# Recruitment and retention CTU survey

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# CTU responses

48 registered CTUs invited to participate

30 CTUs did not respond

18 CTUs with

23 responses

14 CTUs with

1 response

3 CTUs with

2 response

1 CTU with
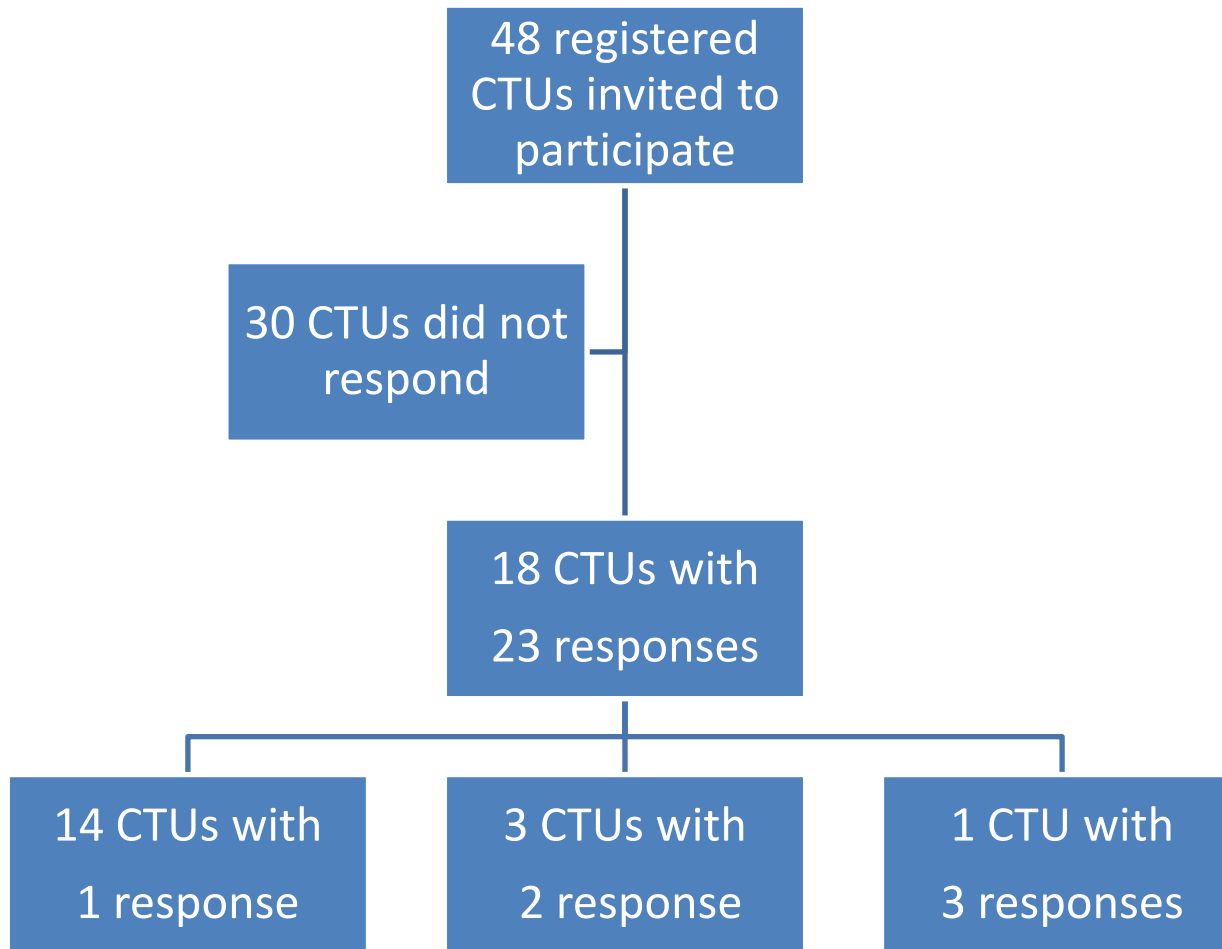
3 responses

Note: multiple individuals may have contributed to a CTUs individual response

# Responder characteristics

| Discipline | Number of responders |
|---|---|
| Trial Manager | 12 |
| Statistics | 4 |
| CTU Director or Deputy | 4 |
| Health researcher | 3 |
| Research Nurse | 2 |
| Regulatory | 1 |
| QA | 1 |
| IT | 1 |
| CTU manager | 1 |
| Clinician | 1 |
| Trial Administrator | 1 |
| Monitor | 1 |
| Not specified | 1 |
| **Total** | **33** |

| Experience | Number of CTUs |
|---|---|
| multi-disciplinary team | 5 |
| 15+ years | 4 |
| extensive experience in AML trials | 1 |
| experience across all trials within the CTU | 1 |
| experience across three trial managers | 1 |
| experience from successful trial | 1 |
| Not specified | 5 |
| **Total** | **18** |

# Recruitment – Q1a

- Which methods/practices do you use routinely (with or without formal evaluation) to improve recruitment?

- **18 CTUs stated at least one method**

- **Up to 83 methods stated**

## Recruitment – Q1a (at least 2 CTUs have stated the same method)

| Methods/practices used routinely (with or without formal evaluation) | Number of CTUs |
|---|---|
| newsletters | 12 |
| adverts | 9 |
| feasibility data | 8 |
| competitions/rewards/encoragement for good recruitment | 7 |
| presenting research project at conferences/forums/local meetings | 6 |
| building good relationships with site staff. | 6 |
| regular contact with recruitment staff (teleconferences/phonecalls/email) | 6 |
| recruitment monitoring | 6 |
| gifts for sites | 6 |
| network support | 6 |
| website | 6 |
| screening logs | 5 |
| investigator/research staff meetings | 4 |
| appropriate PIL/invitation letter | 4 |
| site visit | 4 |
| sharing good practice in best recruiting sites | 3 |
| electronic searches | 3 |
| promotional material | 3 |
| appointment reminder | 3 |
| site champion | 3 |
| exploring local barriers to recruitment. | 2 |
| careful site selection process | 2 |
| PPI | 2 |
| flexible appointments | 2 |
| mail shots | 2 |
| face to face initiation visit | 2 |
| site recruitment targets | 2 |
| pilot studies | 2 |
| buy in from consultants | 2 |
| phone calls | 2 |
| adequate site resources | 2 |

# Recruitment – Q1a (1 CTU had stated the method)

| Methods/practices used routinely (with or without formal evaluation) | Number of CTUs |
|---|---|
| research leads in research active practices, | 1 |
| Protocol revisions. | 1 |
| simple recruitment procedures | 1 |
| mail shots to members of clinical societies | 1 |
| co-authorship for good recruiters | 1 |
| maintain links with sites from study to study | 1 |
| screening medical notes | 1 |
| monetary incentives (CRN) | 1 |
| limit processes involved | 1 |
| email lists | 1 |
| Randomising online in real time whilst patient on the phone. | 1 |
| appropriate patient information eg dvd | 1 |
| communication styles | 1 |
| patient expenses | 1 |
| retrospective review of records to identify eligible patients | 1 |
| use of school | 1 |
| hospitals with research ethos | 1 |
| Widening eligibility. | 1 |
| dedicated trial manager | 1 |
| acknowledge achievements of sites | 1 |
| helping GP stuff envelopes | 1 |
| payment for time (GP) | 1 |
| publications in journals | 1 |
| structure trial to be incorporated into clinical practice | 1 |
| recruitment funnel | 1 |
| translation of PILs | 1 |
| reference folders | 1 |
| Emails after every recruitment to site | 1 |
| relevant research question | 1 |
| phone number for queries | 1 |
| Resource re-allocation or sharing. | 1 |
| Events | 1 |
| helping GP with searches | 1 |
| podcasts and videos to train staff | 1 |
| set up a new clinical service for all patient referals | 1 |
| pop-up computer reminders | 1 |
| simple CRFs | 1 |
| GP practice meeting | 1 |
| incentives for sites | 1 |
| presentations for site staff to give at local meetings | 1 |
| site training | 1 |
| greater emphasis on trial processes | 1 |
| face to face consults | 1 |
| press release | 1 |
| payment for time (healthy volunteers) | 1 |
| community sessions | 1 |
| peer networks | 1 |
| Patient identification through other hospital departments or GPs. | 1 |
| word of mouth | 1 |

# Recruitment

- **Q 1b.** Which methods/practices to improve recruitment have you evaluated? Please give as much as possible of the following details: situation prompting action, action/intervention (and any comparator), method of evaluation, involvement of ethics committee, effect/results, impact on your work, publication details as appropriate

- **Q1c.** In relation to improving recruitment, is there anything else that would influence your future practice which you have not described above?

- **Q1d.** Please outline any particular interventions in relation to recruitment that you think are of sufficient potential impact to merit formal evaluation

- **Q1e.** What do you perceive to be barriers to the formal evaluation of recruitment interventions?

# Retention – Q2a

- Which methods/practices do you use routinely (with or without formal evaluation) to improve retention?

- **17 CTUs stated at least one method**

- **Up to 51 methods stated**

# Retention – Q2a (at least 2 CTUs have stated the same method)

| Methods/practices used routinely (with or without formal evaluation) | Number of CTUs |
|---|---|
| reminder | 12 |
| telephone contact | 11 |
| newsletters | 6 |
| site training | 5 |
| travel expenses | 4 |
| proper explanation of trial | 4 |
| christmas/birthday cards | 3 |
| contact with sites | 3 |
| flexibile appointments (times and location) | 3 |
| monetary incentives | 3 |
| multiple contact details collected | 2 |
| trial gifts | 2 |
| staggered site payment | 2 |
| GP contact | 2 |
| keeping questionnaire length and frequency to minimum | 2 |
| central monitor PO | 2 |

## Retention – Q2a (1 CTU had stated the method)

| Methods/practices used routinely (with or without formal evaluation) | Number of CTUs |
|---|---|
| data collection and intervention done separately | 1 |
| change of status instead of complete withdrawal | 1 |
| pragmatic data collection to minimise patient inconvenience | 1 |
| freephone number for patients to update on change of address | 1 |
| tailored completion of assessments | 1 |
| good/consistent relationship between researcher and patient | 1 |
| patient/public involvement | 1 |
| efficient running of trial visits and looking after patients during visits | 1 |
| questionnaire packs | 1 |
| handwriting envelopes | 1 |
| cover letter for follow-up questionnaire | 1 |
| incentives | 1 |
| creche service | 1 |
| electronic media/interactive toys for questionnaire completion | 1 |
| flexibility in appointments | 1 |
| looking after patients | 1 |
| phonecalls | 1 |
| matching practices to patients | 1 |
| complete questionnaires at assessments | 1 |
| alert cards for patients | 1 |
| real time data verification to flag missing data | 1 |
| monitoring visits | 1 |
| responding to patient queries in a timely manner | 1 |
| ensure buy in from consultants | 1 |
| feedback for patients | 1 |
| calendar for participants with schedule | 1 |
| targeted recruitment of GPs | 1 |
| visit scheduling aid to help practices | 1 |
| thank participants | 1 |
| effective recruitment | 1 |
| checking in with waitlisted participants midway through trial | 1 |
| participant websites | 1 |
| patient diary cards | 1 |
| online data collection | 1 |
| ONS flagging | 1 |

# Retention

- **Q2b.** For the methods/practices just described, what difficulties, if any, have you found with their implementation?'

- **Q2c.** Which methods/practices to improve retention have you evaluated? Please give the following details: situation prompting action, action/intervention, method of informal evaluation, effect/results, publication details as appropriate'

- **Q2d.** In relation to improving retention, is there anything else that would influence your future practice which you have not described above?

- **Q2e.** Please outline any particular interventions in relation to retention that you think are of sufficient potential impact to merit formal

- **Q2f.** What are the barriers to the formal evaluation of retention interventions?