at the bottom of this page.
- What is randomization? Plain language video explaining randomisation, part of ACTA and CT:IQ Consumer Involvement & Engagement Toolkit.

4.1.7 Reaffirming consent

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 (this may include updated safety information, or changes to trial design); or
- the participant’s condition since the time of the original consent.

The “reconsenting” process provides trial participants with the opportunity to reaffirm their willingness to continue to participate in a clinical 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.

Suggestions:

- Make reaffirming consent simpler and more streamlined for participants by only identifying areas that have changed.
- 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

Depending on the trial, you may also build in set timepoints to check with participants if they want to change their level of involvement or change the way that their data or samples are used in the future. This is called "dynamic consent" and can be particularly useful for the use of biosamples for further research. Using dynamic consent requires robust systems for tracking the current status of what each participant has agreed to.

- Dynamic Consent: An Evaluation and Reporting Framework Prictor et al, 2019

4.1.8 Research with people under 18

While it is important that minors are involved in research, there are some important differences in how they might agree to take part in a research project compared to adults.

- A parent or guardian normally must give legal consent for children under 16 years of age to participate in a research project, though in some circumstances 14- and 15-year-olds may be deemed to have legal capacity under the 'Gillick competence' test.
- Young people over 16 can give a legally valid consent to certain types of medical treatment. However, depending on the nature of the research project and the state or territory in which recruitment is taking place, a parent or guardian may still be required to provide legal consent for a person under the age of 18 to participate in research.
- Children and young people who don't have the capacity to consent on their own behalf for research should still be provided the opportunity to assent to participate. Assent allows children and young people to have a say in their involvement in research, giving them a choice to the extent to which they are able. Assent must always be accompanied by consent from a legally authorised decision-maker, such as a parent.

Check with your institution and reviewing HREC to understand what their rules are, and be aware that there are variations in how state legislation applies.

RESOURCES

- Who can participate in a clinical trial | Australian Clinical Trials provides high level, national guidance
- Can a patient under 18 provide informed consent? - Meridian Lawyers provides a legal review of minors consenting to medical treatment
- Adolescents and Young Adults | Clinical Trial Innovations | VCCC Alliance looks at barriers that both adolescents and young adults may face in participating in relevant clinical trials. This includes research ethics and governance guidelines.
- Including Young People in Research – The Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard

4.1.9 SOP for consent

Consider having a Standard Operating Procedure (SOP) for how the consent process is conducted, to streamline the procedure, making it easier for the participant and site staff.

RESOURCE

Western Health SOP: Informed Consent Procedures and Writing Informed Consent Forms

4.1.10 Documentation of a participant's consent journey

In addition to obtaining the signed, written informed consent document, you may want to include a narrative note be written in the participant's research records documenting the informed consent process. This documentation may depend on the risk level of the study and could include information such as:

- who was present during the informed consent discussion;
- the fact that risks were presented and questions were asked and answered;
- a note, if applicable, that significant issues of concern to the participant were addressed;
- a statement that all questions were answered to the satisfaction of the participant.

The narrative note should also indicate the date and time that the participant signed the informed consent document and be signed by the staff member responsible for the documentation. 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.

RESOURCES

- Participant consent in clinical trials | Clinical Trials Hub
- Recruitment and Consent | Trial Conduct | VCCC Alliance

4.2 Education and Awareness

Many people have never heard of clinical trials and those who have may be sceptical about participation. Education and awareness about clinical trials can help to improve the likelihood of participation. 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.
- Increasing awareness and access to early-phase clinical trials | Accelerating Novel Therapies | VCCC Alliance This project included the translation of "Is a Clinical Trial Right for You?" in 18 languages, which is freely available.
- Talking to your patients about clinical trials | Australian Clinical Trials
- Clinical Trial educational Initiative Can Improve Applied Clinical Trials,M Alsumidaie
- Global Public Attitudes About Clinical Research and Patient Experiences With Clinical Trials

4.2.1 Access to trial information

- Improving the visibility of your trial will improve the chances of potential participants learning about your trial.
- Listing your trial on a public registry is required before the first participant is enrolled (see Register a clinical trial in Australia | Australian Clinical Trials). Possible registries include:
  - ANZCTR
  - Clinicaltrials.gov
  - WHO Register

- You can also list your trial on other third-party registries or resources. Examples include:
  - ClinTrial Refer: a national app and website which allows doctors and patients to independently search for actively recruiting clinical trials and to access trial site locations and contact details in real time.
  - 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.
- Consider submitting your trial to your institution's publicly accessible website: your hospital or university may have a link to research studies that can be accessed publicly.
- 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

- TransCelerate resource: Clinical Research Access & Information Exchange - Clinical Trials
- Improving Information Exchange with Clinical Trial Participants: A Proposal for Industry

4.2.2 FAQs for participants/carers/guardians

Develop FAQs 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 your HREC.

RESOURCES

- 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.
- Examples of FAQ's are found in the following resources links:
  - An example of FAQs are shown in Linear's website
  - Article from Brainline.org on Understanding Clinical Trials: Frequently Asked Questions

4.2.3 Explaining the trial type

Develop FAQs 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 your HREC.

4.2.3.1 Trial phase

It is important for participants to understand how the research that they are taking part in fits into the overall development of the intervention. They should also be aware that there are different levels of risk depending on whether the trial is early or late phase.

RESOURCES

- Clinical Trials Hub: The clinical trial phases guide | Phase 1, 2, 3, & 4
- The Phases of a Clinical Trial | Cancer Council NSW includes a short video

4.2.3.2 Educating on placebos

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
- 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.

4.2.3.3 Explaining randomisation

If your trial involves randomisation, ensure that there is a paragraph in the Participant Information Sheet and Consent Form (PICF) which explains randomisation and the chances of getting either the study drug or the placebo.

RESOURCES

- ACTA/CTIQ 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

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.
In this section we discuss 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.

CT:IQ has developed another resource that looks specifically at communication during and after clinical research: Beyond the Form – CT:IQ Clinical Trials

4.3.1 Staff knowledge

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 about the trial.

- Consider if protocol training is required for recruitment staff before you commence recruitment.
- Consider if your staff need communication training specific to the target population. This may be particularly important if the trial deals with sensitive issues or targets groups that you know will have communication issues.
- Consider planning internal meetings once a study has been awarded and at various stages (e.g HREC approval, site activation) to ensure all staff are fully aware of how the trial is progressing.
- 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.

RESOURCES

- Spreadsheet: Clinical Research Coordinator/Clinical Research Nurse Competency Framework - V2 - 2023 | ACTEC. Log in required, at no charge.
- Education and training of clinical research professionals and the evolution of the Joint Task Force for Clinical Trial Competency – The Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard
- Research staff training in a multisite randomized clinical trial: R Walker, D Morris, T Greer, M Trivedi

4.3.2 Clear and Regular Communication

Clear communication with your potential/current participants is crucial. Avoid medical jargon and use lay terminology to facilitate participant understanding of all aspects of the study.

RESOURCES

- Talking to your patients about clinical trials | Australian Clinical Trials Australian Government advice
- Talking to Your Patient About a Clinical Trial US Dept of Health advice
- Glossary of common site terms: ClinicalTrials.gov
- Clinical Research Glossary – The Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard

It is important that all communication materials are clear and concise, particularly the PICF. See 4.1.3 Using simple language in PICF for more advice about how to achieve this, including providing optional information through layering.

Regular, timely communication with the potential participant is important throughout their involvement in the recruitment process. Providing participant facing staff with updates on study progress is helpful both for their knowledge, and for them to be able to share with participants.

4.3.3 Creating a positive experience

It's important that participants feel like they are part of the research too. When participants feel like they are a member of the research team they feel engaged and are more likely to be involved.

Creating a positive experience ensures that participants feel valued and respected throughout their research involvement and can also assist with future referrals and publicity from participants.

RESOURCES

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

If a participant isn't aligned with one trial, they might be suitable for another. Consider guiding them to other trial opportunities.

- Find a clinical trial | Australian Clinical Trials, national registry
- ClinTrial Refer - A way to find Clinical Trials Quickly and Easily

At the conclusion of the trial, provide access to study results so participants feel like their contribution has been recognised.

RESOURCES

- Beyond the Form – CT:IQ Clinical Trials toolkit contains information about how to approach the development and ethical approval of lay results.
- Communicating study findings to participants: guidance - Health Research Authority, UK National Health Service
- Clinical Trials - What to Expect After Study Participation, Genesis Research
- Clearly Communicating Research Results across the Clinical Trials Continuum, US National Institutes of Health

4.4 Participant Considerations

It is important to minimise the inconveniences (real or perceived) to potential participants to support enrollment in a timely fashion. Both benefit and burden influence the participation level of 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 to participate in the clinical research and to assist with their retention to the end of the trial.

The elements in this section provide information to help reduce the burden on the participant.
CT:IQ is currently working on another resource looking at how to deliver clinical trials more flexibly: Flexible Trial Delivery Methods – CT:IQ Clinical Trials

RESOURCES

- Strategies for participant retention in long term clinical trials: A participant –centric approaches - PMC Poongothai et al. 2022
- How to Make Clinical Trials More Feasible for Patients, Moe Alsumidaie 2023
- Reducing the Emotional and Logistical Burdens of Patient Participation, Miranda Schmalfuhs 2024

4.4.1 Visit schedules

Often trials have onerous schedules for participants with frequent visits and tests, and significant time involved. Consider flexible options where possible, making it as easy as possible for the participant to be involved. If your site can pre-plan upfront the visit schedule so the participant knows their visit commitments well in advance it can increase the chances of recruitment.

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.

Ask the Sponsor or CRO to help provide a visit schedule template or tracker or consider creating one of your own. There are good online apps that can support scheduling of participants visits, dosing reminders, and capturing adverse events (AEs). PICF's should make reference to HREC approved resources and provide transparency of the likelihood of data being captured by a 3rd party vendor.

RESOURCE

MediSafe and RoundHealth 12+ are medication reminder app for patients on multiple medications.

4.4.2 Look at ways participants could receive treatment closer to home

This could be through offering more flexibility to participants in how and where they engage in research activities. Trials that incorporate these methods are called Decentralised Clinical Trials (DCT), and this is a rapidly evolving way of delivering trials to participants. You may want to consider:

- linking into your institutions 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.

RESOURCE

Department of Health - information on Telehealth

- 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.
- getting approval to use a facility network to reduce participant inconvenience. For example, can you do blood testing/ECG's at a local facility closer to the participants home?
- using Teletrials to access and support the care of participants attending remote satellite sites. A teletrial allows a clinician at a larger centre (primary site) to enroll, 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 DCTs that could be relevant to your study or future studies to make participation in trials more attractive. Review this at the feasibility stage.

In 2023, CT:IQ commissioned a report on the status of teletrials: A mapping exercise to identify initiatives to support the implementation of decentraliosed clinical trials including teletrials in Australia. This provides some clarity about the current status of these activities. CT:IQ is conducting a project on how to increase the flexibility in how clinical trials are conducted (Flexible Trial Delivery Methods – CT:IQ Clinical Trials (ctiq.com.au)) which will provide additional guidance to Australian researchers.

RESOURCES

- The Australian Teletrial Program has many resources for setting up Teletrials, including a SOP compendium.
- CT:IQ status report: A mapping exercise to identify initiatives to support the implementation of decentralised clinical trials including teletrials in Australia (2023)
- 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
- FDA (USA) Conducting Clinical Trials with Decentralized Elements

4.4.3 Reimbursement

Participants should be reimbursed appropriately for their time and effort during the trial. Think about what is "reasonable" or "adequate" or "as deemed necessary." This may vary between trials, and it is important that this should not be disproportionate to the time involved or provide an undue inducement to participation. 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.

4.4.3.1 What to consider

The NHMRC has published Payment of participants in research: information for researchers, HRECs and other ethics review bodies (2019). This document is designed to provide 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 in this document 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 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.

You may want to consider:

- Negotiating within your own institution for considerations for participants (e.g. free parking, meals).
- Providing reimbursement of travel costs (for distance travelled, or public transport).
- Reimbursing participants for their time, particularly for long visits. You will need to consider ethical implications so as not to be seen as unduly incentivising participants to participate in the trial. Consider using minimum wage (or less).
- Can you provide support to the carers/parents of trial participants? This could include additional meal and parking vouchers or allowing carers to stay with participants during treatment/visits.

RESOURCES

- Australian Tax Office Car Expenses cents/kilometre
- What You Need to Know About Participant Compensation in Clinical Trials
- Payment of participants in research: information for researchers, HRECs and other ethics review bodies (2019)

4.4.3.2 How to reimburse

The reimbursement process should be easy, and timely, for participants. Negotiate with your institution's finance department to get access to streamlined accounting practices so they can reimburse in a timely manner. Possibilities include:

- using a corporate EFTPOS card to send funds to research assistants or study coordinators who can then reimburse participants in a timely fashion rather than participants having to submit claims.
- using a third-party vendor within the clinical trial sector
- using points, online vouchers and 3rd party gift cards (eg Coles Myer cards which have no admin fee) to reimburse in lieu of cash.

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

RESOURCE

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

4.4.3.3 Participant compensation

There are guidelines to ensure participants that sustain an adverse event are supported and, in some cases, compensated. This may include covering the cost of any medication required to treat side effects caused by the trial.

RESOURCES

- NHMRC, 2019: Payment of participants in research: information for researchers, HRECs and other ethics review bodies
- Medicines Australia 2004: Guidelines for Compensation for injury resulting from participation in a company sponsored clinical investigation.
- TrialFacts What You Need to Know About Participant Compensation in Clinical Trials

Conclusion

Clinical trials are complex and can be challenging to manage. We trust that this guide has provided you with the knowledge and tools to successfully recruit participants into scientifically robust, financially sustainable, and respectful trials. Setting up successful trials is necessarily a collaborative process between many parties, including the people developing the research program, the staff running the research sites, people approving and reviewing research activities and, importantly, the research participants themselves.

Clinical trials cannot run without participants, so it is vital that their needs should be fully considered as part of the clinical trial design. In this guide we have presented you with many resources that may be useful for you in working out how best to do this, but consulting with the right people will make all the difference.

Good luck on your clinical trial journey!